

Annex D: Standard Reporting Template

Thames Valley Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Dr Fairfield and Partners

Practice Code: K82043

Signed on behalf of practice: _____ Date: _____

Signed on behalf of PPG: _____ Date: _____

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, Other (please specify) Quarterly Face to Face Meetings and on occasion E-mail.																																					
Number of members of PPG: 12																																					
Detail the gender mix of practice population and PPG: <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 style="text-align: center;">50%</td> <td style="text-align: center;">50%</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">50%</td> <td style="text-align: center;">50%</td> </tr> </tbody> </table>	%	Male	Female	Practice	50%	50%	PRG	50%	50%	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">16.5%</td> <td style="text-align: center;">10.5%</td> <td style="text-align: center;">9%</td> <td style="text-align: center;">11%</td> <td style="text-align: center;">17%</td> <td style="text-align: center;">15%</td> <td style="text-align: center;">12%</td> <td style="text-align: center;">9%</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">8%</td> <td style="text-align: center;">17%</td> <td style="text-align: center;">67%</td> <td style="text-align: center;">8%</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	16.5%	10.5%	9%	11%	17%	15%	12%	9%	PRG	0	0	0	0	8%	17%	67%	8%
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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	99%	0.13%		0.16%				0.3%
PRG	92%			8%				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.16%					0.17%	0.08%			
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 have tried a variety of things to recruit a representative population, from advertising in the surgery, advertising with flyers in prescription bags, village magazines, Facebook, Website and personal approaches. The reality is that we have found it very difficult to get younger patients involved in this. At times last year membership dipped so low that it threatened to derail meetings. We have had a very healthy membership for the last year and have taken the view that we will not turn away anyone who wishes to participate. In the last year it has been necessary to adjust the terms of reference of the group to accommodate this approach. In reality working people are not keen to give up their evenings for a meeting. As it stands we have an older, very British population and this is reflected in the membership of our group.

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:

National GP Practice Survey, Survey of Dispensing patients regarding our dispensary service, Annual Complaints review, Quarterly review of complaints, Comments and Suggestions, NHS Choices and feedback from CQC.

How frequently were these reviewed with the PRG?

Complaints are reviewed at every meeting in addition to the annual review which is once a year. Practice Surveys/ CQC feedback/NHS Choices comments and star ratings are reviewed as and when they fall.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Some concern expressed about identifying staff in reception. Concerns when dealing with them face to face and on the phone. Desire to improve the organisation/patient interface in reception.

Group felt it was important to quickly identify them as staff and who they were for reference and follow up.

What actions were taken to address the priority?

Reception staff have always worn badges but not necessarily prominently. Reception staff are all now uniformed, badges are worn prominently so they can be identified and each phone call is answered with the staff members Christian name.

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

Outcomes are all very visible to patients. We have had numerous positive comments about the uniforms. It gives an impression of being friendly and professional.

Priority area 2

Description of priority area:

Consolidation of the membership of the Group.

What actions were taken to address the priority?

Ongoing search for new members so that retirement policy stated in the Terms of Reference can be used.

Adjustment of the Terms of Reference to reflect the bigger membership.

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

Membership has remained stable throughout the last year. One member of the group has retired and has been successfully replaced.

Priority area 3

Description of priority area:

Group keen to be involved in devising the next patient survey. Identified areas of priority to include premises, appointments and communication. Following discussion it was felt that we might not necessarily learn anything new from the premises question as undoubtedly all patients would like new premises, but there may be little, at this point, that can be done about this. It was felt that an understanding of the patient view of appointments was already available through complaints, National Practice survey, NHS choices and the Involvement Group meetings. It was agreed to base the survey around how patients would like to be communicated with.

What actions were taken to address the priority?

A set of questions to be devised for pre-circulation by e-mail and discussion at the next Involvement Group meeting.

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

This priority is still a work in progress.

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):

Premises

The Patient Involvement Group first started discussing the issue of premises in 2007. The Practice had been in discussions regarding new premises development for at least 5 years at that time and as patients of the practice the group wished to know why there had been no progress to date. Patient dissatisfaction with the premises, particularly access to the premises, appeared on a regular basis in patient surveys and members of the group had witnessed elderly patients struggling with the stairs.

The Group wrote to the then PCT Chair and 'lobbied' for a resolution. They invited the PCT chair to the surgery to meet with the Group and showed him 'first hand' some of the issues.

While it has not been possible to fund a new premises development, the Group was instrumental in the Practice being given the use of half of the neighbouring Winslow Health Centre. This has undergone a major refurbishment and has been able to provide the practice with six new clinical rooms and as a consequence improved the amount of Ground Floor access for patients. The Patient Involvement Groups interest in the premises issue is ongoing.

Review of Complaints

The Group has requested to be provided with a summary of complaints against the practice so that issues can be identified and discussed at Involvement Group Meetings. Anonymised reports are produced three times a year for discussion at the Involvement Group Meetings.

Appointments System

The Group has wanted to look at the issue of patients that 'Do Not Attend' for 'booked' appointments. This is a significant problem for the practice with between 6 and 30 appointments lost every week. (On average 15 appointments per week or over one whole clinic). The Practice has worked hard at addressing this by informing patients in the waiting room, the use of text messaging, online booking of appointments and improvements to the telephone system.

Patient Engagement in Commissioning

Some members of the Involvement Group were involved in the initial steps to incorporate the patient view into commissioning. In the North Locality of the AVCCG this started with a group of patients from 4 practices meeting and has now developed to a point where patient reps simply join clinicians and managers at locality meetings.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

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?