

Annex D: Standard Reporting Template

Birmingham, Solihull and the Black Country Area Team
 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Goodrest Croft Surgery

Practice Code: M85092

Signed on behalf of practice:

Date: 17.02.15

Signed on behalf of PPG:

Date: 24.02.15

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, Other (please specify) Face to face at quarterly meetings. We have a virtual PPG and they are invited to meetings and receive the minutes.											
Number of members of PPG: 13 regular attendees at the PPG meetings. Virtual PPG consists of 27 members.											
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:							
%	Male	Female									
Practice	49.1	51.1	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	37.5	62.5	Practice	23	12	16	13	14	9	6	7
			PRG	5	7.5	15	20	5	5	7.5	22.5 %

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	84	2	0	0	4	1	0.5	
PRG	87.5	5		0	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	2	3	0.5	0.1	0	2	2	0	0	0
PRG	5	0	0	0	0	0	2.5	0	0	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:

Please see action plan for this year and previous years to include twitter account, clinicians' input, and PPG notice board.

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:

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2. Review of patient feedback

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

The results of the practice surveys are always discussed at the PPG meetings and this has included the Friends and Family test this year. The practice manager always brings significant events and/or complaints to the members if they are relevant. The meetings always have an agenda item which allows feedback from the members and the agenda prior to the meetings is sent out to all members via email to ask if they would like any thing else raised.

We have a feedback form on our website which patients sometimes use and also the reception staff reports any issues that patients have raised with the practice manager.

We have a suggestions box on the reception desk for patients to add their comments which are checked every couple of days by the senior receptionist.

Finally, the practice manager was involved in hosting a joint PPG meeting involving all ten practices in the local commissioning network. This was held in November 2014 and there was a representative from each PPG. The topics raised included commissioning intentions of the LCN, federation of local practices, and the response of the PPG to out of hour's arrangements. These meetings are planned to continue in the future to gain a wider perspective on patient's feedback throughout the LCN.

How frequently were these reviewed with the PRG?

Any relevant issues that have been raised via any of the means above are brought to the attention of the PPG for discussion at the next meeting.



3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

The plasma screen within the waiting room. This has not been working for the last 12 months and the patients have missed the information they used to read whilst waiting for their appointment. The PPG felt this was a great source of communication.

What actions were taken to address the priority?

The practice manager had contacted the CCG who have stated that they are looking at a renewing the maintenance contract for these plasma screens. She is still awaiting a final answer despite feeding back to the CCG on regular occasions raising her concern that this means of communication is missed by the patient population. If the CCG are unable to give a definite answer by the end of February 2015 then the practice will look into maintaining the screen themselves and paying for the repair.

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

The items of information that used to be published on this plasma screen were invaluable to patients and included the practice quarterly newsletter, health education, updates of practice staff/doctors, and more recently Dr Giddings wanted an exercise video loaded for patients to view. Following a suggestion from our PPG is agreed that the practice manager should publish the link for this exercise video on our website and within the newsletter so patients had the choice to download it themselves.

Priority area 2

Description of priority area:

Closer practice liaison with the local chemist to try and iron out problems that patients were experiencing.

These included many flaws with the electronic prescription scheme. Many patients were reverting back to paper prescriptions. Patients reported that they had to wait 48 hours for the prescription to be dispensed once it arrived at the chemist. The PPG also reported that when some items on a prescription were unable to be dispensed due to them being out of stock, the chemist would ask the patient to return to the doctor to ask for an alternative and they were never given back their original prescription.

What actions were taken to address the priority?

The practice manager met with the pharmacist to address some of these issues.

The electronic prescription scheme had experienced a few problems in the initial stages and also when the chemist changed computer systems but this was over six months ago and now the computer problems were minimal. The pharmacist did state that some patients did not comprehend the 48 hours notice as this was not once the prescription had been received by the chemist but the pharmacy staff felt patients would submit their reorder form to the chemist for them to order the prescription from the practice, on their behalf, and some patients thought that the reorder form was their actual prescription. The pharmacist assured the practice manager that the patients did not have to wait 48 hours for the prescription to be dispensed.

