

Annex D: Standard Reporting Template

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

Practice Name: Dr R Sarin & Dr B Hashmi

Practice Code: M83047

Signed on behalf of practice: Date: 10/3/15

Signed on behalf of PPG: Date: 10/03/15

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, Email, Telephone																																					
Number of members of PPG: 15																																					
<p>Detail the gender mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 40%;">Male</th> <th style="width: 40%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>2419</td> <td>2343</td> </tr> <tr> <td>PRG</td> <td>4</td> <td>11</td> </tr> </tbody> </table>	%	Male	Female	Practice	2419	2343	PRG	4	11	<p>Detail of age mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 8%;">%</th> <th style="width: 8%;"><16</th> <th style="width: 8%;">17-24</th> <th style="width: 8%;">25-34</th> <th style="width: 8%;">35-44</th> <th style="width: 8%;">45-54</th> <th style="width: 8%;">55-64</th> <th style="width: 8%;">65-74</th> <th style="width: 8%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>855</td> <td>457</td> <td>517</td> <td>480</td> <td>556</td> <td>514</td> <td>499</td> <td>884</td> </tr> <tr> <td>PRG</td> <td></td> <td>1</td> <td>1</td> <td>3</td> <td>0</td> <td>4</td> <td>3</td> <td>3</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	855	457	517	480	556	514	499	884	PRG		1	1	3	0	4	3	3
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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								
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:

We are continuing to strive to enrol new members and promoting our group to a broad section of our patient population to reflect age/sex, ethnicity and patients with chronic diseases. In order to achieve this we have posters in reception, we advertise on the web site, through facebook, our clinicians mention and encourage patients to join. Members of the PPG group often are invited to reception to talk to patients about the group and what it can achieve, and members of staff also speak of it to patients.

We are aware the mix is not ideal but we are striving to change it.

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:

Feedback forms where place in reception and a box for patients to put their replies.

Subjects such as: Telephone access, opening hours, surroundings,.

Also Friends and family test started in Dec 2014 (when first started PPG members helped to explain to patients what the forms were about and why it was important to complete)

How frequently were these reviewed with the PRG?

At every meeting

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Patients with Respiratory problems that have no active group in the Meir Area

<p>What actions were taken to address the priority?</p> <p>We invited the British Lung Foundation to have a meeting to discuss what actions could be taken to start a group in this area. This event took place on the 10th July 2014. We invited all patients with Respiratory problems to a Breathe Easy Event that was held at Meir Primary Care Centre, this was not only for patients but for their carer's, partners etc.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The event was very well attended and we publicised this event by putting up posters in the surgery, it was advertised on our website and facebook. And we sent letters out to those with respiratory problems. Following on from the respiratory event a second event was organised for 16th October and the BLF now hold regular "Breath Easy" groups at the health centre which are well attended.</p>

Description of priority area:

Confidentiality in the reception area

What actions were taken to address the priority?

We moved all phones out of reception for incoming calls and left one member of staff as a meeter/greeter

We also frosted one side of the glass, so paperwork could not be read.

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

A calmer, quieter environment for patients waiting & patients confidentiality maintained good feedback from patients

Priority area 3

Description of priority area:

Access re: opening hours and telephones

What actions were taken to address the priority?

Telephones were moved to a separate room away from reception and two people manned the phones from 8.00 – 11.00am (our busiest times previously we opened at 8.30am which meant it was hard for workers and patients taking children to school) as we have two sites the lines from the other branch were diverted until 11am freeing up that person to be solely a meeter/greeter for our busiest times, after 11am phones were diverted back so branch would answer their own calls and one person would remain answering calls at the main branch, freeing another to do admin work such as scanning and coding, but at the same time still taking calls when necessary.

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

We publicised the new opening hours a month before hand on prescriptions, website, posters, and word of mouth.
Feedback from patients so far on the whole is favourable

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):

Patients had been complaining about the door, being hard to open and then not shutting properly in certain conditions.

We took a look and decided to purchase an automatic sliding door that was suitable for all and allowed wheelchair, and pushchair access, also as it is triple glazed seems to keep waiting room warm in the winter and the fitters assure me cool in the summer (the latter still to be tested).

We have arranged the clinical appointments so that there are plenty of book on the day appointments available for the morning and 2 urgent appointments and 2 appointments specially for people who have recently been discharged from hospital, who we call within 48 hours of discharge to offer an appointment if needed with the Doctor.

In April 2014 we had both floors recovered in the Nurses rooms to bring them in line with CQC requirements

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 10/03/2015

How has the practice engaged with the PPG:

The PPG have actively tried to engage new patients by attending surgery to recruit new members. The surgery advertises on their facebook and website.

The practice receives patient and carer feedback at our event meetings, and we have 2 months Friends & Family Test feedback.

The PPG were involved in the agreement of priority areas and the resulting action plans.

How has the service offered to patients and carers improved as a result of the implementation of the action plan? We now have regular monthly "Breathe-Easy" meetings on the second Tuesday of every month at 4.00pm at Meir Primary Care Centre.

From Feedback obtained through questionnaires and verbally it seems that the relocation of phones and the change of opening hours is positive.

We have had very good verbal feedback from phoning patients that have recently been discharged from hospital.

- A. They feel cared for
- B. They are given an appointment straight away or given the option to come back to us at anytime thus hopefully cutting down A&E admissions.