Annex D: Standard Reporting Template

West Yorkshire Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Marsh Surgery

Practice Code: B85623

Signed on behalf of practice: Dr S Gujral Date:23.03.15

Signed on behalf of PPG: DN Date:23.03.15

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: Email, face to face and via website | |
| Number of members of PPG: 10 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 54% | 46% | | 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 | 18% | 10% | 17% | 15% | 15% | 11% | 7% | 7% | | PRG | 0 | 0 | 30% | 20% | 10% | 10% | 20% | 10% | |
| Detail the ethnic background of your practice population and PRG: 25% of patient population does not have a recorded ethnicity   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | White | | | | Mixed/ multiple ethnic groups | | | | |  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed | | Practice | 50% | 1% |  |  | 2% | 1% | 1% |  | | PRG | 50% | 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 | 3% | 11% | 1% | 1% |  | 1% | 3% |  |  |  | | PRG | 10% | 30% |  |  |  |  | 10% |  |  |  | | |
| 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:  **General**   * Posters in the waiting room ask patients to join our Patient Group * All patients attending for new patient health check when registering with the practice are given details of the group * The PP section of our practice website encourages patients to volunteer to join the PP group   **Targeted**   * The reception staff did attempt to directly invite patients who visited the surgery from the underrepresented groups, including the under 24yr olds, but those asked were not interested in being involved. * Patients who make a complaint or compliment to the practice in person are offered the opportunity to join the PP group   Although we have not covered every demographic group we do believe this is a satisfactory spread for a small practice. | |
| 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:   * Patient comment forms * FFT responses * NHS Choices comments * Patient complaints * National patient survey responses |
| How frequently were these reviewed with the PRG?  So far we have had 3 starter meetings with our PPG we also communicate opportunistically or via email or the website with them. Therefore the reviews with them have been on and as and when basis. We have shared the national patient survey results with them on email and asked for comments on what improvements we might be able to make. We also share our FFT results and comments on our website and encourage them to comment on the freetext responses. We have been able to discuss particular patient comments forms with patients in the waiting room too to ask their opinion on priority or any actions we could take which has proved to be a rewarding and enlightening experience. Although these patients have not always been those part of our group it has helped us reach out to other demographics and help those patients feel involved with the practices processes and ongoing development/improvement. Some of them were quite shocked by the things people will write on a comments form! We would like to arrange a meeting twice a year : one as a FFT review and one as an annual complaints review looking at trends which we have previously done as a practice but think it would be beneficial to do this with our patient group providing all data was anonymised. This is a planned development for our PPG through 2015/16. |

Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area: Develop online services and access to summary care record |
| What actions were taken to address the priority?  We had previously procured the mysurgerywebsite and were able to offer patients online ordering of prescriptions through this site but saw a need to progress to SystmOnline access for patients to enable us to offer the online booking of appointments and access to Summary Care record by the end of 2014/15.  Our Patient Group happily volunteered to pilot the SystmOnline functionality for us and were given a pre-access questionnaire, their access details and at the end of the pilot phase we surveyed their experiences. |
| Result of actions and impact on patients and carers (including how publicised):  The SystmOnline functionality is now available to all our patients and is published on our website and at new patient health checks and via posters in the waiting rooms. We have also added details on our website for those who currently use the mysurgerywebsite prescription ordering to alert them that we will be moving over to the new system progressively and that their current ordering function will be switched off as of 31.06.15 and to encourage them to get their access details for the new systems and explained it can do more than the previous system. We are also emailing those patients who currently use the old system to alert them to the changing system and ask them to pick up their login details by attending reception with photographic ID.  Initially our patients group felt that asking patients to attend and collect login details was a backwards step but when we demonstrated the access to online service to them and they realised what could be accessed they felt it was important to safeguard access by asking the patients to attend and collect their own log in details with photographic identification.  This is an ongoing process for us so we hope to garner patient feedback on this new system as the uptake of SystmOnline increases later in 2015.  Patients no longer have to manually enter their medication requests and can see easily when their appointments are and cancel them online rather than having to ring the surgery. Using the online services have proven to improve our telephone access as well as so many people have been able to order their scripts online and now can also book and cancel their appointments. It is hoped that this will be reflected in the next national patient survey under the ease of calling the surgery section. |

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| Priority area 2 |
| Description of priority area: Highlighted in the National Patient Survey 69% of respondents commented that we could improve how to get through to the surgery by phone. |
| What actions were taken to address the priority?  By the uptake of online access for appointments, summary care record and repeat prescriptions now that it has been widened to everyone in the surgery it will free up busy phone lines for patients. |
| Result of actions and impact on patients and carers (including how publicised):  This is a fairly new development for the surgery therefore awaiting the outcome. This new service is advertised on our website and posters in reception. |

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| Priority area 3 |
| Description of priority area: Reduce nonattendance (DNA’s) rates to free up more Dr/Nurse appointment for patient who need an appointment. |
| What actions were taken to address the priority?  SMS text service – staff to ensure we have up to date contact numbers for patients. Need to be careful of sending texts to parent of teenage children as it’s possible we still have parent contact numbers on their record. If correct mobile number we will try to text patient to confirm their Marsh Surgery appointment and also send a reminder text prior to their appointment. Finally if a patient DNA’s they will receive a text informing them that after 3 non attendances they may be removed from the Dr’s list. The practice regularly reviews these patients before a decision is taken to remove them from the Dr’s list. |
| Result of actions and impact on patients and carers (including how publicised):  Slight reduction in Monthly DNA figures -which are advertised on posters in reception and on the website therefore freeing up more appointments.  Patients who wish to cancel their appointments but struggle to contact us because of the busy phone line will now be able to use online access instead. This will further improve DNA figures thus avoiding wasted appointments. |

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):

This practice did not take part in the patient participation DES 2013/14.

1. PPG Sign Off

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| Report signed off by PPG: *YES*  Date of sign off: 23.03.15 |
| How has the practice engaged with the PPG:  *Emails, website and in person*  How has the practice made efforts to engage with seldom heard groups in the practice population?  *Posters in the waiting room and details on website plus asking people who are joining the practice*  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?  *Details of the patient feedback and national survey results were circulated by email and website to the group and some comments sent back to highlight areas for priority consideration as detailed above*  How has the service offered to patients and carers improved as a result of the implementation of the action plan?  *Ongoing improvements, the patients on the group have been able to pilot the online access system and work out the kinks and issues for the wider population and this is now being offered to everyone along with online booking of appointments which is a very useful step.*  Do you have any other comments about the PPG or practice in relation to this area of work?  *It’s good that we have started face to face regular meetings.* |