Annex D: Standard Reporting Template

North Yorkshire and Humber Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Dr Akester & Partners, Masham and Kirkby Malzeard Surgeries

Practice Code: B82030

Signed on behalf of practice: Dr James Freer Date: 29/03/2015

Signed on behalf of PPG: Mr John Brearley Date: 31/03/2015

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 and telephone. |
| Number of members of PPG: 20 |
| Detail the gender mix of practice population and PPG:

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| --- | --- | --- |
| % | Male  | Female  |
| Practice | 49 | 51 |
| PRG | 34 | 66 |

 | Detail of age mix of practice population and PPG:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 15 | 7 | 8 | 11 | 17 | 16 | 15 | 11 |
| PRG | 0 | 0 | 0 | 0 | 6 | 38 | 44 | 12 |

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| Detail the ethnic background of your practice population and PRG: Only 53% of the patient population have their ethnic origin coded but the figures for those that do are shown below.

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| --- | --- | --- |
|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 2944 | 2 | 0 | 0 | 1 | 2 | 1 | 0 |
| PRG | 20 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PRG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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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:The PPG/Practice has tried many times over the years to attract members from the under-represented age groups. These efforts have included leafleting outside school, direct invitation by mail, open invitation/appeal at public meeting, verbal invitation by members of PPG and GPs opportunistically day to day. We have also used posters within the practice and in other venues in the community, advertised for more members on the practice website, and in the PPG newsletterThis year we hope to use social media and an updated website to refresh this appeal and perhaps attract more members including from younger age groups. In a further bid to appeal direct to younger groups we are appealing for members via local youth groups.Though it was initially concerning to see that the PPG is entirely of White British ethnicity further study shows that this is in fact reflective of the demographic of the practice population. In fact the numbers above suggest that 99.98% of patients are of white British origin. That should not preclude us from emphasising how important it is that all patients are listened to and provided for no matter how much of a minority they may be on paper. The most important fact is that we would welcome with open arms any patient who wishes to join the PPG regardless of ethnicity. We have disabled patients that have not joined the PPG but who regularly feedback their experience and any ideas to the GPs and practice nurses/staff. |
| 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:N/A |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:As well as feedback via the PPG we also place great importance on patient feedback of other types including; complaints, face to face feedback, feedback via staff and via associated healthcare professionals such as district nurses. More quantitative feedback relating to topics such as prescribing comes from the CCG and this year we have had extremely positive feedback from GP federation audit activities surrounding the introduction of care plans.Monthly meetings with Carer’s Resource, District Nurse’s, Health Visitors and the Palliative Care Team provide a regular opportunity for feedback and can provide an extremely useful method of communication for patients who are perhaps isolated or find it difficult to communicate with us in other ways. |
| How frequently were these reviewed with the PRG? 3 monthly intervals |

Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:Online access to appointments and repeat prescription ordering. This was identified as a priority by patients in the 2013/2014 patient survey.  |
| What actions were taken to address the priority?Both online appointment booking and repeat prescription ordering have been made available during 2014/2015.  |
| Result of actions and impact on patients and carers (including how publicised):The actions were communicated via the PPG newsletter, the practice website and on posters within the practice. Gps, Nurses and Reception/dispensing staff were also happy to explain the new options face to face with patients. It has been publicised to any patient ordering repeat prescriptions by telephone as part of the surgery’s move away from telephone ordering. The use of online and paper ordering rather than telephone ordering of repeat prescriptions should impact positively on patient safety by reducing the steps in the process and therefore reducing the opportunity for both system and human error. Verbal feedback via GPs, staff and members of the PPG has indicated that after a few initial technical glitches the online facility is working and meeting with approval. The uptake of the service is fast increasing. |

