Annex D: Standard Reporting Template

Birmingham, Solihull and Black Country Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **Sherwood House Medical Practice**

Practice Code: **M88020**

Signed on behalf of practice:  Date: 

Signed on behalf of PPG:  Date: 

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, Email, Other (please specify) **Face to Face and Email** | |
| Number of members of PPG: **16 + 2no. staff members. In addition 200no. VPPG members.** | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | **50%** | **50%** | | PRG | **65%** | **35%** | | Detail of age mix of practice population and PPG: **Based on 12,500** **patient pop**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | **17%** | **8%** | **15%** | **16%** | **15%** | **11%** | **9%** | **9%** | | PRG | **0** | **6.25%** | **6.25%** | **6.25%** | **6.25%** | **12.5%** | **50%** | **12.5%** | |
| Detail the ethnic background of your practice population and PRG: **Please see below comments.**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | White | | | | Mixed/ multiple ethnic groups | | | | |  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed | | Practice |  |  |  |  |  |  |  |  | | PRG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice |  |  |  |  |  |  |  |  |  |  | | 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:  **The practice experienced problems when trying to print reports based on the ethnic origin status of its patients from EMIS Web. Ethnic origin was only available for around 2,000 patients. It is thought that this may be due to the migration of data between Premiere and EMIS Web not uploading the ethnic origin in 2013 when we changed our Clinical system. However**  **the Chair of the PPG obtained the Local Health Profile from Public Health England which contains information for both the Local Authority and local wards around the practice. These reports show that Sandwell has 30% of its population from a Black or Minority Ethnic Group, almost twice the figure for England & Wales which is 14.6%. However, we have also looked at Birmingham as the practice has many cross border patients. Birmingham has 42% of its population from BME groups. Looking at information by ward shows that Old Warley ward has 21% BME and Abbey ward has 22% of its population from BME groups. This is the most detailed information we have been able to obtain on ethnicity which we could base our decisions upon. The Practice will work with the CCG to improve collation of information on ethnicity prospectively on an opportunistic basis via consultations and clinic attendance in order that the practice can better meet the needs of its BME patients.**  **It is estimated that during the last year the PPG has drawn almost one third of its members from BME groups, so the PPG is representative of the practice population as a whole. However, in order to understand whether any particular groups are under- represented we have emailed our PPG and VPPG members to obtain more accurate details about their ethnicity.**  **In terms of analysis by age, the PPG have undertaken a comparison between the practice age breakdown and the PPG age breakdown. The PPG acknowledges that many of its members fall in the older age group and that we have a gap in younger members, particularly as 25% of the practice population are under 24. Although we have recruited 3 new members in the last year, we have not yet been able to rectify this. We are actively seeking younger members by approaching a local college to see whether any students registered at the practice would be interested in joining the PPG. We are also seeking, a carer and a parent with small children in order to rectify the gaps we have identified. However we have managed to recruit 60 new members to the Virtual Group during the year, including 6 carers. This may help us to get views which are more representative of the patient group. One of the difficulties is that trying to recruit people of working age and carers is that they often have little time to come to meetings so it may be that making the Virtual Group more representative will help us to hear their views whilst we are recruiting to the PPG. The Spring PPG Newsletter will focus on this issue.** | |
| 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**  If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:  **We are aware that the practice is within 200 yards of a retirement village which was opened last year and the practice have had a significant increase in the number of older people registering. The PPG has 2 members drawn from this retirement village, which is one of the reasons for the larger number of older people on the PPG.**  **For the forthcoming year, the practice and the PPG need to consider more detailed profile of the practice patients before it can focus on specific groups, although we are fully aware of the CCG priorities which are relevant (reducing emergency admissions, improving young people’s mental health and access to appropriate services)** | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  **NHS Choices; Flu Clinics; Carers Focus Month; National Patients Survey; GP Patients Survey; Local Data from PPG survey from 2013/14; formal complaints were aggregated and analysed; Friends and Family.** |
| How frequently were these reviewed with the PRG?  **NHS Choices, Carers and Friends and Family (since December 14) are standard Agenda items at each meeting; Flu clinics discussed at each meeting from September 2014-March 2015. National Patients Survey and GP Patients Survey – twice yearly (once data available). Complaints – annually.** |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:  **Maintain and improve the effectiveness of the PPG/VPPG** |
| What actions were taken to address the priority?   * **Boost numbers by promoting VPPG at the Flu Clinic events during October-December 2014.** * **Produced Autumn Newsletter to promote better communication between patients and the PPG** * **Surveyed patients on the VPPG to obtain both their ethnic origin and interests. N.b This exercise is still ongoing.** * **A Sherwood House PPG logo was designed by one of its members.** |
| Result of actions and impact on patients and carers (including how publicised):   * **VPPG numbers increased by 60 no. following promotion at the Flu events by the PPG members** * **6 no. Carers were added to the Care Register following Carers Month.** * **500no. Autumn Newsletters were handed out at the Flu events.** * **Results were published via PPG minutes on PPG Noticeboard in Reception and extra copies were left on Reception**. |
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| Priority area 2 |
| Description of priority area:  **Improve patients’ ability to get an urgent appointment.** |
| What actions were taken to address the priority?   * **Promotion of Online Booking to attempt to achieve between 5-10% of the practice population registered to use the service.** * **Add Online Users as standard agenda item for all PPG meetings to review numbers of patients registered to use the service and number of appointments made each month.** * **Display numbers of Online appointments to noticeboards around surgery on a monthly basis for patients to see.** * **Consider ways to improve the efficiency of the current telephone system at the surgery and call handling at peak times.** * **Assess ways in which local GP practices have improved call answering.** |
| Result of actions and impact on patients and carers (including how publicised):   * **Online booking was promoted at Flu events. There are currently 5% of the practice population registered to use the service compared to 3% in July 2014.** * **Online booking has been published in the Practice Booklet and on the Practice website.** * **Online booking was published in the PPG Autumn Newsletter.** * **Now a standard agenda item at PPG meetings for discussion and minuted.** * **Practice’s telephone system -The Chair of the PPG produced a detailed report (see appendix ?) from an inpractice assessment conducted on 23rd February 2015 which suggested an extra staff member answer calls between**   **8-8.30am to try to alleviate complaints of phones not being answered.**   * **The practice is in the process of costing up a “Call Waiting” package with its current provider.** * **A member of the PPG visited neighbourhood practices to observe how calls are managed in October 2014 and reported back to the practice.** |

