

Annex D: Standard Reporting Template

Cheshire, Warrington & Wirral Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Dr McAlavey & Partners

Practice Code: N81095

Signed on behalf of practice (type name): Lysa Morton (Practice Manager)

Date Signed: 10th March 2015

Signed on behalf of PPG (type name): Jean Hardiman-Smith (Chair)

Date Signed: 10th March 2015

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

Does the Practice have a PPG? YES / NO											
Method of engagement with PPG: Face to face, Email, Other (please specify) Email, Face to Face by quarterly PPG meetings, bi monthly steering/working group meetings.											
Number of members of PPG:											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	2851	2874	Practice	1033	472	686	744	805	749	686	590
PRG	21	21	PRG	0	0	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	5510	15	1	160	2	6	4	7
PRG								

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	13		1	3			2			2
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:

- Poster displayed in waiting rooms at the Practice
- Information on the Practice Website
- Verbal explanation of Group to patients on an ad-hoc basis
- Application form available on reception
- Application form available to download from our website

An advertising campaign continues to run within the Practice and on our Practice Website, recruiting patients for our PPG.

In addition to the PPG, we also have a Virtual PPG, formed at the same time; we now have 45 members. The Virtual PPG is for those patients who wish to make suggestions and engage with the Practice, but do not wish to attend meetings; although some do. These suggestions can be made by e-mail via our Practice website or in writing to the Practice; these are then passed on to the PPG Panel for discussion.

We now have 42 patients on our PPG panel and this has proved to be fairly representative of our registered patients in terms of gender, however, none of our current panel fall into an ethnic minority or mixed age groups. We will continue to actively seek to resolve this by in-house and website advertising and encouraging the GPs to mention our group to their patients.

We will continue to advertise the PPG and we will attempt to recruit further additional members. We plan to display posters at local colleges, local groups and local pharmacies.

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

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

Review of patient feedback:

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

In accordance with national guidance the Friends and Family Test was launched on 1st December 2014. The feedback has been reviewed with the PPG and will continue to review regularly. The Practice has developed its own feedback leaflets which are available within the surgery. To assist those that may not wish to comment whilst in the surgery, we have also an electronic version on the practice website; both provide feedback anonymously.

The national GP survey findings are also reviewed and the PPG and action planned formed and priorities agreed.

The PPG group meetings are attended by a Lead GP and Practice Manager to ensure openness and transparency with regards changes within the practice.

The PPG are also informed on how things work within the practice and the reasons behind the way things are done. The decided actions are also taken forward effectively by the practice and or the PPG members.

How frequently were these reviewed with the PRG?

Each of the areas mentioned above are 'standing items' on the PPG meeting agenda. The PPG meets quarterly and a working group meets once a month with the Practice Manager to ensure business/items discussed in advance of the meeting. The Chair and the Practice Manager meet more frequently to discuss outcomes and take matters forward.

2. Action plan priority areas and implementation

Priority area 1

Description of priority area: [Improved telephone system](#)

What actions were taken to address the priority?

We are aware that there have been a number of technical issues with our telephone system which has reflected negatively in previous surveys carried out.

On 20th March 2015 we went live with our newly purpose built system along with a comprehensive maintenance and report package to ensure it continues to meet the needs of the practice and patients. Getting through on the telephone has been difficult for some time and hopefully the new system will dramatically improve ease of telephone access.

Since our go live date, we are very pleased to advise the following:-

- Longest time waiting now 4 minutes
- Average time waiting is now 2 minutes

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

Publicised via social networking Facebook/Twitter, Practice website and Spring Newsletter.

Priority area 2

Description of priority area:

Improved customer Services (Reception Team) – Strengthen customer service skills, improve customer interactions and enhance customer service strategy.

What actions were taken to address the priority?

The front of house reception and waiting areas are the shop window for our patients, family members and prospective employees and or any other visitors. The practice will make changes that will not only improve their working environment, but also ensure a much better experience for patients, whether they are receiving reception services or just waiting for their appointment.

All team members provided NVQ II and III in Customer Service training.

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

Will be regularly reviewed via patient feedback and publicised via usual methods, social networking sites, website and newsletters.

Priority area 3

Description of priority area:

Improve management of long term conditions and increase capacity in the nursing team to manage this demand.

What actions were taken to address the priority?

The Practice has identified the various challenges posed by multi-morbidity in the health care system. There is a particularly strong case for case management for people with multiple long-term conditions to provide the relational continuity and coordination of care that the evidence suggests is highly important to this group.

The practice will endeavour to support the management of long term conditions, training and capacity as follows:-

- Provide individualised information to patients on their care within the NICE Quality Standards.
- Provide information to our GPs & Nurses on their care delivery against the NICE Quality Standards and ensuring our GPs & Nurses are supported to develop skills in the management of patients.
- Reduce avoidable admissions with the dual benefits of cost savings on the health care economy.
- Enhance patients' confidence in their ability to self - manage their condition.
- Ensure GPs/Nurses are able to identify gaps in care at individual patient level through the provision of data on quality of care and costs.
- Increase nurse capacity by an additional 50 hours per week and includes later availability post 5pm for carers, working patients etc.
- To date has increased the capacity of HCA hours available from 74 hours to 127 hours per week.

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

Discussed regularly at PPG meetings and will be publicised in our newsletters.

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):

N/A

3. PPG Sign Off

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

Date of sign off: **10th March 2015**

How has the practice engaged with the PPG:

The Practice Manager and the Chair of the PPG facilitates meetings, take notes and minutes. The Chair is the first point of contact and are be the responsible person for the initial approach/communication for patients who might be likely candidates that might consider joining the PPG.

How has the practice made efforts to engage with seldom heard groups in the practice population?

A great deal of effort has been placed to try and encourage all patients to participate – on 4th February 2015 the PPG held a Mother and Baby event to encourage active participation.

Has the practice received patient and carer feedback from a variety of sources?

- Friends and Family Test
- National Survey
- NHS Choices

Was the PPG involved in the agreement of priority areas and the resulting action plan?

The action plan was in agreement with PPG members, decisions were made to prioritise improvements.

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

Will review 2015-2016

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

The Practice has a long established patient group and values their support and input to practice matters and feel that they have been extremely helpful with patient feedback and also managing patient expectations. The PPG are hardworking volunteers and their contributions to the group/practice are invaluable, we appreciate their continued support.