Annex D: Standard Reporting Template

North Yorkshire and Humber Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Terrington Surgery

Practice Code: B82619

Signed on behalf of practice: Date: 19/03/2015

Signed on behalf of PPG: N/A as a virtual group Date:

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

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| Does the Practice have a PPG? YES |
| Method of engagement with PPG: Face to face, Email, Other (please specify) Email only. |
| Number of members of PPG: 17 |
| Detail the gender mix of practice population and PPG:

|  |  |  |
| --- | --- | --- |
| % | Male  | Female  |
| Practice | 51% | 49% |
| PRG | 65% | 35% |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 13% | 6% | 7% | 9% | 18% | 18% | 17% | 11% |
| PRG | 0 | 0 | 17% | 9% | 12% | 28% | 17% | 17% |

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| Detail the ethnic background of your practice population and PRG:

|  |  |  |
| --- | --- | --- |
|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | <8% | 0 | 0 | <1% | 0 | 0 | 0 | <1% |
| PRG | 82% |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any otherNon specified |
| Practice | 0 | 0 | 0 | <1% | <1% | <1% | 0 | 0 | 0 |  |
| PRG |  |  |  |  |  |  |  |  |  | 18% |

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| Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:We believe that the PRG is broadly representative of our practice population including hard to reach groups, such as occasional users nad the younger patients.We have very few patients from any minority group other than white British.Our patient group population live with a variety of medical conditions and diagnoses, which matches our disease prevalence profile..We have a mixture of dispensing patients and pharmacy patients.Whilst we do not include under 18’s as part of our group, we do have a mother with a young child who gives us the perspective of using our children’s services. We are trying to recruit one more female patients since a couple of female members of the group have left the practice. |
| Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? NOIf you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:In December 2014/January 2015 we undertook a patient survey. We used a recognized and approved company to devise the patient questionnaire to ensure that the questions covered all pertinent areas. By using an external company the completed surveys would be dealt with confidentially and feedback received would be statistically correct. Comparisons could also be made with national scores and benchmark data. In addition to the surveys handed out to patients visiting the practice, we also sent out additional surveys by post to reach those patients who do not visit the surgery as frequently.In addition to this, we have reviewed the comments from our Friends and Family Test survey and the suggestions received in our suggestion box. |
| How frequently were these reviewed with the PRG?Suggestions/comments and the patient survey are reviewed once per year. Although we do consult the group on other matters throughout the year as the need arises. |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:Patients commented that there was not an easy ability to see a practitioner of choice: |
| What actions were taken to address the priority?We changed our pattern of GP sessions during the year to enable more choice of practitioner and greater presence of the regular GP.  This is currently being reviewed again and the changes planned will involve a greater presence from the partners.  This will allow more choice of days when wanting to see a particular GP. However, this is balanced against a desire to ensure that no GP is working in isolation and we can continue to offer both a male and a female GP every week. |
| Result of actions and impact on patients and carers (including how publicised):Our action plan has been publicised in our waiting room and through the PPG members There have been no further comments or complaints from patients to date. |

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| Priority area 2 |
| Description of priority area:Patients expressed a desire for more after work appointments. |
| What actions were taken to address the priority?We had been trialling some later appointments with the nurse which have proved popular.  These later appointment times have been made permanent and there is a plan to create more later appointments with both the nurse and the GP throughout the coming year. |
| Result of actions and impact on patients and carers (including how publicised):We are publicising the later appointment slots through our waiting room and through the PPG members.The later appointment slots are still proving popular with patients. |

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| Priority area 3 |
| Description of priority area:We will improve the waiting time within the practice in a couple of ways:We are to continue with our patient education programme to help patients understand that one appointment is long enough to deal with one or two (quick) problems but is not long enough to deal with a list of problems. The GPs find it very difficult to ask patients to leave and come back for another appointment for the less urgent problems.  |
| What actions were taken to address the priority?We will continue to tackle this through continued use of posters in the waiting room and through the gentle triaging by the reception staff who ask patients whether a single appointment slot is long enough to discuss their problem.In addition to the above we are embarking on a Practice Improvement Programme with an outside company, which focusses on building capacity into our working day through adopting more efficient processes and systems. |
| Result of actions and impact on patients and carers (including how publicised):We are publicising the one slot, one problem message through our waiting room posters and through talking to patients at the point of contact.Our overall report on delayed appointments run through our clinical system shows an improvement throughout the year. |

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

All action plans agreed with our PPG in previous years and submitted to NHS England (or the PCT) have been actioned fully and to our PPG’s satisfaction.

1. PPG Sign Off

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| Report signed off by PPG: Yes, although there is no signature, all members were emailed the full report and action plan and asked for comments. All were satisfiedDate of sign off: 16/03/15 |
| How has the practice engaged with the PPG:How has the practice made efforts to engage with seldom heard groups in the practice population?Has the practice received patient and carer feedback from a variety of sources?Was the PPG involved in the agreement of priority areas and the resulting action plan?How has the service offered to patients and carers improved as a result of the implementation of the action plan?Do you have any other comments about the PPG or practice in relation to this area of work?We have endeavoured to engage with the seldom heard groups in our practice population by extending personal invites to our PPG meetings. We have sought feedback from a variety of sources including a structured practice survey, our informal comments/suggestions box the Friends and Family test and through informal comments received by staff from patients.The PRG reviewed the proposed survey prior to us distributing it. As the survey covered access to services, feedback about clinicians and support staff and illness prevention and promoting well-being, it was agreed that the survey covered all the areas that they wished to explore. The PRG were then sent all the responses and were involved in agreeing the action plan with the practice.The service offered to patients has improved as a result of the action plan as describe above. |