



Annex D: Standard Reporting Template

Taken from; GMS Contract 2014/15, Guidance and Audit requirements, NHS England Gateway reference: 01347

East Anglia Area Team
2014/15 Patient Participation Enhanced Service Reporting Template

Practice Name: Orchard Medical Practice

Practice Code: D83074

Signed on behalf of practice: Andrea Clarke, Practice Manager Date: 30/03/2015

Signed on behalf of PPG/PRG: Date:

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

Does the Practice have a PPG? YES / NO	YES
Method of engagement with PPG: Face to face, Email, Other (please specify)	Face to face, email, text messages , telephone calls, Website, notice board, envisage screens
Number of members of PPG:	450 mix of virtual and individuals that attend regularly for meetings

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	51%	49%
PPG	57%	43%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
	2632	1526	2814	2221	1708	1216	816	525
		5	57	73	149	103	52	11

Detail the ethnic background of your practice population and PPG in %

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other White	White & Black Caribbean	White & Black African	White & Asian	Other mixed
Practice	47	2	0	18	2	3	4	5
PPG	84	1		3	1	2	1	2

	Asian/ Asian British					Black/African/Caribbean/Black British		Other		
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	11			2	3	2	1			
PPG	1				3			2		

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 have tried various different days and times to give as many patients as possible, the opportunity to attend the face to face meetings. We also communicated with our practice population by text and email. We encourage patients to inform the practice of alternative methods of contact when they initially join the practice in order for us to communicate details such as meetings and example of this being mobile phone number. We display posters of the meeting dates on the notice boards and on the envisage screen. We also post the meeting date on the practice website and where possible bulk SMS.

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 (Lesbian Gay Bisexual Transgender) community?

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

We have a large group of students from the university who are registered with the practice. Twice a year, we attend the fresher's and re-freshers fair at the university. We actively promote the PPG and suggest that newly registered patients consider joining the group. This is a good opportunity to promote the PPG as it is a fun event where we have time to actively engage with the student population.

We have PPG information in all of our Patient Registration packs and this is pointed out to patients verbally by reception when they join the practice.

All of our clinical staff attended specific transgender training last year to ensure that we were as informed as possible in this area to meet the needs of these patients.

2. Review of patient feedback

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

The feedback comes via the face-to-face meetings

Friends and Family test

Complaints

Suggestions from patients made to the clinical staff or reception staff

We review feedback as a team during meetings with doctors, nurses and administrative staff – feedback is very important to us as it enables us to design and redesign services around the patient, when appropriate.

How frequently were these reviewed with the PPG?

We review patient feedback at every face-to-face meeting and share the findings and any changes made in the newsletter, minutes from the meeting which are posted onto our website and the practice notice boards.

We have met formally with the PPG on 3 occasions during the past year the most recent being in March where a number of members attended the surgery and met with CQC to discuss the practice and its responsiveness.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

To Roll out online medical access to PPG members – Prior to implementation of the sharing of SCR we wanted to explore what sharing the whole patient record would look like. We discussed SCR and what it meant during one of our meetings and we agreed to offer PPG members the opportunity to pilot this for the practice and to view their complete medical record. We felt that this would be a good way to trial the applications to find out if there were any potential issues that we would need to resolve prior to having to roll this out to the entire list.

What actions were taken to address the priority?

A small number of members took up the offer and time was spent with them instructing them on how to access their record and what they could expect to see.

This had to be approved initially by their own doctors. It appears from follow up that they are happy with their access and in one instance it gave the member the opportunity to highlight missing data from another provider which they felt should have been in their record. This has now been followed up on and entered into their record.

There is of course a concern going forward that if there was a lot of this sort of thing it would mean a great deal of work for the practice and this has highlighted just that concern.

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

This action was recorded in the minutes and publicised on our website

Priority area 2

Description of priority area:

Reinforce the importance and improve the uptake of the influenza vaccine for all at risk group and other vaccines such as shingles. There was natural misunderstanding about the cohorts and how they are decided upon this was explained in great detail and appreciated by those present.

What actions were taken to address the priority?

We set the dates of the flu clinics early in the year and advertised the walk-in clinic dates and times from June 2014, this was to ensure that we had as much exposure as possible and that patients attending the surgery were informed to ensure they could attend. The information was shared with the patients via the waiting rooms, prescriptions and text messages, during consultations, when patients were booking appointments and social media. A big asset was the use of the promotional screens within the waiting room – a member of staff did some play acting on the screen which was engaging for patients.

A PPG member suggested that external advertising was always helpful as it served as a reminder when they personally past the surgery – this was implemented with a prominent banner outside our front door.

During the flu season eligible patients were offered the flu vaccine opportunistically when they attended the surgery. Patient alerts were activated to assist all staff in identifying and informing eligible patients of the clinic dates and of their eligibility. Patients who are eligible and who did not attend either of the walk-in clinics were either, sent a letter, text message or phoned to encourage attendance. Housebound patients are also visited and vaccinated at home. The practice always displays, large posters, banners and advertise the clinic dates throughout the flu season.

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

On the day of our first walk in clinic we had the biggest attendance we had ever had, in excess of 600 patients attending.

Priority area 3

Description of priority area:

Redecorate the old waiting room. The original waiting room was looking very tired and in desperate need of renovation, although management were obviously aware this was raised by the PPG as being a priority. The reason being that the carpet in particular was in such a bad state that it was not consistent with that expected of a health environment.

What actions were taken to address the priority?

A schedule of high priority refurbishment and maintenance, which had already been established was actioned. The waiting room was redecorated and new flooring was fitted in December 2014. Although the plan was to refurbish the toilet floors first as a result of the PPG priority the waiting room was fast forwarded to reflect this need.

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

The feedback has been very positive from both the patients and their carers and the staff. The area is now much brighter and inviting and is now in keeping with rest of the health centre in appearance.

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):

The action plan for 2013/14 have all been completed.

1. Prominent advertising of services at the front of the premises to help raise the awareness to patients of current health campaigns, e.g. flu and shingles vaccinations. We continue to utilise the space available to promote services and campaigns to our patients. We encourage staff to suggest different methods of communicating with our patients to achieve the best results that we can.
2. We have 2 TV screens. There is one in the upstairs and one in the downstairs waiting room. The content is managed internally which enables us to promote our services and inform patients of campaigns and provide information.

The practice has an extremely diverse patient population and to date there are 78 different languages spoken. Therefore it would not be possible to provide signage in all these languages, so it was decided that English would remain the only language used for the signage but patient information leaflets etc would be made available in multiple languages.

A very popular change was the implementation of hand gel which is dotted around the high traffic areas – patients like this and it continues to be well used.

3. PPG Sign Off

Report signed off by PPG:

Date of sign off:

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?