Annex D: Standard Reporting Template

North Yorkshire and Humber Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Springbank Surgery

Practice Code: B82057

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



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

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, Other (please specify) **Face to face** |
| Number of members of PPG: **19** |
| Detail the gender mix of practice population and PPG:

|  |  |  |
| --- | --- | --- |
| % | Male  | Female  |
| Practice | 50.4% | 49.6% |
| PRG | 50 | 50 |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 17.6 | 8.8 | 9.1 | 11.6 | 18.1 | 14.8 | 11.5 | 8.2 |
| PRG | 0 | 10.5 | 5.3 | 15.8 | 15.8 | 26 | 21 | 5.3 |

 |
| 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% | 0.3% | 0% | 0.4% | 0% | 0% | 0% | 0% |
| PRG | 100% | 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 | 0.1% | 0.1% | 0% | 0% | 0.1% | 0% | 0% | 0% | 0% | 0% |
| PRG | 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:**We have invited open applications for membership of the patient group in the past 2 years. We have had applications relating to most of the age groups. We noticed that the youngest and oldest age groups were potentially under-represented and, to overcome this, we specifically invited certain members to join. The youngest (under 16s) age group is not represented except by parents who sit on the patient group. Therefore, we have a group which is largely representative in terms of gender and age range, of the whole practice. Although the group’s ethnicity is not diverse, it is again representative of the patient population. However, we continue to welcome applications in areas which are not currently represented.****Membership of the patient group has been advertised in the following ways:****Posters in surgery waiting room on a patient participation group board at both Green Hammerton and Tockwith surgeries.** **Patient group article in the newsletter distributed to over 2500 homes in the area.****Leaflet advertising the patient group available in surgeries and also delivered to homes in the area.****Information on the website.****Part of last year’s annual survey was about the patient participation group.****Doctors actively promoted the patient group whilst in consultations****Word of mouth from existing members of the group.****Thus, we have increased our membership from the 12 members we had last year.** |
| 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** |

1. Review of patient feedback

|  |
| --- |
| Outline the sources of feedback that were reviewed during the year:**We have received and reviewed feedback from last year’s survey, the NHS national patient survey, comments on the friends and family test, NHS choices and written and verbal feedback to members of the group and reception staff.** |
| How frequently were these reviewed with the PRG?**At monthly meetings** |

Action plan priority areas and implementation

|  |
| --- |
| Priority area 1 |
| Description of priority area:**Communication with patients** |
| What actions were taken to address the priority?**At various meetings, the patient participation group has discussed feedback regarding how the practice communicates with patients. For instance, it has been fed back that the available late appointments on a Monday are not widely known. Also, it is best to call for results after 11am when people aren’t trying to get an appointment. Similarly, patients were not always aware of what problems could be dealt with by nurses and healthcare assistants. Some of this feedback echoes the findings of the survey conducted by the patient group last year, namely that education around points like this had been improved but not completely.** **The group was keen for the practice to build upon the progress made in this area last year. For example, updating the website and keeping up with the regular newsletter. However, this year, we also made action plans to rationalise the information displayed on posters in the surgery and get a waiting room monitor up and running, displaying the relevant information.**  |
| Result of actions and impact on patients and carers (including how publicised):**The practice newsletter has been published twice annually, the idea for this instigated by the patient group. Also, the waiting room information monitor is up and running. This displays a slide show of information pages relating to the practice and also gives some general health information. Certain aspects of the website were updated as a result of prompting by the patient group, as a result of feedback. We have also expanded the use of text messages to patients regarding results and appointment information. There has been a positive response to these adjustments. Positive comments have been fed back to the patient group or via receptionists or via the feedback touchscreens which are being used for the friends and family test.**  |