The pharmacist did recognise that there had been some supply issues regarding certain medications from the suppliers, including Betnovate and Eumovate and so there may be some delay in receiving the stock. Also some items were not held as stock in the chemist and therefore patients would have the choice of waiting for delivery or returning to the practice to ask for an alternative. The pharmacist would, where possible, speak to the practice herself rather than sending patients back. She assured the practice manager that if a prescription had been partially dispensed, the item that was unavailable was always crossed through by staff.

The pharmacist also raised the problem regarding waste and the number of dispensed medications that were not picked up. It was agreed that the practice would raise this issue at their next PPG meeting and also include an item within the next newsletter which included a photograph of the waste medication from the chemist, to illustrate the size of the problem. The pharmacist confirmed that if they ordered the repeat medication on behalf of patients they would also ring them prior to the order being submitted to the practice to determine which tablets they needed, rather than order everything on repeat.

It was agreed that the pharmacist should attend the next PPG meeting to answer any queries directly from our group and the minutes from this meeting would be available for all patients to see.

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

It was agreed that the pharmacist should attend the next PPG meeting to answer any queries directly from our group and the minutes from this meeting would be available for all patients to view.

It would also be raised at the meeting whether information of common questions and the answers would be produced by the pharmacist and the practice so patients could take a copy away with them and this could also be publicised on the website.

Priority area 3

Description of priority area:

To promote the PPG especially to the younger population within the practice.

What actions were taken to address the priority?

There was a discussion within the PPG as to how this should be addressed and it was agreed at our last meeting in January 2015 that there should be a dedicated notice board within the waiting area for the PPG. Within this notice board we would promote our meetings and the issues raised and our successful outcomes.

A discussion was also held with the PPG as to when the most appropriate time to hold these meetings would be to encourage the younger generation. An evening meeting was agreed at 6 pm on a week night.

The practice manager would also highlight the situation to the doctors and nurses to see if they could encourage engagement within the PPG from the younger population.

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

There were no positive results from this action as yet. The dedicated notice board had only been completed at the end of February 2015.

However, the virtual email group did include the younger population so it was felt that this source of communication should be used more effectively in the future to try and gain their thoughts and enthusiasm.

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):

Actions from last year:

Establish a twitter account. This has been used by the practice manager to give short messages to our followers. This has included PPG meetings, closure of the practice over bank holidays, staff updates, reminders for flu vaccinations, holiday vaccinations etc. We now have 14 followers and plan on increasing the awareness of our twitter account by erecting a sign on our PPG notice board publicising the twitter address. The practice website does have a link to our twitter account for ease of access.

A permanent notice should be erected on the front of the building stating our opening times and small business size cards should be produced to give to patients indicating the opening hours and also the out of hours arrangements. The group felt that this would be better than the slips of paper currently available. This has been completed and business cards are available on reception and have been a huge success as they easily fit into wallets and purses. The permanent sign has been erected and patients are now clearer as to our opening hours.

Health Education Sessions - the practice nurses had offered a suggestion of educational sessions and the survey had included a selection of topics. It was agreed to hold two sessions initially on weight management and high blood pressure as these subjects had the highest response rate. There was no response from patients for this so the sessions were cancelled.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 24.02.15

How has the practice engaged with the PPG:

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

The practice does try to engage with other members of the practice population via twitter, the practice website, email and quarterly newsletters.

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

The practice has a suggestions box which is prominent on the reception desk; all staff is very approachable and receptive to any suggestions, complaints, or compliments.

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

The practice manager always involves us fully in the agreement of the priority areas and the action plan and this was discussed fully at our last meeting in January 2015.

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

There has been continuous improvement over the years since the formation of the PPG and the practice has listened and responded to our comments. These have included updated décor of the practice, clearer signage and information concerning out

of hours services available, an improved website, introduction of a twitter account to engage younger patients and inclusion within the wider local commissioning network PPG groups.

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

As above.