

Annex C: Standard Reporting Template

York and North Yorkshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Ripon Spa Surgery
Updated: March 2015

Practice Code:

Signed on behalf of practice: Dr Matt Mielcarek

Date: 25/3/2015

Signed on behalf of PPG: Mrs Jane Fowler

Date: 24/3/2015

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

Does the Practice have a PPG? YES	
Method of engagement with PPG: Face to face, Email. PPG notice boards displayed in the practice waiting rooms.	
Number of members of PPG: 6	
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	3426	3561	Practice	1345	602	770	774	1074	897	777	748
PPG	2	4	PPG					1		3	2

Detail the ethnic background of your practice population and PPG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	3403	18	0	9	2	3	31	4
PPG	6							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	13	0	0	7	0	23	4	1	0	14
PPG										

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:

Initially when the PPG was established, practice team members suggested patients who might be willing to be involved and the PPG was formed by invitation as well as by advertisement within the practice and on the old website.

Since then the PPG has advertised its existence on the practice notice boards and the website.

PPG members have also actively recruited new members via their friendships, through targeting local groups eg walking group and playgroups, by recruiting at Saturday morning 'flu clinics or by enrolling members to the virtual group for those who find it difficult to attend a regular meeting.

We continue to encourage patients to join our PPG by advertising it on our website, displaying posters in the waiting room, provide forms at reception to join the PPG and to encourage patients to join during consultations, if appropriate. Despite our efforts, the member numbers in the PPG are dwindling.

We will continue to try to engage and welcome as truly representative a cohort of people as we can.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG?
Eg. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? YES

High proportion of elderly people and Polish workers amongst our population.

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

All remaining members of our PPG but one are over 75 years old, so the elderly group is well represented.

No members from our Polish population were recruited despite the measures outlined above.

2. Review of patient feedback

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

Summary of all patient:

- Complaints & compliments
- NHS Choice comments
- National GP access survey findings received during the last year
- Anecdotal comments submitted to PPG members
- Anecdotal comments submitted by patients during consultations

How frequently were these reviewed with the PRG?

Annually as a minimum; more frequently if felt appropriate – this is a regular discussion point with the PPG, which meets about 4x per year.

3. Action plan priority areas and implementation

Priority area 1
Description of priority area: Access to appointment system
<p>What actions were taken to address the priority?</p> <p>We like to think that our appointments are very accessible for patients and their relatives/carers. Appointments can be booked via reception and our website. We run a daily triage system from 0800-1800, which deals with any urgent calls, any type of queries (eg complex medication requests or questions about complex results) and frequently patients also use the triage system to help them obtain a more timely/targeted appointment if no suitable appointment can be found for them by the reception staff. This system has been well received by our practice population in the past and also in the most recent survey from 2014. We have also received a lot of positive comments about our appointment system, especially from young families who say that we are very good in seeing children quickly and sorting things out for them. There have been a handful of comments from patients who are not happy with the system, especially the wait for routine appointments, which can sometimes be 1-2 weeks in advance for particular doctors; these comments are generally by patients who are unwilling to see anyone but their usual doctor.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Although our website provides explanation about our appointment system, the comments suggest to us that we need to state explicitly that we will deal with ANY query on the day via the triage system. We will therefore reword the section about our appointment system.</p> <p>At times, most recently as a result of short staffing due to maternity leave and variable availability of locum cover, we have not always been able to provide GP appointments a month or more in advance. This has created shortages and pressures on appointment availability. As our staffing situation is now stabilising, this problem is likely to occur much less often in the foreseeable future.</p>

We have also made adjustments to the way the appointments are made available, so that the availability of free appointments is matched more closely to peak times of demand. We have done this by ensuring that a tranche of appointments are opened at the beginning of each week, available both via reception and on-line bookings, but also leaving some appointments reserved for on the day release and for the triage doctor to use.

Priority area 2

Description of priority area: Response times at the reception desk.

What actions were taken to address the priority?

We should first point out that our patient feedback shows that we are able to deliver high patient satisfaction for most of our patients. However, we do receive comments about delayed response times at our reception desk fairly regularly.

Delayed response can happen for various reasons : the bottleneck effect inherent when several patients arrive at the same time; receptionists assisting doctors as chaperones (for which there is a practice policy); receptionists dealing with emergencies eg calling an ambulance; simultaneous demand on the phones or in dispensary (most of our receptionists have a dual role being also trained as dispensers). Also the reception staff numbers are reduced over lunchtime and during the evenings, so there will be situations when prolonged waiting times at the desk are unavoidable.

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

We recognise that we need to do everything we can to reduce standard waiting times at the reception desk, while simultaneously acknowledging that our receptionists are doing a difficult job as best they can, often multi-tasking, and that this is not always sufficiently appreciated.

We have reviewed the current reception staffing levels and found that this is generally adequate except in unforeseen circumstances such as sickness absence.

We have requested that the reception staff be more vigilant as to what is happening in the waiting room (which can be seen clearly from the back desk) and react promptly to new arrivals. We also have asked our receptionists to keep patients informed as to how long they may expect to wait if a doctor is running late and also to try to respond to queries quickly. All reception staff have been reminded to request assistance from a second colleague if the queue of patients waiting is longer than 2 people.

Priority area 3

Description of priority area:

Provision of annual calibration service for patients' own ambulatory blood pressure machines.

What actions were taken to address the priority?

Lots of patients have bought own blood pressure machines, but never get these calibrated. There is no such service in the community. Although the machines may be in good working order, it is difficult to rely on their readings clinically if the machines are not calibrated.

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

We think there is a lack of a community based calibration service and the suppliers don't offer it. Therefore we decided to offer our patients to bring in their machines, when our practice machines are being calibrated once a year. We are going to advertise that on our website and in consultations.

The service will be provided at cost, currently £9.95. We are looking into finding a cheaper provider.

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):
For 2013-14 See Appendix 1; 2012-13 See Appendix 2

Progress on previous years:

PPG report 2014:

1. Survey showed that the satisfaction level with our services were already high, so we maintained the services as they were.
2. We have developed a patient leaflet for the practice about the services provided. It looks we would need to update it again, which we will do over the next three months.
3. 2014 patient reported some issues with reception, which we addressed. There are still some reports coming through, but less than they were, this is why we made this an action point on the current report.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 25/3/2015

Has the report been published on the practice website? YES To be arranged

How has the practice engaged with the PPG:

By facilitating regular meetings (usually every 3 months) and ensuring the support of one of the partners at each meeting.
By e-mail and telephone support and contact with the practice manager (who is also one of the partners) as required.

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

By the methods mentioned in section 1

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

Yes; via the PPG, practice comments and suggestions box, open access to comment to the Practice Manager or other team members, via compliment or complaints letters & NHS Choices. Currently introducing the NHS Friends & Family Test.

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

We discussed a variety of areas and the summary of the preceding year's collated feedback, plus discussion of anecdotal/informal feedback at the September PPG meeting.

The PPG agreed the priority areas and the actions that were appropriate to be taken.

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

All actions from the previous 2 year's action plans have been fully implemented.

Some of the actions from this year's plan are already being introduced

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

No

Please return this completed report template to the generic email box – england.leiclincsmedical@nhs.net no later than 31st March 2015. No payments will be made to a practice under the terms of this ES if the report is not submitted by 31st March 2015.