

Annex C: Standard Reporting Template

Schedule M

Hertfordshire and South Midlands Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Ashfield Medical Centre

Practice Code: K82054

Signed on behalf of PDC: Saltan. Signed on behalf of PPG:

Date: 27th March 2015

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

(Component 1)

Does the Practice have a PPG? YES

Method of engagement with PPG: Face to face, Email, Other (please specify) Face to face, Email, website & virtual

Number of members of PPG: 45 Active & 266 Virtual

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	51	49
PPG		

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	25	9	16	16	13	10	7	4
PPG								



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	22.3	0.5	0	4.9	0.3	0.7	0.2	1
PPG								

%	Asian/Asian British				Black/African/Caribbean/Black British			Other		
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	2.3	2	0.5	0.5	2.7	3.8	0.2	3.7	0.01	54.39
PPG										

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 offered and encouraged each new patient registering with the surgery to join to PPG. A registration form is routinely passed to each new patient on registration.

Details for PPG are on the practice website, newsletters are produced throughout the year and displayed in the surgery. PPG members also attend our flu clinics as well as an annual charity coffee morning.

We were finding it difficult to recruit new members to the PPG however since routinely passing the information on to patients during the registration process the number have increased considerably.



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

(Component 2 – 30% of payment)

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

- · Friends and Family test questionnaire
- NHS Choices website
- PPG Suggestion box in reception
- Practice Website Comments
- CQC Inspection Cards

How frequently were these reviewed with the PRG?

• The PPG group meets every 6 weeks and any feedback is discussed within the meetings



3. Action plan priority areas and implementation

(Component 3 – 30% of payment)

Priority area 1
Description of priority area:
Telephone access
What actions were taken to address the priority?
The surgery has recently had a new telephone system installed following regular discussions with our PPG Group. Our survey results also showed patients were not happy with the original telephone system. Patients felt it would be useful to have a queuing system on the phone so they would be able to gauge how long they may be likely to wait and make an informed decision as to whether they were happy to do so. Levels of staffing were also evaluated and changed around slightly to ensure adequate cover at the peak times.
Result of actions and impact on patients and carers (including how publicised):
Patients are better informed and less likely to terminate calls. More staff at peak times of the day means calls are answered quicker and dealt with more effectively.



Priority area 2
Description of priority area:
DNA'S (Did not attend)
What actions were taken to address the priority?
Our DNA rates are continuously reviewed and numbers were being displayed in the reception area. However we recently had some independent training and other methods of display were discussed. It has been agreed that in the future we will try to turn the negatives in to positives and display the amount of clinical time that was available during the time frame and how much of that time was used positively. The implementation of text reminders for appointments has also reduced the number of DNA's. We are encouraging patients to register for online services and have put a message on our telephone line with instructions on how to do this and informing patients they can cancel appointments this way
Result of actions and impact on patients and carers (including how publicised):
DNA rates have reduced overall, improving access for all patients.



Priority area 3
Description of priority area:
Health Events
What actions were taken to address the priority?
Health events are regularly discussed in the PPG meetings and suggestions encouraged. We recently agreed to hold a Health event in conjunction with Age UK as they had attended our flu clinics and proved to be very popular.
Result of actions and impact on patients and carers (including how publicised):
The event is expected to take place in the coming months, we did not feel the uptake would be as high as we would like if it was held during the winter months. This will be publicised via the PPG newsletter and also via some mailshots to patients.



4. Progress on previous years

(Component 4 – 40% of payment)

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

In previous years we have highlighted the need for better access on the telephone. Although we had looked at different upgrade packages, these were not felt to be offering the full range of services required.

This year as our current contract was coming to an end we were able to research and implement a complete new telephone system which includes a 'call board' in the telephone room allowing staff to see how many calls are waiting and how long they have been on the line.

We have also reviewed our appointment booking and changed the way this is set up. We now offer 1/3 of GP appointments for booking up to 6 weeks in advance, 1/3 24 hours in advance and 1/3 as on the day.



5. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 27th March 2015

Has the report been published on the practice website? YES

Please insert web-link to your report:

How has the practice engaged with the PPG:

We have PPG meetings every 6 weeks at the surgery and all PPG members are invited to attend. Although we have a core group of active members who regularly attend the meetings we also have a large number of virtual members who engage via email. The minutes from each meeting are emailed to all members of the group as well as being displayed on the Practice website.

How has the practice made efforts to engage with seldom heard groups in the practice population? By giving all the New patients registering information relating to the PPG and ensuring those that sign up receive updates from the group.

Has the practice received patient and carer feedback from a variety of sources? Yes via Suggestion box, NHS Choices, Comments section on the Practice website.

Was the PPG involved in the agreement of priority areas and the resulting action plan? Yes, all areas were regularly discussed and updates given at the PPG meetings

How has the service offered to patients and carers improved as a result of the implementation of the action plan? Access has improved for patients and carers due to the implementation of the new telephone service. Online prescription requests have also proven to improve patient experience as this saves them having to make multiple visits to the surgery



Do you have any other comments about the PPG or practice in relation to this area of work? No	

Please return this completed report template to <u>england.enhancedservices-athsm@nhs.net</u> no later than 31st March 2015. No payments will be made to a practice under the terms of this DES if the report is not submitted by 31st March 2015.