

Annex C: Standard Reporting Template

Schedule M

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

Practice Name: The Garden City Practice

Practice Code: E82041

Signed on behalf of practice: Sarah Ellingworth

Date:

Signed on behalf of PPG: David Ball

Date:

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

Does the Practice have a PPG? <i>YES</i>											
Method of engagement with PPG: Face to face, Email, Other (please specify) <i>Meetings every 2 months and regular email exchanges</i>											
Number of members of PPG: <i>Approximately 13-15 regular attendees, more for AGM</i>											
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	48.9	51.1	Practice	23.1	7.9	11.7	15.7	15.6	9.0	7.3	9.7
PPG	53.8	46.2	PPG				7.7	38.5	23.1	15.3	15.4

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	97.0	0.1		0.072	0.55	0.52	0.66	0.01
PPG	84.6	7.7						

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.11	0.1		0.02	0.88	0.06	0.02			0.03
PPG	7.7									

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 decided to determine what interest there was for a proactive PPG and assess whether it was representative after the initial set up. Now that the group is up and running we have matched its composition to our patient demography.

We now have 13 active members of the group. Seven are male and six are female. Ages range from 43 through to 80. The age spread and ethnic composition of our PPG is fairly representative of our patient base. Many of our PPG have a Long Term Condition or other medical conditions – and this will also support the representative nature of our group. We also have a virtual group and it is part of the PPG's focus in 2015/16 to expand this group as it provides an alternative way for patients to engage.

If this changes at any time on the future we may target specific groups of patients. This is not necessary at the moment.

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:

9.7% of our practice population is 75 or older – this is second highest for our locality and much higher than CCG average of 7.65%. This cohort of frail and elderly has different healthcare needs and our patient group represents this group – we have 2 members that fall into this age bracket.

2. Review of patient feedback

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

*Regular PPG meetings
Friends & Family postcard feedback
Feedback through website feedback function
Complaints and email feedback*

How frequently were these reviewed with the PPG?

*Feedback from new Friends and Family postcards tabled and discussed on 10 March 2015 meeting
Complaints audit – currently being compiled and will be distributed to PPG for discussion on completion*

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p><i>Patient working group for Health Lifestyles – combining patients from the practice, the practice and a local, independent pharmacist. Group came together after discussion at PPG meeting – to look at how the PPG could help patients with their health management and outcomes.</i></p>
<p>What actions were taken to address the priority?</p> <p><i>Working party looked at how patients could help improve their lifestyles and health management - and reviewed services that patients could access to support this aim without necessarily visiting a doctor.</i></p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p><i>Fact sheet has been produced on what local pharmacies can offer to help patients in their aim to lead a healthy lifestyle. The fact sheet includes details on opening hours and contact details/addresses. The fact sheet has been included as the back page of the winter newsletter and had also been put on the practice website.</i></p>

Priority area 2

Description of priority area:

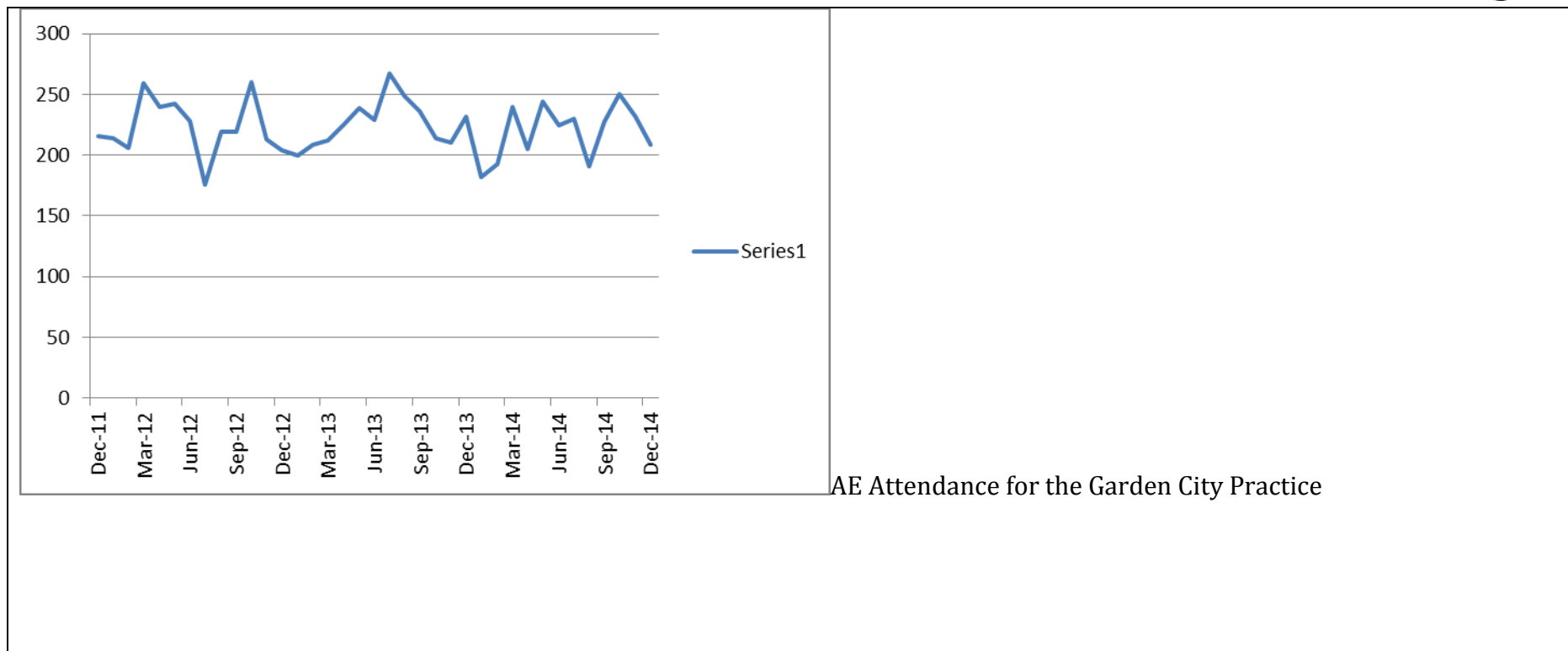
A second working party came together to look at how we could help signpost patients more effectively and help avoid unnecessary A&E admissions. This group comprised patients from the practice and the practice manager. Group came together after discussion at PPG meeting – as reducing unplanned admissions is a major focus in the NHS.