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| Priority area 2 |
| Description of priority area:Use of social media and other technologies by the practice. Members of the PPG requested that the practice consider the use of social media as well as consider an update of the practice website.  |
| What actions were taken to address the priority? The practice acknowledged the use of social media as a particularly important topic with the potential to communicate more effectively with patients and perhaps expand our communication to some of the groups under-represented on the PPG such as the 17 to 44yo age group. As well as social media we are also aware that our website may benefit from updating to a more user friendly format and could be a far more useful resource for patients than it currently is. Given the size of this topic we have formed an action group comprising one GP and 2 PPG members to construct a survey. The aim of the survey is to explore the appetite for social media and use of other technologies in general practice. We hope the survey will inform us as to the type of information that people might hope to gain from social media, how frequent they might expect updates, what their perceptions of computerised check in, patient call and other aids might be, and what other technologies they feel they would make use of.Alongside the survey the action group is also researching current use of media and websites by other practices and health organisations in an effort to gain insight into what may work for us and how we best utilise such resources. |
| Result of actions and impact on patients and carers (including how publicised): Once informed by the survey we hope to implement any well supported suggestions for social media/technology use and so improve information sharing, public health opportunities, accessibility and patient experience. |
| Priority area 3 |
| Description of priority area:Update of practice premises – This has long since been highlighted by the PPG and agreed by the practice as a priority. The age and layout of the building presents many challenges to providing the positive patient experience we strive for. Priorities include but are not restricted to improving accessibility, confidentiality (eg. Soundproofing), patient/staff safety and also comfort. |
| What actions were taken to address the priority?The practice has approached NHS England with plans to update the practice and with the recent government pledge to invest in the infrastructure of GP we are hopeful that in 2015/16 we may see those plans come to fruition and see significant improvement in our facilities and patient environment. |
| Result of actions and impact on patients and carers (including how publicised):The ramifications of such dramatic improvements are too many to list. Patient’s should currently be ensured of safety, accessibility and confidentiality when they attend the practice but the patient experience of a visit to the surgery should be as positive as possible. The potential impact on patients and carers of being able to modernise our layout and facilities would be huge and have the potential to massively improve the experience for the better while also improving the range, quality and efficiency of the services we are able to provide. |

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):

* Introduction of regular PPG newsletter – A valuable form of communication allowing the PPG and practice to keep patients informed. This has included among many other things; updates on PPG activity, public health messages, welcome and introduction of new GP partner, outline of 111 service and how it should be used.
* Purchasing of equipment for the benefit of patients – Ultrasound Scanner; Trans-vaginal Probe (for use with the scanner); Ultrasound Training Course; Laptop computers - for Doctors use during patient home visits; 2 Defibrillators; ECG Machine; 2 Pulse Oximeters; Dermatoscope; CryoPro (for applying liquid nitrogen to warts etc.); operating/Treatment Couch; Autoclave - for sterilising medical equipment; Light for minor surgery; Allergy patch testing kits; 2 Digital Cameras for recording changes in various skin problems such as ulcerated wounds or skin growths.
* Purchase of INR testing equipment – to enable finger-prick testing within the surgery to monitor INR for those patients on Warfarin. This reduces the need for more invasive venesection blood tests and the time + discomfort/inconvenience they sometimes cause, improves the speed at which results are available and reduces the potential need for travel to anti-coagulation clinics. The GP surgery are providing the testing strips for the ongoing provision of this service.
* Public Meetings – 3 yearly, last one in 2012, attended by >150 patients, opportunity for open communication between PPG, Patients and GPs
* Attendance by PPG Chairman to CCG forum events for Patient Groups to help inform regional action.
* Valuable work by the PPG surveying out of hours use – The PPG received an award of £1000 for their efforts in this area. Followed up by a more recent survey of 111 use. The findings were communicated to the practice and regionally to help inform practice.
1. PPG Sign Off

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| Report signed off by PPG: YESDate of sign off: 31/03/2015 |
| How has the practice engaged with the PPG: * Attendance by a GP and Practice Manager at quarterly PPG meetings, involvement of a GP with action group to address Priority 2 – Social Media. Distribution of PPG newsletter within the practice. PPG posters and info in waiting rooms and on practice website. Practice aiding in efforts to expand PPG recruitment.

How has the practice made efforts to engage with seldom heard groups in the practice population? * Leafleting outside school, direct invitation by mail, open invitation/appeal at public meeting, verbal invitation by members of PPG and GPs opportunistically day to day. We have also used posters within the practice and in other venues in the community, advertised for more members on the practice website, and in the PPG newsletter
* We hope to use social media and an updated website to refresh this appeal and perhaps attract more members including from younger age groups. In a further bid to appeal direct to younger groups we are appealing for members via local youth groups.

Has the practice received patient and carer feedback from a variety of sources? * As well as feedback via the PPG we also place great importance on patient feedback of other types including; complaints, face to face feedback, feedback via staff and via associated healthcare professionals such as district nurses.
* More quantitative feedback relating to topics such as prescribing comes from the CCG and this year we have had extremely positive feedback from GP federation audit activities surrounding the introduction of care plans.
* Monthly meetings with Carer’s Resource, District Nurse’s, Health Visitors and the Palliative Care Team provide a regular opportunity for feedback and can provide an extremely useful method of communication for patients who are perhaps isolated or find it difficult to communicate with us in other ways.

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? YesDo you have any other comments about the PPG or practice in relation to this area of work? We look forward to addressing this year’s priority areas with the PPG and to the 3 yearly public meeting due in Autumn this year. |