Annex D: Standard Reporting Template

West Yorkshire Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Idle Medical Centre

Practice Code: B83018

Signed on behalf of practice: Malcolm MacDonald Date:31/3/15

Signed on behalf of PPG: Stella Hall Date:31/3/15

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

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| Does the Practice have a PPG? YES | |
| Method of engagement with PPG: Face to face and Email | |
| Number of members of PPG: 6 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 49 | 51 | | PRG | 17 | 83 | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 22 | 8 | 13 | 14 | 15 | 11 | 9 | 8 | | PRG |  |  |  |  |  |  | 50 | 50 | |
| 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 | 75 |  |  | 3 |  |  |  |  | | PRG | 83 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 1 | 1 | 1 |  |  |  |  |  |  | 19 | | PRG |  | 17 |  |  |  |  |  |  |  |  | | |
| 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:  **Recruitment to the PPG is open to all. Specific groups within the practice such as young mothers, have been approached through baby clinics etc but to date there has been no success in recruiting from these groups. The ethnic make-up of the practice is overwhelmingly “White British” but we do have a representative from the Asian community as part of the group.**  **It has been very difficult to recruit members to the group of working age as meetings were at lunchtimes. The timing of the meetings has now been altered to early evening in a bid to encourage working age members.** | |
| 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: | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  Feedback has been taken from the PPG directly, through the Friends &Family Test, by reviewing our performance on the national Patient Survey results and by analysing any complaints received into the practice. |
| How frequently were these reviewed with the PRG?  Meetings are held quarterly. |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:  The group felt that there should be more promotion of self-help groups, social care networks and other voluntary organizations that could take the pressure away from the practice clinicians, allowing them to focus on more pressing medical matters. |
| What actions were taken to address the priority?  Noticeboards around the practice have been improved by designating specific noticeboards to specific subjects (Practice Info., Medical Info. Carers Info. and Community Info.) The Community board is in the building foyer and now gives much more information about services that can be accessed. In addition, the services provided by the local HOTS (Health On The Streets) team have been promoted. The noticeboards are now actively viewed at least fortnightly by the practice management team to ensure that they are up-to-date, relevant and easily understood.  Services are also promoted via the practice website. |
| Result of actions and impact on patients and carers (including how publicised):  Improved information for patients and carers leading (hopefully) to reduced requirements to access clinicians. |

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| Priority area 2 |
| Description of priority area:  The group was concerned that the practice website was not very informative and not easy to manoeuvre around. |
| What actions were taken to address the priority?  The website has been redesigned and revamped to create a much more visually impactful site. The website can now be amended, altered and updated from the practice rather than having to use a third party / hosting organization. Several members of the practice team have been trained and it now means that the website is much more up-to-date. We are able to provide news on a daily basis if required so that information regarding the practice and any health related matters, such as Ebola, can be conveyed instantly.  Patients can now update their details and it will also informs them how to set up text messaging, book appointments on line and request prescriptions. It can be translated into different languages. It is now user friendly for the people who are visually impaired and heard of hearing. |
| Result of actions and impact on patients and carers (including how publicised):  The traffic through the website can now be monitored very easily and we are seeing increasing levels of activity. |

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| Priority area 3 |
| Description of priority area:  The group felt that the provision of a male nurse would be beneficial to the practice team. |
| What actions were taken to address the priority?  When this was considered by the practice team, it was decided that there were sufficient male GPs within the practice to allow for any situations that may arise. Also, it would not be possible to advertise for a “male” member of staff as this is not allowed under equality legislation. |
| Result of actions and impact on patients and carers (including how publicised):  No action taken. |

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):

All previous years matters have been dealt with.

1. PPG Sign Off

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| Report signed off by PPG: YES  Date of sign off: 31/3/15 |
| How has the practice engaged with the PPG:  How has the practice made efforts to engage with seldom heard groups in the practice population? A pro-active campaign to recruit new members to the PPG has been undertaken. Advertising has taken place on noticeboards, through the website, and by trying to recruit members directly following consultations.  Has the practice received patient and carer feedback from a variety of sources? All potential sources of feedback are utilized.    Was the PPG involved in the agreement of priority areas and the resulting action plan? The PPG has been involved in discussions on priority areas and action plans and will continue to be so.  How has the service offered to patients and carers improved as a result of the implementation of the action plan? We are seeking to improve all aspects of our service on an ongoing basis.  Do you have any other comments about the PPG or practice in relation to this area of work? Recruitment into the group continues to be a challenge but some progress is being made with 3 new potential members having been identified in the last month. However, it is felt that the generally high ratings that the practice receives in patient surveys means that there is not felt to be a great need for patients to involve themselves in such things as the PPG. |