What actions were taken to address the priority?

The working party brain stormed ideas which could help patients find the right pathway for their health concerns at any given time. The group put a plan together setting a multi-faceted approach to promote the use of 111 amongst the patient base. This included sending a 111 flyer to every patient 75 yrs or over, promoting 111 in the summer 2014 newsletter and including details of 111 on the front screen of the practice website. The PPG also had a manned desk at all three Saturday flu clinics and gave out 111 leaflets along with details of local hospital changes – explaining in person what the 111 service was for. The group has focused on the fact that the service is Hertfordshire run and local rather than national.

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

Patient attendance at A&E has stabilised and is no longer growing. The practice's weighted rate of attendance per 1,000 is 279.9 and was 289.2 last year. We are now 3rd in locality ranking – we were 6th last year. The graph below sets out the practice A&E attendance trend since December 2011.



Priority area 3

Description of priority area:

No areas of improvement have yet been identified through the Friends & Family Test. This feedback scheme is still quite new and will be considered by the PPG in due course, when more feedback is available. All existing feedback has been overwhelmingly positive.

As part of the Spring 2014 Patient Questionnaire, three areas were identified for review:

- *premises – consider potential improvements*
- *Appointment booking – review existing system*
- *Opening hours – review opening hours*

What actions were taken to address the priority?

Premises – the practice strategy is to move to new, purpose planned accommodation and move out of three small houses. As a short/medium term measure, improvements have been made to the reception areas (now all open plan and freshly decorated), seating (new chairs and benches at our Knightsfield and Haldens surgeries), redecoration of the waiting area (at the Knightsfield surgery), new or more visible patient check-in screens and new flooring (at the Haldens surgery).

Appointments and opening hours – more appointments have been made available for online booking, more appointments have been set aside for same day booking and access, and appointment times are being published on newsletters so that patients have a greater awareness of surgery opening times (e.g. Saturday morning opening times)

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

Premises are more open and welcoming and have been well received by patients. Seating is more comfortable and easier to keep clean and meet infection control standards.

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):

Details of actions taken from the 2013 action plan:

Specific area of action agreed	Update
<i>Improve patient communications by producing a regular newsletter and developing the website</i>	<i>Our practice website has been re-vamped and is now being regularly updated. The PPG has worked closely with the practice to ensure the website is easy to navigate and understand from a users perspective. Newsletters are now regularly produced – summer 2014 and winter 2014/15 have been distributed and promoted.</i>
<i>Decommission the 0844 number</i>	<i>New number 01707 321 500 in place since December 2013</i>
<i>Increase PRG involvement in the practice</i>	<i>Re-vitalised PRG up and running with Chair, Vice-chair and secretary – and schedule set for 2014 with draft action plan and regular attendees</i>
<i>Parking to improve</i>	<i>It has been agreed that as disabled users can park on the yellow lines outside no additional provision is required</i>

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 10 March 2015

Has the report been published on the practice website? YES

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?

Please return this completed report template to england.enhancedservices-athsm@nhs.net 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.**