

Annex D: Standard Reporting Template

Taken from; GMS Contract 2014/15, Guidance and Audit requirements, NHS England Gateway reference: 01347

East Anglia Area Team 2014/15 Patient Participation Enhanced Service Reporting Template

Practice Name: Roysia Surgery

Practice Code: E82132

Signed on behalf of Practice:

Date:

Signed on behalf of PPG:

Date:

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

Does the Practice have a PPG? YES
Method of engagement with PPG: Face to face, Email, Other (please specify) Newsletter. Email and face to face
Number of members of PPG: (core group signed up 171 ppg) 1803 e.mail supported

Detail the gender mix of practice population and PPG:11889			Detail of age mix of practice population and PPG:								
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	2935	3068	Practice	1191	568	668	859	965	683	581	488
PPG	66	105	PPG	0	0	5	15	29	38	49	35

Detail the ethnic background of your practice population and PPG: *based on virtual email ppg

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	2258	25	0	212	7	10	11	7
PPG	526	13	0	86	1	2	2	2

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	40	1	0	16	38	18	15	1	0	0
PPG	11	1	0	6	11	18	4	1	0	0

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:

The Practice population in terms of ethnicity is predominately white British. This is also reflected in the PPG meeting membership population although the online PPG is broad based. The age range representation in the PPG is good (apart from lacking teenagers and younger) but a particular effort is made to try to consider their needs and views via parents /grandparents / concerned adults. Special effort is made to try to get representation from carers of relatives with special health needs in all age groups by asking individuals .

The Practice had posters and an invitation on the TV information screen inviting patients to join the PRG.

Invitation Forms were available on Reception and they included an invitation to give feedback to the Practice even if they did not wish to join the Group.

Clinical staff were asked to invite patients who they thought may be appropriate and keen to give feedback.

The invitation was also on the Practice website.

It is hard for many people to attend meetings and getting a representative group this way remains extremely difficult. However the concept of patient input and feedback is positive and online support is good.

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?

NO

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

1. National GP Patient Survey (Ipsos Mori)
2. Comment feedback from patient survey 2014.
3. Patient Participation Group discussion
4. Complaints and compliments
5. Practice profiles (public health)

The various sources of patient feedback are also reported to the GP Partners on a regular basis.

The PPG reflected that having reviewed feedback

3 themes evolved

1. That the surgery had recorded obesity rates 50% higher than the ccg average and over 100% higher than the lcg average. This was a statistic regarding patient profiles shared with the group at a PPG meeting.
2. That improving access for routine care in the evening surgeries for patients who were well and working would improve access for those who were not well during the day.
3. Communication :
There is often more out in the community than we are aware to help people cope. Centralising an information resource for services in the community that are helpful in supporting wellbeing and health , charitable or otherwise could help patients become more self – sufficient. Posters could be difficult to find what you are looking for.
The practice could do more using the web based group to spread information regarding developments.

How frequently were these reviewed with the PRG?

Our deputy manager liaised with the prg representative at intervals during the year. Newsletters and email updates. Were used 2-3 times a year.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: practice higher than average levels of obesity.</p>
<p>What actions were taken to address the priority? There was a strong engagement by the practice and promotion of the local authorities initiative to allow 3 months free membership of Slimming World or Weightwatchers for those at higher risk. . Targeted groups received text messaging in the new year alerting them to the benefits of the in house stop smoking services and the weight reduction programmes available that could promote healthier lifestyles. All the PPG received information promoting both this and the stop smoking service (the practice also has a higher than average number of smokers) Later in the year we promoted using our newsletter and patient information boards: initiatives at the sports centre allowing free exercise programs for many of our patients with diabetes,heart disease and obesity. Healthier lifestyles for the over 50s Exercise programs for the unsteady - falls service and personalised programs for those with problems such as stroke, arthritis and other difficulties.</p>
<p>Result of actions and impact on patients and carers (including how publicised): These enterprises were advertised in the surgery board, newsletter and using our email group.</p>

They were promoted by the partners and staff,
Targeted groups were made aware of the surgeries availability / access to services to promote healthier lifestyles using IT.

Priority area 2

Description of priority area:

Access to extended hours for routine monitoring.

What actions were taken to address the priority?

Due to staff changes a new phlebotomist was employed and trained. She has started a service in the evenings on Tuesday. In order for this to be effective the surgery has also had to purchase a centrifuge that allowing blood samples to be stored overnight for collection the next day.

This also allows bloods to be taken in the later afternoon surgeries after the last collection for the labs.

Online booking for some of these appointments is being trialled at the end of the year which it is hoped will improve access to those who are fully employed.

The issue of online booking for nurses was also discussed.

Problems with the online SystmOne booking system means patients are not easily able to define what the appointments are for. This needs to be refined to avoid wasting appointments because they are being booked inappropriately.

Result of actions and impact on patients and carers (including how publicised):

The availability of this service is advertised in the surgery newsletter and website – it has also been emailed to all the PPG.



Priority area 3

Description of priority area: information centralisation / communication of community facilities to support / promote health for carers and those with longer term illness.

What actions were taken to address the priority?

The main PPGliaison officer worked with the Deputy Manager to create a folder to have at the front desk as a reference. Patients are encouraged to add information that they feel may be of benefit for others.

Result of actions and impact on patients and carers (including how publicised):

The folder is advertised on the web page and in the surgery / on the notice board.

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):

Previous progress in response to PPG raised issues input includes:
Doors opening to allow registration before the beginning of morning surgery.
Efforts to give more space to people using the bloodpressure machine.
Increasing use of email group for news updates

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

Has the report been published on the practice website? YES/NO

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?