

Annex C: Standard Reporting Template

Leicestershire and Lincolnshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Hereward Group Practice

Practice Code: C83035

Signed on behalf of practice: Sally Michael

Date: 31/3/15

Signed on behalf of PPG: Mr Barry Sadler

Date: 31/3/15

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											
Number of members of PPG: 11											
Detail the gender mix of practice population and PPG:					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	48.28%	51.72%	Practice	19.72	8.55	9.64	12.78	15.42	12.56	11.48	9.85
PPG	45.45%	54.55%	PPG	9.09	0	0	0	9.09	9.09	54.55	18.18

Detail the ethnic background of your practice population and 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	57%	0.23%	0	3.03%	0.13%	0.098%	0.21%	0.073%
PPG	100%	0	0	0	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.13%	0.090	0.05%	0.24%	0.017%	0	0	0.082%	0	0
PPG	0	0	0	0	0	0	0	0	0	0

Ethnicity is not always recorded in the patient record. The new registration forms have addressed this issue.

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 group are continually addressing gaps in representation and have recruited additional members this year. We actively seek out new members and this is done predominantly by the GP's during consultation and the Practice Manager when dealing with any issues that arise.

Social media has also been used to try and attract parents of school age children.

The announcement board in the waiting room and the website also advertises for new members.

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? YES

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

We have a large number of nursing and residential homes but those patients are particularly difficult to recruit onto to the group as the majority are housebound and/or suffering a condition which prohibits their attendance. We would however look to recruit the carers/family members for this population.

2. Review of patient feedback

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

PPG suggestion box
Friends and Family results
Productive general practice feedback
Healthwatch feedback
Personal feedback from group members

How frequently were these reviewed with the PRG?

The meeting was originally held quarterly but is now bi-monthly and any feedback is discussed at each meeting.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Access to appointments</p>
<p>What actions were taken to address the priority?</p> <p>The practice is taking part in productive general practice and carried out a capacity and demand exercise to try and address the shortfall in appointments.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ul style="list-style-type: none">- Shortfall of 170 appointments per week highlighted- New clinic formed – open access, walk in on a Monday morning for routine or urgent requests from 0840-11.30- Additional doctors recruited- Medication reviews which were previously all seen by the doctor are now proactively reviewed, patients may only need a blood test or automated BP rather than an appointment with the GP.- Service is publicised on the website, call-in board and all patients ringing for an appointment are advised of the new service.

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Priority area 2

Description of priority area:

Car parking – shortage of spaces

What actions were taken to address the priority?

The practice had discussions with the landlord to try and facilitate an additional disabled space
Review of use of parking

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

The landlord has agreed to provide an additional disabled space
The review of who is using the car park is to be discussed at the next PPG meeting but people who use the building for admin purposes and do not have consultations within the practice have been asked to park in other areas. The pharmacy have also been advised of the entitlement to limited space. This has freed up 14 car parking spaces on a daily basis.

This will be publicised via the PPG minutes.

Priority area 3

Description of priority area:

Pharmacy services in local area – issues with medication provision. The group raised this on several occasions and the practice had experience of negative feedback which was difficult to manage as little influence over the services.

What actions were taken to address the priority

Meetings were held with the Co-op pharmacy and some improvement seen
Choice of pharmacy increased to 4 choices as the practice established a partnership with Pharmacy2U to offer Hereward Prescription Services – a distant selling pharmacy.
Practice moved to Electronic prescribing to speed up the system overall and address 'lost prescriptions'.

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

Publicised via literature in the waiting room and patients written to advising of additional services aswell as a reminder of all four choices available to them.

Discussion due at the next PPG meeting

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):

- The biggest issue we had to address was the appointment availability. We now provide a mixture of walk in appointments routine and urgent on the day plus extended hours on Monday evenings and Saturday morning. We also provide a non-funded extended hours service for ad-hoc nurse sessions and vaccination clinics.
- NHS health checks are provided also within extended hours to help improve access.
- The new family and friends test is providing invaluable real time feedback which can be then discussed in a timely fashion with the PPG and help form more timely decisions.
- Personal Access to own medical records from Feb 2015
- On line EMIS booking facilities and an optional appointment text reminder service
- Electronic prescriptions from 18th February (Choice of prescribing services going forward including Bourne patients who are excluded by legislation from Practice prescribing)
- PPG Chair working with regional cluster PPG chair cluster group to share ideas

4. PPG Sign Off

Report signed off by PPG: YES – signed of by PPG Chair – Mr Barry Sadler

Date of sign off: 31/3/15

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? YES

Has the practice received patient and carer feedback from a variety of sources? YES

Was the PPG involved in the agreement of priority areas and the resulting action plan? YES

How has the service offered to patients and carers improved as a result of the implementation of the action plan? YES

Do you have any other comments about the PPG or practice in relation to this area of work?

We have a very positive and proactive PPG who engage on both a local level but also at a CCG level and with organisations such as Healthwatch.

Enormous progress has been made in relation to improving access to appointments and the PPG provide the invaluable voice of our patients population which ensure we are guided in the right direction and carry out improvements for the whole patient population.

Please return this completed report template to the generic email box – england.leiclincsmedical@nhs.net no later than 31st March 2015. No payments will be made to a practice under the terms of this ES if the report is not submitted by 31st March 2015.