Annex D: Standard Reporting Template

North Yorkshire and Humber Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Snaith & Rawcliffe Medical Group

Practice Code: B81029

Signed on behalf of practice: Dr Susie Foster Date: 30/3/15

Signed on behalf of PPG: Mr Stuart Dransfield Date: 30/3/15

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: We have a quarterly face to face meeting with our Patient Liaison Group which has members from our different geographical locations. We also have a PPG via social media on a Facebook Group which is only for patients and a Facebook page which is open to anyone. | |
| Number of members of PPG: Patient Liaison Group 7 members Facebook PPG 56 Patient members | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 51 | 49 | | PRG | 25 | 75 | | 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 | 10 | 8 | 12 | 15 | 13 | 11 | 7 | | PRG | 0 | 4 | 16 | 30 | 14 | 20 | 5 | 0 | |
| 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 | 10104 | 4 | 0 | 19 | 0 | 3 | 0 | 0 | | PRG | 63 | 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 | 2 | 3 | 0 | 2 | 0 | 1 | 0 | 0 | 1 | 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:  As can be seen from the statistics above we have a very limited ethnic diversity in our practice population 0.04%  If that was extrapolated in to our 63 PPG members that would be about 0.25 of a member.  As is common in most primary care settings women are more frequent attenders than men and are more available to attend meetings. | |
| 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:  Friends and Family Test  Productive General Practice Patient Survey  Complaints and unsolicited Comments |
| How frequently were these reviewed with the PRG?  Information from patient feedback is disseminated through the Facebook group and page as well as being discussed with our PLG as it is available. The annual report is circulated to PLG members by email and is also published to the Facebook PPG |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:  Patient Complaints about privacy and queues in the new waiting area in 2013-2014.  Patient check in screen not working much of the time. |
| What actions were taken to address the priority?  New staff members were recruited in reception and additional training was given to them and the established staff. New rotas have been implemented with two staff members on the front desk at busy times and a buzzer system has been put in to allow front desk staff to call for help when they can see a queue forming.  In addition we have recently recruited a new dispensary manager who has also reviewed dispenser working arrangements so they are more accessible to patients in the waiting room.  We have recently taken delivery of a new patient self-check-in screen which is much better than the old one, more reliable and seems to be working well. |
| Result of actions and impact on patients and carers (including how publicised):  No complaints or comments have been received about the privacy and queues.  Reception staff are more confident in their roles and we have had a number of compliments about the friendliness and helpfulness of the reception staff. Some of these compliments have been published on the Facebook group and the Facebook page ( which is accessed more widely by patients and staff) |

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| Priority area 2 |
| Description of priority area:  Lack of information about drug shortages and patients not being able to speak to a dispenser |
| What actions were taken to address the priority?  Drug shortages have been less of a problem over the past few months although these continue to cause problems for us and for chemists. Our new dispensary manager has taken a very proactive approach to the recent shortages of Depot contraceptives and all patients who are due for this in the next three months have been informed in advance of the potential problems with supply so they can make informed decisions. As previously mentioned having a designated dispenser who is able to deal with queries from patients in the waiting room has also been very helpful in reducing confusion. Telephone queries are placed on a list and they are phoned back by a dispenser during that day. |
| Result of actions and impact on patients and carers (including how publicised):  There haven’t been any complaints or comments about this during the year.  The patient satisfaction ratings are very high as evidenced by the Friends and Family test results. (96%) |

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| Priority area 3 |
| Description of priority area:  Access and safety issues with Baby Clinic |
| What actions were taken to address the priority?  The baby clinic had been moved to two upstairs consulting rooms in a previous year due to changes in usage of the treatment room. There had been a number of patient comments and complaints about access. Although there was a lift available patients found this difficult, frequently got stuck in the lift and the waiting room upstairs was cramped for pushchairs. It was also a concern that there might be in the event of evacuation. Use of the treatment room was reviewed and the physio was asked to change her day so the baby clinic was moved back downstairs to the much larger treatment room on the ground floor, with patients waiting in the main waiting room which is close to changing facilities and the play area. |
| Result of actions and impact on patients and carers (including how publicised):  Health visitors and the parents are much happier with the current arrangements. There have been no further complaints. |

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):

One of our concerns when the 0844 number was removed following patient comments and complaints was that patients would be left getting the engaged tone more often and that this might generate complaints. This hasn’t been the case and patients seem very satisfied with the way that the phone system is currently working.

1. PPG Sign Off

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| Report signed off by PPG: Yes by PLG Chairman Stuart Dransfield  Date of sign off: 30/3/15 |
| How has the practice engaged with the PPG: Regular quarterly meetings and information on Facebook group  How has the practice made efforts to engage with seldom heard groups in the practice population? Via the PLG and the PPG. This is an area which the PLG would wish to see as a priority for the coming year. The Practice with the support of the PLG has arranged an open day as a health promotion opportunity and a chance to try to encourage younger members to join the PLG.  Has the practice received patient and carer feedback from a variety of sources? Yes  Was the PPG involved in the agreement of priority areas and the resulting action plan? Yes  How has the service offered to patients and carers improved as a result of the implementation of the action plan? Yes  Do you have any other comments about the PPG or practice in relation to this area of work? No |