

Annex D: Standard Reporting Template

Shropshire and Staffordshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Waterhouses Medical Practice

Practice Code: M83122

Signed on behalf of practice: Kate Robotham, Practice Manager

Date: 9.3.2015

Signed on behalf of PPG: Wynn Reilly, Chairman of PPG

Date: 9.3.2015

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) Email and bi-monthly meetings											
Number of members of PPG: 15 active members											
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:							
%	Male	Female									
Practice			%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	4	11	Practice	567	248	290	357	588	530	433	260
			PRG				1	3	5	4	2

--	--

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	3263			2		1	1	6
PRG	15							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice										
PRG										

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:

Majority of our patients are white british. PPG Group widely publicised through the waiting room screen, dedicated foyer PPG noticeboard, new patient packs, website and the final question on annual practice questionnaire is ‘are you interested in becoming a ppg member?’.

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:

2014 patient questionnaire, Friends and Family test combined with request for feedback.

How frequently were these reviewed with the PRG?

Reviewed questionnaire and action plan April 2014. Any ad hoc issues are reviewed at the PPG meetings. FFT to date was reviewed at the January 15 meeting – extremely positive responses are being received. Due to lack of time the FFT was only briefly mentioned at the March 15 meeting to inform the group that we continue to receive good reviews and if there was anything negative then it would be brought to the attention of the group in a timely manner.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: **Promoting ten minute appointments**

Description : Discussion took place at the July and October meetings in 2014. The Practice Manager reported that she had been monitoring the appointment system and waiting time in the waiting room. The suggestion from the Practice was that patients were to be asked to visit the GP with one issue only and if there is more than one problem to make a double appointment. The PPG members were in agreement with this course of action to try and avoid long waiting times for a GP although it was understood and agreed that it would be up to the GP during each consultation to prioritise the issues and suggest to patients if a further appointment was necessary. Also in the July meeting the Practice Manager asked for the PPG opinion regarding patients who persistently did not attend their appointments (DNA). The suggestion that these patients should be sent a letter after 3 DNA'd appointments with no notification was agreed with the potential risk of being asked to leave the Practice list. This is now Practice policy and advertised accordingly.

What actions were taken to address the priority?

Actions : It was generally felt that the majority of patients didn't mind the wait in the waiting room in the knowledge that their consultation was very thorough and covered as much as was possible in the time allocated.

The PPG felt very strongly that this was acceptable as long as patients in the waiting room were kept informed of any long delays to see the GP. It was explained that some delays were unavoidable due to emergencies, patients awaiting urgent hospital admission or requiring further observation in surgery. The Practice displayed posters, and added to the website, outlining that 'a patient's allocated appointment slot is 10 minutes and in an attempt to ensure that waiting times are kept to a minimum, please may we ask that if you wish to discuss more than one issue then please ask for a double appointment'. This has also been added to the Practice Leaflet.

We promote the offer via a poster on the Reception Desk to feel free ask the Receptionist for an update should a patient feel they have been waiting a long time.

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

The Practice can report that this promotion seems to have made an impact on both the booking of single vs double appointments and as a result has had a knock on effect in relation to patients waiting in the waiting room.

Priority area 2

Description of priority area:

Raising the awareness of the identification of a Carer

Description : The speaker for July meeting was Lisa Burrows who is the Primary Care Link Co-ordinator from the North Staffs Carers Association. We feel that is important for patients to be aware that they may be a Carer and be able to access this support and service. It was accepted that we have a large proportion of patients in our rural community who do not see themselves as 'Carers'. Lisa defined what a Carer was 'you are a carer if you have to do anything for someone else that they can't do for themselves (parent, grandparent, sibling, child, neighbour or friend'. The hardest thing to get over is that a lot of people don't recognise that they are in fact a 'carer'. It was agreed that this should be promoted as a priority in the most prominent location possible.

