Annex D: Standard Reporting Template

Shropshire and Staffordshire Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: KINGSBRIDGE MEDICAL PRACTICE

Practice Code: M83141

Signed on behalf of practice: ANNE SHERRATT Date: 25TH MARCH 2015

Signed on behalf of PPG: DR PAM DEAVILLE Date: 25TH MARCH 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, Other (please specify) Face to face and e-mail |
| Number of members of PPG: 8 (plus 2 new starting April 2015) |
| Detail the gender mix of practice population and PPG:

|  |  |  |
| --- | --- | --- |
| % | Male  | Female  |
| Practice | 48.3% | 51.7% |
| PRG | 50% | 50% |

 | 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 | 18% | 8% | 11% | 13% | 15% | 12% | 12% | 12% |
| PRG |  |  |  |  |  | 12.5% | 37.5% | 50% |

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| Detail the ethnic background of your practice population and PRG:

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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  | 67% | 1% |  | 20% | 1% | 1% | 1% |  |
| PRG | 100% |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 1% | 2% | 1% | 2% | 1% | 1% | 1% |  |  |  |
| PRG |  |  |  |  |  |  |  |  |  |  |

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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:Information about the PPG is on a notice board and the Jayex board in the patient waiting room and on the website. There are regular articles in the Practice Newsletter and there is a section about the PPG on our website. All carry appeals for potential 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/NOWe have no specific practice population characteristics as per the above.If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:The full patient survey results were all reviewed as was all the feedback from the Friends and Family Test. |
| How frequently were these reviewed with the PRG?The patient survey information was reviewed and discussed at 4 separate meetings during the year. The Friends and Family Test feedback is now a standing item on our agenda and each month’s data is reviewed and action recommended or agreed as appropriate. |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:To discuss, review and analyse the patient survey data. (The data was only just available at the end of March 2014 so the first priority on the action plan was to discuss this further) |
| What actions were taken to address the priority?The patient survey results were discussed at 4 meetings during the year. |
| Result of actions and impact on patients and carers (including how publicised):It was agreed that there should be a focus on how we communicate with patients to increase their knowledge about the Practcie and its services. This led us on to the next 2 priority areas.Not able to comment as no measurable outcome |

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| Priority area 2 |
| Description of priority area:To provide more information to patients about the services available at the Practice. From the survey results not all patients were clear, or knew about the various services the Practice provides. |
| What actions were taken to address the priority?The Practice leaflet was reviewed and updated to ensure that all services were included. This is given to all new patients when they register with us.A significant part of a Practice Newsletter was devoted to explaining the various services along with who does what e.g. nurses run chronic disease clinics, our Health Care Support Worker runs weight management and smoking cessation sessions etc.The Newsletter has been uploaded onto the Practice website and is available in the waiting room and on reception. |
| Result of actions and impact on patients and carers (including how publicised):There is more information available for patients on Practice services both in the Practice and on the website.Not possible to comment on the impact on patients as it has been a work in progress throughout the year and no follow-up survey has been completed. |

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| Priority area 3 |
| Description of priority area:To use the website more effectively to provide information about immunisation programmes, changes within the Practice, new services etc. |
| What actions were taken to address the priority?One younger group member of the PPG offered to take on this role and liaising with our website provider was given access to various web pages so she could add new information. Unfortunately she became very ill and had to resign from the PPG. No other member of the PPG has the IT confidence or capability to take on this role so it has had to be shelved for the time being.As a secondary priority, 2 members of the PPG agreed to regularly review notice boards and leaflet stands in the waiting room to keep them tidy and up to date. |
| Result of actions and impact on patients and carers (including how publicised):The boards are more up to date with relevant information being displayed.Feedback from the survey indicated that notice boards (46.5%), leaflets (39.8%) and the newsletter (42%) are preferred methoads of communication for patients. |

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 main things to take forward for this year was the patient survey which was done in the last quarter of 2013/14 (Jan – march 2014). The survey provided us with a lot of information with the main outcomes being patients’ lack of knowledge about the services the Practice provides. This may simply be because patients not having a need of some/all the specialist services did not enquire about them or need to know about them. However, there will be others who would benefit from these services if they only knew they existed.

The PPG members produce and edit the Newsletter although the Practice Manager has the final say on any content. Group members work hard to produce this and collect information that they think patients will find useful.

In the previous year we had explored the possibility of using social media (Facebook/Twitter) to promote the Practice and services but came to the conclusion, after considerable investigation, that there were too many potential problems with this approach, not least around information governance, so we decided not to proceed. The survey results actually showed that whilst 29% of respondents use Facebook and 5.8% use Twitter only 8.5% of Facebook users and 1.2% of Twitter users favoured these media for Practice communication.

The survey also showed that 20% of all respondents never use the internet with a further 6% saying they rarely use the internet. As we move with technology we need to bear in mind that still not everyone has access to or uses the internet and/or a computer/smart phone etc. Almost 50% of the survey response came from patients aged 61 years plus so it is safe to assume that a high percentage of non-internet users are older people. We should not be using technology to isolate them.

This year the Practice partners asked if the PPG could look at developing a Practice befriending service. A number of enquiries were made and members collected various information. This was all reviewed and consequently they felt that it was not a realistic proposition so the idea was shelved.

1. PPG Sign Off

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| Report signed off by PPG: YESDate of sign off: 25th March 2015 |
| **How has the practice engaged with the PPG:**We have bi-monthly meetings which are always attended by the Practice Manager. The PPG members can ask for a clinician to attend if they want one. Any suggestions that the PPG want referring back to the Drs go via the Practice Manager and vice versa.**How has the practice made efforts to engage with seldom heard groups in the practice population?**No specific action other than that related to the overall Practice list**Has the practice received patient and carer feedback from a variety of sources?**Patient and carer feedback has been gained from the patient survey, Friends and Family Test and patient complaints. We also have a Carers Group which meets quarterly and is run by the North staffs Carers Association and a volunteer (ex staff member). Feedback from these group meetings is very positive. All patients who are known to be carers are invited to attend. We usually get 8-12 people coming to these meetings and this extra support is most appreciated by them.**Was the PPG involved in the agreement of priority areas and the resulting action plan?**The priority areas and action plan were all developed and agreed by the PPG along with the Practice Manager.**How has the service offered to patients and carers improved as a result of the implementation of the action plan?**This is very subjective but there is more information available to patients both in the Practice and on the website. Whether they access it or not is their choice.**Do you have any other comments about the PPG or practice in relation to this area of work?** Nothing further to add. |