

Annex D: Standard Reporting Template

West Yorkshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Dr Penn and partners

Practice Code: B86016

Signed on behalf of practice:

Date: 30.3.15

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 and email											
Number of members of PPG: At the beginning of year we had a group of 10. Unfortunately throughout the year eight have resigned due to ill health, family commitments, etc. However, the two remaining members are extremely enthusiastic about re-launching the group and we have met on two occasions to discuss taking this forward and what their terms of reference might be. However we have a virtual patient group numbering 52 who we use for survey work. To re-launch the PPG we are, in the first instance, going to ask the VPG if they would be interested in joining the main group.											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female									
Practice	48.6	51.4	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	46	64	Practice	21.8	10.5	14.25	12.9	13.7	10.8	8.7	7.3
			PRG	2	17	29	19	19	6	8	0

--	--	--	--

Detail the ethnic background of your practice population and PRG: This reflects the population for whom this information is recorded

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	6762	46	5	417	106	87	28	23
PRG	33			7				1

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	45	41	2	38	75	397	45	40		5
PRG	2	1			2	5		1		

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:

Every patient at registration is asked whether they would like to be involved with the Patient Reference Group or Virtual Reference Group. Every questionnaire that is sent contains a slip to return if the patient would like to be involved. As can be seen from the distribution of the groups there is a spread across a lot of the ethnic groups, although there are groups we need to target specifically. We will do this by sending a mail shot to these groups asking if they would like to be part of the Patient Reference Group and/or Virtual Reference Group.

We would invite those who respond positively to come into the practice and meet with members of the practice and the PRG to tell them a little about what would be involved with both groups and invite them to register with both.

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:

A re-audit of the questionnaire regarding the long term conditions clinics we introduced last year. The first questionnaire showed very positive feedback but was analysed on a limited response. We have re-audited to compare results over a larger target group. The results are on our website.

We devised a questionnaire to audit our minor surgery service – looking at satisfaction outcomes rather than the experience of booking and attending for the appointment.

The results are on our website

We have the results for three months of the Friends and Family test which are published on our website.

We have deliberately avoided a general questionnaire to the practice population. We have heard anecdotally that patients are weary of receiving so many questionnaires and therefore we are giving them a rest!

How frequently were these reviewed with the PRG? Only once this year with the difficulties we encountered with the membership of the PRG. Our meetings were mainly focussed on the new build and the feedback we had received about this project. We have discussed this at various meetings with the PRG and, in fact, they met with the developers to discuss the plans.

3. Action plan priority areas and implementation

Priority area 1
<p data-bbox="203 389 589 421">Description of priority area:</p> <p data-bbox="203 464 613 496">Communication with patients</p>
<p data-bbox="203 686 887 718">What actions were taken to address the priority?</p> <p data-bbox="203 761 1939 866">We have continued to produce the quarterly newsletter and we work hard to make it informative and light-hearted. We have procured additional noticeboards which have been designed innovatively to attract attention and to give access to practice specific information leaflets that patients can take with them.</p>
<p data-bbox="203 1093 1312 1125">Result of actions and impact on patients and carers (including how publicised):</p> <p data-bbox="203 1203 1061 1235">Patients are better informed although not formally measured.</p>

Priority area 2

Description of priority area:

To increase uptake of flu vaccines

What actions were taken to address the priority?

In discussion with the PRG we introduced drop in clinics at both sites. These were a challenge administratively and extremely well received and attended. We will be evaluating the impact on our flu uptake.

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

Patients and carers were appreciative of the new service and it was a good-natured sociable session. Both staff and patients enjoyed the new challenge.

Priority area 3

Description of priority area:

Access and DNA rate

What actions were taken to address the priority?

We have taken many different approaches to this issue which a huge waste of resource. The only intervention which has had any impact was the introduction of MJOG which we purchased at the beginning of this year. This text messaging service, in addition to sending reminders, also allows patient to text back to cancel appointments.

In the first month we received in excess of 100 text message cancellations and our DNA rate dropped to under 300 for the first time since we started measuring.

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

It is a little early to evaluate the impact on patients and carers at this stage, but within the practice it has noticeably increased our capacity.

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):

Skilled up nurses – asthma/ COPD / spirometry / diabetes

MJOG – missed appointments

Drop in flu clinics.

Online appointments

Continuation of long term conditions appointments

Access – reviewing appts system at present

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

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?