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| Priority area 3 |
| Description of priority area:  **Ensure that Carers are identified accurately on the practice’s Care Register and support is offered.** |
| What actions were taken to address the priority?   * **The practice wrote to all patients on the Care Register to ask if they were still a Carer and if so, did they wish to remain on the Care Register or be removed. The letter included signposting information to local services and national charities etc. Carers were also asked for any comments/suggestions they have which may help improve the service being offered to them.** * **The practice/PPG ran a Carers event throughout November 2014 in Reception to promote signposting for Carers and to gather feedback.** * **The PPG have run a feature on Carers in the Winter & Spring Newsletters.** |
| Result of actions and impact on patients and carers (including how publicised):   * **Patients who are Carers at the practice are now aware that the practice is listening to them.** * **Carers are now a standard Agenda item at PPG meetings and all suggestions are analysed and reported on.** * **Leaflets; applications and posters were obtained nationally and locally for the Carer’s Event.** * **A dedicated Carer’s corner was set-up in the surgery.** |

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):

* **January 2014 - Review carried out on Facilities Survey done at surgery using VPPG and patients in Reception. Cones were removed from reserved car park spaces for patients to use. Patient toilets in surgery are now checked on an hourly basis. Sept 2014 - Free text comments from last year’s survey were analysed and making urgent appointments were highlighted as an issue. February 2015 Chair of the PPG carried out a comprehensive review and reported back to the practice of the need to have an extra member of staff to answer calls between 8-8.30am and to also look into a “Call Waiting Service” to inform patients where they are in the queue. The practice responded immediately by ensuring there is an extra member of staff answering calls at peak times.**
* **Dedicated PPG Noticeboard placed on wall in surgery. March 2014 - Minutes from PPG meetings and other notices are placed on there.**
* **July 2014 - The surgery now responds to all NHS Choice comments left.**
* **Sept 2014 – PPG designed logo to use on all their correspondence to make it more noticeable for patients.**
* **Oct 2014 – PPG published its first Newsletter.**
* **Oct-Nov 2014 – PPG members attended Flu Clinics to promote Online appointments and Carers. They also managed to increase the VPPG to by an additional 60 members and 6 Carers to the Carer’s Register.**
* **A Carer’s event was held in the surgery during November 2015 to coincide with Carers Day on 28th November 2014.**

1. PPG Sign Off

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| Report signed off by PPG: **YES**  Date of sign off: **26th March 2015** |
| How has the practice engaged with the PPG:  **By holding bimonthly meetings which are always attended by one of the Partners and the Quality and Outcomes Manager or another member of staff where necessary. The practice has listened to and acted upon all requests made by the PPG members. Meetings have been held with the Chair and Secretary of the PPG on an ad hoc basis in order to discuss more pressing issues which could not wait until the next meeting. PPG members were present at the Practice’s 2013/14 Ace Appraisal. PPG members were invited to attend a recent PPG Meeting at a neighbouring practice in Harborne to advise on setting up and managing a virtual PPG. This was very useful and the opportunity to share information with other PPGs is welcomed. PPG members were invited to attend all Community Flu Clinics.**  How has the practice made efforts to engage with seldom heard groups in the practice population? **The Practice with the help of the PPG has focussed this year on improving communication with the wider patient group, older people, and carers via the Newsletter, activities at Flu Clinic events and the Carers Event. It is anticipated that the practice will focus on other groups with specific needs in the coming year.**  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?  **An increase in staff answering urgent calls between 8-9am. More patient parking. Cleaner toilets. Costing up of a “Call Waiting Service” to inform patients where they are in the queue when ringing in to the surgery. Patients now have better knowledge of things going on in the Practice as the minutes of the PPG meetings are available for viewing on the noticeboard and also emailed to all VPPG members.**    Do you have any other comments about the PPG or practice in relation to this area of work?  **The PPG has played an active role in the Birmingham Cross City PPG Chairs group and would value training on making the Virtual Group more effective, using social media more effectively and more exchange with other PPGs to see how they are achieving similar goals. We were encouraged by the recent PPG awards offered by the CCG, although we did not win, it was useful to find out which practices are excelling and we plan to contact those who won to find out more about their achievements.** |