

Annex C

**Arden, Herefordshire and Worcestershire Area Team
Patient Participation Enhanced Service 2014/15 – Reporting Template**

Practice Name: Stanmore House Surgery

Practice Code: M81015

Signed on behalf of practice: S Mackay - **Mrs S Mackay, Practice Manager** Date: 21/2/15

Signed on behalf of PPG: D. Spalding - **Mrs D Spalding** Date: 27/3/15

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG? YES / NO - <u>YES</u>											
Method of engagement with PPG: Face to face, Email, Other (please specify) – Face to Face and email											
Number of members of PPG: 40											
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	49%	51%	Practice	18%	8%	11%	13%	14%	13%	12%	11%
PPG	0.52%	0.45%	PPG	1.25%	0.15%	0.32%	0.28%	0.76%	0.47%	0.69%	0.44%

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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	3178	18	0	1	11	6	0	1
PPG	40	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	16	2	8	0	0	0	0	0
PPG	0	0	0	0	0	0	0	0	0	0

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 Practice has an established face to face PRG who have been working with us for many years to act as the voice of the patients. Representatives from the practice include a GP Partner, Practice Manager and Secretary. Together we review and discuss changes to the services we offer, or plan to commission. We also discuss changes happening outside of the Practice, and how these might impact on patient care within Wyre Forest. We meet on a quarterly basis and communicate via email as required.

All patients registered at the Practice are encouraged to join the group for either the face to face or “Virtual PPG Group.” The Virtual Group population continues to grow in number, mainly as people do not feel that they have the time to attend face to face meetings, but overall has increased the number attending the meetings.

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We promote the PPG in several ways:

- **Information about the group is always included with new patient registration information.**
- **The reception area; patient information screen, noticeboard, leaflets along with details of the latest survey results and action plan.**
- **The Practice website allows patients to make enquiries and join online.**
- **During our influenza vaccination sessions hand-outs are given to patients.**
- **Patient Group members assist with our surveys, sitting in the waiting room talking to patients.**
- **Receptionists actively promote the group.**

Meeting dates are agreed and are held in the evenings to allow for those in full-time employment and/or education to attend. The meetings follow a prepared agenda with contributions from the PPG members and the Practice team. Minutes are recorded and distributed via email or posted to every member for feedback and comments. They are also posted on the website and noticeboards.

We are conscious that the PPG needs to be representative and reflective of our practice population both in terms of size and diversity.

As a practice we capture ethnicity at registration. However, we have identified that historical data does not allow for a full accurate profile of our practice population. However, we have an excellent cross section of the age population within the PPG which does reflect a meaningful representation of the population.

We have representation from the carers population and we have appointed a member of staff as the “carers champion” We have worked with the Carers Association on Flu clinic days to promote their services. The organisation regularly sees patients at the practice.

Mental health and disability are also represented and have the additional facility of using the CAB for help and advice.

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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/NO**

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 homes. We have tried to encourage membership of the PPG via the methods described above. Although we have failed to gain a member representative of this group the doctors undertake weekly ward rounds where any issues outside of immediate patient care can be discussed and resolved.

2. Review of patient feedback

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

Feedback is discussed before year end. This includes

- **The number and type of patient complaints and compliments**
- **Annual survey**
- **Review of actions taken in connection with previous years priorities**
- **FFT feedback**
- **Messages left in the suggestion boxes**
- **Verbal messages left with a member of staff**
- **Online messages including NHS Choices feedback**
- **Awaiting the report from the CQC Inspection in December to feedback to the group**

Confidential or sensitive issues are not the subject of open discussion.

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How frequently were these reviewed with the PRG?

Annual feedback allows priority setting for the following year any trends to be clearly identifiable. Anything considered to be of immediate importance would be brought to the groups attention at the earliest opportunity.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

A special meeting was arranged to discuss the possibility of merging with other practices within Wyre Forest. A mixed reaction, most not wanting change and preferring to remain independent.

What actions were taken to address the priority?

The Partners explored the merger further, taking into account patient views.

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

After careful consideration the Partners decided not to proceed with the merger. PPG were informed via a meeting, email / letter.

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Priority area 2
<p>Description of priority area:</p> <p>Health promotion in the community. This would help reach a younger group to whom we could promote the PPG.</p>
<p>What actions were taken to address the priority?</p> <p>The practice along with members of the PPG participated at a local school fayre within our catchment area to help promote health awareness.</p> <p>We offered Health Promotion in the form of advice on weight, diet, exercise, sun awareness, diabetic education, blood pressure and head lice.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The event was published in our newsletter, patient information screen and in the local newspaper (online version).</p> <p>The feed-back we received from the school and parents was extremely positive. Most popular health question asked by parents “<i>what is the healthy weight for my child.</i>” A good community exercise resulting in an increased PPG population of <45 years of age.</p>

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Priority area 3

Description of priority area:

Engagement of “community buddies” within the practice. Citizens Advice manage the project. Their aim is to offer confidential help and direction to patients in difficulty for a variety of reasons e.g., financial difficulties, bereavement, benefits, caring difficulties etc. The service is available at the practice or at the premises of the CAB.

What actions were taken to address the priority?

The CAB were invited to the Practice to provide further information. Patients can self-refer, or with the patients consent their details can be passed on to the CAB.

Commencement of the service within the practice commenced in February. Its late initiation was due to room availability within the premises.

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

Publication of the service has been via newsletter, noticeboard, patient information screen, reception staff and GPs.

Service slow to take-off at present. Further promotion to take place involving inviting the CAB volunteers to be present in reception to help publicise their service.

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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):

Patient Experience	All receptionists have undergone “front of house/customer service” training. This has resulted in zero complaints made by patients about their perception of receptionists’ attitude.
Appointment availability	<p>Promotion of early and late evening appointments via newsletters, website and patient information screen.</p> <p>Patients/PPG group made aware of the number of DNA’s and the impact it can have on appointment availability. Improvement noted with text reminders</p> <p>Telephone appointments made available to patients. This has proved a popular option.</p>
Telephone system	<p>New telephone system implemented allowing patients to more easily direct their call.</p> <p>Additional staffing in place to ensure that call is answered within 3 minutes.</p>
Online services	<p>Patients have the ability to book and cancel appointments online, request repeat medication.</p> <p>Texting of appointment reminders</p>

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4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off: 21.2.15

Has the report been published on the practice website? YES/NO

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?

The practice makes every effort to engage all groups. The participation in the school fayre helped reach the <45 age group.

The PPG are involved with the setting of priority areas and review the actions set. These priority areas are usually set from the feedback received during the course of the year.

The practice's carers champion has continued to work throughout the year ensuring those who need support are signposted accordingly.

Overall the feedback from all sources has been extremely positive, the online services have improved access to the surgery outside of normal hours for appointment booking and repeat prescriptions.

Members of the PPG are aware of the pressures and challenges faced by general practice and aim to continuing working with the practices as a "supportive critical friend"

Please return this completed report template to the generic email box – england.ahwat-pc@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.