What actions were taken to address the priority:

Action: The Practice has a specific Carers Association Co-ordinator who attends the regular Carers Association Meetings and also ensures that the Carers Noticeboard in the Waiting Room is kept up to date. The Practice promoted 'the role of the Carer' on their main noticeboard with all staff made aware to promote it to patients who they realise may be deemed a Carer. This is also being promoted by our new Clinical Support Assistant, Sharon Walford, who has been employed to act as support to our most vulnerable patients. She is visiting these patients in their home and has first hand knowledge of whether the patient either is or has a carer. They are then referred to the Carers Association if they wish.

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

Result : Reception report that they have received in the past few months several enquiries about registering as a Carer. A clinical search undertaken by the Practice Manager shows that the number of Carers on our list has increased – this is also probably as a result of the employment of our CSA as described above.

Priority area 3

Description of priority area: **Recruitment of new members to the PPG especially from the hard to reach groups**

Description : This is discussed at every PPG meeting. Some of the current PPG members are happy to offer their contact numbers for any interested parties. The PPG are very active with two members attending the Moorlands Rural and Werrington Patient Locality meeting. The Chair also arranged to visit two other local practice PPG meetings to compare working practices between the PPGs locally. The PPG have been very supportive following the change in Partnership at the Practice during last year.

What actions were taken to address the priority?

Action : We have had an influx of new registrations following the change in Partnership and on receiving their new patient packs a letter of invitation to join the PPG has been attached. The PPG is promoted through advertising on the waiting room screen, a dedicated PPG noticeboard in the foyer, on the website and as a final question on the annual Practice questionnaire “are you interested in becoming a PPG member”.

Result of actions and impact on patients and carers (including how publicised): Result : Within the last 6 months we are pleased to report that 6 new members have joined the PPG. We are pleased to announce that a new Chair Person, a patient, was appointed in April to take over from the Practice Manager to help ensure that the meetings were more patient driven (it was agreed that a practice staff member remains the secretary and main contact to support the PPG). We will continue to promote the PPG going forward.

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):

Following on from the results of our 2014 PPG Questionnaire :

We continue to monitor the waiting times for appointments to ensure that all urgent appointments are seen the same day and other routine appointments are seen within a few days.

We continue to receive positive feedback with very few complaints from our patients.

We are actively promoting the email prescription service with a new email address recently offered.

More patients are registering for Patientaccess to allow them to book appointments on line and also order prescriptions on line.

We continue to promote a regular service offered by Royal Stoke Hospital who visit the practice to undertake AAA screening for male patients over 65.

This is very successful and we will continue to offer this service in the future.

Well Woman Clinics, Well Man Clinics and NHS Health Checks are readily available.

Our Chaperone service advertising has been updated together with a new Practice Protocol.

Update regarding the Community Mini-bus. Unfortunately the Mini Bus Committee deemed it unviable to deliver prescriptions to home address. This was picked up voluntarily by a patient however this is no longer in place due to retirement and patients need to make their own arrangements to pick up prescriptions. The practice will always help if at all possible.

Patient Calling In system – it was suggested last year by a patient and the Practice Manager is currently looking into costings for the relevant IT equipment.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 25.02.2015

Has the report been published on the practice website? YES

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?

Bimonthly meetings and regular contact by email. We have a PPG Co-ordinator in practice, Michelle Wilton, who is responsible for contacting the committee members and organising the meeting date. Our current patient Chairman is ill at the moment so Michelle is also undertaking the compilation of the agenda and minutes. We continue to promote the PPG at all appropriate times. The PPG were involved in the agreement of the priority areas, they were sent the initial proposals in draft form via email to be discussed at the January 21st 2015. The Priority areas were discussed at length and agreed by all parties.

The Practice has undergone a change of leadership over the last year as new Partners have taken over the Practice. Things now seem to be settling under the new regime and the Practice has many plans for the future to hopefully offer an improved service to patients. The PPG are being kept fully informed of any changes planned.

