

Annex D: Standard Reporting Template

NHS Greater Manchester
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **Collegiate Medical Centre**

Practice Code: **P84030**

Signed on behalf of practice: *[Signature]* Dr. S. Dawson (Partner) Date: 11/3/15.

Signed on behalf of PPG: *[Signature]* M. J. Cant Date: 18/3/15

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, Letter, Telephone																																					
Number of members of PPG: 73																																					
Detail the gender mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">%</th> <th style="width: 35%;">Male</th> <th style="width: 35%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>52%</td> <td>48%</td> </tr> <tr> <td>PRG</td> <td>41%</td> <td>59%</td> </tr> </tbody> </table>	%	Male	Female	Practice	52%	48%	PRG	41%	59%	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>28%</td> <td>11%</td> <td>18%</td> <td>16%</td> <td>11%</td> <td>7%</td> <td>5%</td> <td>5%</td> </tr> <tr> <td>PRG</td> <td>0%</td> <td>4.1%</td> <td>5.4%</td> <td>13.6%</td> <td>24.6%</td> <td>20.5%</td> <td>17.8%</td> <td>13.6%</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	28%	11%	18%	16%	11%	7%	5%	5%	PRG	0%	4.1%	5.4%	13.6%	24.6%	20.5%	17.8%	13.6%
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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	26%	1%	1%	5%	1%	1%	1%	0%
PRG	61.6%	5.4%	0%	0%	1%	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	Ethnicity Not Stated
Practice	3%	23%	1%	2%	7%	7%	1%	1%	1%	2%	16%
PRG	2.73%	13.7%	0%	0%	1.94%	6.8%	4.1%	0%	0%	2.73%	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:

Having analysed the previous PRG details for 2013/14, we have been made aware of the lack of Chinese, White and Black African and Bangladeshi representation and therefore have informed staff, including nurses, doctors and trainee GPs to actively recruit patient contacts in the relevant needed groups.

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/NO

NO

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

2. Review of patient feedback

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

Complaints and Compliments, Family and Friends Test, PRG Survey, Comments box and NHS Choices.

How frequently were these reviewed with the PRG? **Quarterly**

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: Nursing Appointments

The Patient group highlighted at a PRG meeting that there was a long waiting time for nursing appointments. This was confirmed with the PRG group in full via a survey. We were advised that certain Nursing appointment types were completely unavailable (e.g Ear Syringing, Smears)

What actions were taken to address the priority?

This was discussed by the partners and it was agreed that the practice would employ an additional practice nurse. It was also agreed that the existing practice nurse would receive extra training to ensure that all appointment types were available for patients.

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

Training is still ongoing for the nurses, however there is now only a 1-2 day waiting time to see a practice nurse for Chronic Diseases, Travel Immunisations, Ear Syringing, Smears plus many more appointment types.

Priority area 2

Description of priority area: Patient Access

Patients are currently able to book appointments online, but not all patients are aware of this, the patient group felt that they should also be able to request prescriptions online. The practice included this within the survey sent out to the group along with request for patient feedback on the option of being able to access a brief medical history, and whether this would be valued.

What actions were taken to address the priority?

It was discussed at the PRG and agreed that further advertisement of the service would be placed throughout the surgery. It was also agreed that prescription requesting would be enabled and following discussion with the partners, access to a brief medical history containing information on Allergies, Immunisations, Medication and Active Problems would also be enabled for patient access on the basis that photographic ID was shown to the surgery before access was granted.

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

Activated and implemented for all newly registering patients as part of the registration process. To advertise the service to our existing patients, we have placed a poster campaign board, Leaflets, AM screen advertisement and information has been placed in the Practice Newsletter.

Priority area 3

Description of priority area: Flu Vaccinations and Clinics

The PRG highlighted at a meeting that the Saturday/Sunday clinics held at the surgery during flu season 2014 were not very accessible to elderly patients. It was also highlighted that one of the clinics was held on religious holiday.

What actions were taken to address the priority?

We asked the PRG via a survey for ideas as to how the practice could improve the service for 2015. Suggestions were offered by a number of patients and it was agreed the practice would look at the dates and agree a course of action for 2015 clinics.

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

We have now agreed to ensure that we check all religious holy days in the flu season months. We shall still be offering at least two weekend dates on a Saturday and Sunday and we shall split the clinic by splitting the alphabet into time slots (e.g A-H will attend between 9am-10am, I-P will attend between 10am-11am and Q-Z will attend between 11am-12am). We will however still vaccinate patients who arrive outside of the time. The idea being that there will not be any queuing outside of the practice because all patients have arrived at 9am and there will be a constant flow to the session.

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):

- 1) We have continued with the extra routine appointments per week as was instigated on the PRG action plan 2013/14. As of March 2015 each salaried GP will also have a further two appointments per surgery session, increasing our appointments further.**
- 2) We still continue to have routine telephone appointments with a partner for each surgery session for patients who don't need to be seen but need to speak to a GP for e.g. about a medication query.**
- 3) We have on-going in house training on a monthly basis where practice policies and training needs are discussed.**
- 4) The Practice Newsletter was redeveloped and continues to be bi-monthly – with patient reference group also receiving a copy via email if they have that facility. It is also available to download from the practice website.**
- 5) Pharmacies – The practice has now put in place to overcome issues with regards to pharmacies highlighted in 2013/14, and we hope to improve patient experience further with the decision to initiate EPS in April 2015.**

4. PPG Sign Off

Report signed off by PPG: YES/NO **YES**

Date of sign off: **04.03.2015**

How has the practice engaged with the PPG: **Face to Face, Telephone, Email**

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? **Yes, Face to Face, Telephone, Email, Family and Friends Test, Complaints and Compliments**

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? **See above plans**

Do you have any other comments about the PPG or practice in relation to this area of work?

During the meeting we held on 04.03.2015 with the patient group to sign off the report, we also discussed the feedback we had received from the Friends and Family questionnaires. We advised that we had noticed a theme in the negative responses regarding the waiting times for appointments. We advised patients that this is something we are working very hard to try and resolve with extra appointments added to the salaried GP sessions, the availability of telephone appointments with GP Partners and we are still in the process of trying to recruit GPs, however there is a shortage of salaried GPs which is making the process longer than expected. In the interim we have recruited two extra locums who will be doing additional sessions from April until July.

The group were also shown a summary of positive and negative feedback we had received and we advised the group that we were pleased to have received more positive responses than negative so far since January.

We also advised patients on the benefits of Patient Access and the added benefits when EPS goes live. One of the patients in attendance advised that he currently made an appointment every time he needed his prescription as he thought that was what should be done and was unaware that he could just request a prescription at the reception desk. We advised the group that they can now also request repeat items online at Patient Access and when EPS goes live, they can nominate a chemist and the prescription will be sent electronically meaning they don't even have to come to the surgery unnecessarily.

Although we have campaigns throughout the surgery regarding Patient access we feel that patients not knowing they don't have to make an appointment to request repeat medication unless a GP has advised them to is something that could be advertised further within the surgery via posters, the practice newsletter and our electronic AMscreen.