Annex D: Standard Reporting Template

Kent and Medway Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Balmoral Surgery

Practice Code: G82036

Signed on behalf of practice: L K Betts Date: 11.3.15

Signed on behalf of PPG: Date:

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

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| Does the Practice have a PPG? YES | |
| Method of engagement with PPG: Face to face, Email, Other (please specify) Face to face and email | |
| Number of members of PPG: 79 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 52% | 48% | | PRG | 0.4% | 0.8% | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 17.5 | 8 | 10.2 | 10.7 | 14.6 | 14.6 | 13.4 | 11.2 | | PRG | 0 | 0.1 | 0.1 | 0.1 | 0.1 | 1.2 | 1.9 | 1.4 | |
| 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 |  |  |  |  |  |  |  |  | | PRG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice |  |  |  |  |  |  |  |  |  |  | | 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:  Continual recruitment has been ongoing with meetings advertised within the Practice on the Jayex boards and TV screens in the waiting rooms, all meetings being announced via fliers on waiting room chairs and invitations on the repeat order forms of repeat prescriptions as well as being included in all correspondence to patients. We send text messages to all patients for whom we hold a mobile phone number informing them of the Forum meetings. | |
| 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: | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  The patient satisfaction survey was written with the PRG and reviewed with them. The answers were reviewed and an action plan formed and then the results of the action plan were also reviewed with the PRG. |
| How frequently were these reviewed with the PRG? At two of our meetings during the year. |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area: Telephones – will look at new telephone system options. |
| What actions were taken to address the priority?  This was actioned, a new telephone system chosen and installed on 26.2.15. |
| Result of actions and impact on patients and carers (including how publicised):  The new telephone system has been configured to offer more options when first reaching the surgery. This allows patients to be more quickly directed to the person they need to speak to. We also have advertising on hold so patients know they are still connected and hear messages about the services provided by the practice whilst they are waiting. There will now never be more than three people ahead of a call in any queue. |

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| Priority area 2 |
| Description of priority area: Appointments – Trial telephone triage and handling calls differently to manage demand appropriately. |
| What actions were taken to address the priority?  We trialled telephone triage on Tuesdays and Fridays for several months. We then decided to roll this out to every day of the week. |
| Result of actions and impact on patients and carers (including how publicised):  It was found that this was unsustainable because although the patients wishing to be seen on the day were able to be seen, a lot of our patients found the system difficult because they couldn’t always book ahead. We were unable to offer enough pre-bookable slots to meet demand whilst dealing with the on the day demand. We eventually had to withdraw this system and return to our original system as we were receiving more problems and concerns about the new system than we had about the ol |

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| Priority area 3 |
| Description of priority area:  Email contact for patients with 24 hour response time Mon – Fri. |
| What actions were taken to address the priority?  We have provided an email contact facility for our patients direct from our website. This has been done with a 48 hour response time because it was felt that if a doctor’s input was needed, this was more likely to be achievable within 48 hours than 24 hours. |
| Result of actions and impact on patients and carers (including how publicised):  We have had several contacts already via the email address. The questions raised have been answered in a timely fashion and the opportunity to use this facility is advertised on the website and was publicised in the minutes of the Patient Forum. |

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):

*To promote the use of on line services* – This promotion continues on an ongoing basis. We now have 5458 patients signed up for Vision On Line Services. This will shortly also allow them to use the on-line access to test results.

*To promote the use of the Practice website and newsletter -* We continue to promote use of these in all correspondence to patients. Our website has currently had 29475 visitors in the last year.

*Promote and encourage appropriate use of self-referral to available services -* We continue to promote the availability of self-referral to these services via our website, leaflet and television screens in the waiting room. We have also added information about one of the services available in the current advertising on hold incorporated into our new telephone system. This recording can be changed three times a year and so we plan to feature different services at different times to continue to ensure patients are aware of what is available to them.

*Reconfigure staffing at reception –* We did this and the new reconfiguration continues and is working well.

*Improve access to the practice –* We reviewed our opening hours and ceased closing at lunchtime. This has been maintained with staff rotas altered to cover the hour between 1 – 2pm.

1. PPG Sign Off

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| Report signed off by PPG: YES  Date of sign off: 27.3.15 |
| How has the practice engaged with the PPG: *Yes, very well. Good interaction with the Practice, forum and the wider CCG group has good representation. Patient members know that they can contact the Practice and follow up any queries at any time and results are forthcoming.*  How has the practice made efforts to engage with seldom heard groups in the practice population? *The Practice actively contacted and regularly reminds the HVs and Midwives to encourage young parents to attend the forum. Texts are sent to all patients with mobile numbers recorded. Invitations are on repeat prescriptions and all correspondence to patients.*  Has the practice received patient and carer feedback from a variety of sources? *Yes.*  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? *Communication is very strong. Opening hours and configuration of staffing works well.*  Do you have any other comments about the PPG or practice in relation to this area of work? *Not really as all queries are always addressed at the time. The Practice has an open door policy for access to the PM and Assistant for all Forum members.* |