|  |
| --- |
| Priority area 2 |
| Description of priority area:**Lack of CPR capability at Tockwith**  |
| What actions were taken to address the priority?**The patient participation group acted on the concerns that there might be a gap in the CPR capability at Tockwith and the surrounding villages. The actions taken were to organise CPR training which was open to the public and held at Tockwith primary school. The patient group also instigated the introduction of a community first responder group, in partnership with the Yorkshire Ambulance Service.**  |
| Result of actions and impact on patients and carers (including how publicised):**The patient group’s actions have led to greater awareness and training of CPR in the community and there are plans to expand this further, offering further CPR workshops. The patient group recognised that having a defibrillator at the Tockwith branch surgery might not be the best option as it is no open on evenings and weekends. Community first responder volunteers are trained to attend emergency calls received by the ambulance service and provide care until the ambulance arrive. Vounteers can arrive at an emergency scene in a matter of minutes as they are sent to calls in their local area. Having someone in the community who has been trained in first aid and can reach the patient quickly makes all the difference and they can be available 24hours a day, 7 days a week. They are dispatched at the same time as an ambulance via ambulance control to attend Category A'immediately life – threatening' calls. These calls can include: cardiac arrest, diabetic emergency, unconscious patient, breathing difficulties, seizures.** |
| Priority area 3 |
| Description of priority area:**Patient transport – volunteer driver scheme.** |
| What actions were taken to address the priority?**We are based in a rural area, where people often live a long distance from local hospitals and there are limited public transport links. We have a slightly older than average population and we have a high prevalence of dementia. In short, there is an identified need to try and improve transport links for patients who are trying to get to hospital appointments. The patient group has been involved in expanding a nearby patient transport scheme and advertising this to get volunteer drivers.**  |
| Result of actions and impact on patients and carers (including how publicised):**The patient group advertised the patient transport scheme by means of posters in the surgery, local shops, post offices and schools. We received interest from volunteer drivers. We are in the process of advertising the scheme to patients who are at need. This is being done in a similar fashion. When practice staff encounter a patient who needs such transport, they are being encouraged to use the scheme. It is cost-effective as the service-user pays only 45p a mile. We will monitor how the scheme is working and can further advertise for either volunteers or service users, depending on need.** |

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 practice is committed to continuing to engage in the patient participation group, given how it has been an invaluable source of feedback. We are fortunate to have a dynamic group that has demonstrated real impact in the practice. The examples above show this but there has been additional progress. The patient group survey last year showed that we were underusing text messages. We now have the mobile telephone numbers for the majority of patients and, with consent, can text message appointment information and test results. Similarly, the introduction of a waiting room monitor is a key issue raised in the action plan produced by the patient group last year.**

1. PPG Sign Off

|  |
| --- |
| Report signed off by PPG: **YES**Date of sign off: **24/2/15** – Report discussed at PPG meeting on 24/2/15 |
| How has the practice engaged with the PPG:**The PPG have met monthly in the past year. There has been representation from the practice each time. The meetings have had growing attendance which has helped lead to the successful implementation of the action points. Although the group meets regularly, there is also communication between group members and the practice via telephone, email and in person between group meetings.**How has the practice made efforts to engage with seldom heard groups in the practice population?**The practice has widely advertised the patient group and its purpose. This has been done by:**1. **Posters in surgery waiting room on a patient participation group board at both Green Hammerton and Tockwith surgeries.**
2. **Patient group article in the newsletter distributed to over 2500 homes in the area.**
3. **Leaflet advertising the patient group available in surgeries and also delivered to homes in the area.**
4. **Information on the website.**
5. **Part of last year’s annual survey was about the patient participation group.**
6. **Doctors actively promoted the patient group whilst in consultations**
7. **Word of mouth from existing members of the group.**

**Thus, we have increased our membership from the 12 members we had last year.**Has the practice received patient and carer feedback from a variety of sources?**Yes – the practice has received feedback in the following ways:**1. **Written feedback via the website**
2. **Written feedback sheets at reception**
3. **Touchscreens used for friends and family test**
4. **Verbal feedback via the patient group**
5. **Verbal feedback at reception and to practice staff, doctors and nurses**
6. **Written feedback on NHS choices**

Was the PPG involved in the agreement of priority areas and the resulting action plan?**Yes – the patient group meets monthly and the agenda is agreed based upon feedback. Priority areas are discussed, working groups are created if necessary. The patient group has been inextricably linked with all the priority areas described.** How has the service offered to patients and carers improved as a result of the implementation of the action plan?**There is improved communication between the practice and patients. There is now an established semi-annual newsletter and information screen. The website is more regularly updated. This is still a work in progress and plans are in place to establish a similar screen at the branch surgery in Tockwith. The establishment of a community first responder group should improve emergency care in the Tockwith area. It is too early to say what affect this is having, with it being in its early stages. If we can build upon the CPR training already held, that too should have a lasting improvement in emergency care in the area. Finally, we will continue to advertise the patient transport scheme which should be of benefit to both patients and carers when transport is an issue.** Do you have any other comments about the PPG or practice in relation to this area of work?**We plan to continue to meet regularly and the patient group’s agenda will be determined by ongoing feedback from patients. We are keen to build upon the success we have seen, without being complacent about this being an ongoing process. We plan to examine the feedback from the national GP survey in coming meetings, to see what additional learning points there are for the practice. The patient group will help the practice form action points from the priority areas within the national survey.**  |