

# Annex D: Standard Reporting Template

[Name] Area Team  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: The Health Centre Practice Royston

Practice Code: E82072

Signed on behalf of practice: Melanie Piggott      Date: 24/03/2015

Signed on behalf of PPG: Joyce Goodall      Date: 26/03/15

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) E-mail and face-to-face bi-monthly meeting.											
Number of members of PPG: E-mail group – 85 members. All members are invited to attend the meetings held at the Surgery but only a core of approx. 20 patients attend the meetings.											
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:							
%	Male	Female									
Practice	51	49	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	9	11	Practice	2274	867	1482	1743	1540	1366	1289	850
			PRG	0	0	0	1	2	6	8	3

Detail the ethnic background of your practice population and PRG: We do not have ethnicity recorded for all our patients so the information provided does not equal the number of registered patients.

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	2983	46	3	265	20	24	22	26
PRG	19			1				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	42	5	25	29	37	18	13	13		
PRG										1

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:

Sign-up sheets are available in reception.

There is an advertisement on the waiting room television and a poster is displayed asking patients if they would like to join the group. Each new patient that registers is given an invitation to join the group.

There is information and a joining form that can be downloaded from our website.

The GP who is hosting the group this year has also invited patients to join the group at the end of consultations, where appropriate.

This information is available to all our patients regardless of age/gender or ethnicity.

6 new patients have attended the meetings this year.

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:

## 2. Review of patient feedback

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

From patient complaints/compliments

From PRG meetings

Feedback for CATCH rep after he attended CATCH PRG meetings.

From local press reports – concerning the re-development of the hospital site

Feedback that has been given to staff by patients

Friends and Family Test – started January 2015 but few received.

### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Having to recruit a new phlebotomist, new practice nurse and long periods of absence in the nursing team, and the impact that this had on appointment availability.</p>
<p>What actions were taken to address the priority?</p> <p>We discussed the impact of staff shortages on the patients and surgery, as well as recruitment difficulties, at PRG meetings. Discussed the recruitment process and considered alternative ways of recruiting staff. Discussed ideas, and with the agreement of the group, offer longer phlebotomy clinic sessions and therefore more appointments.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>A new phlebotomist was employed however there was a gap between the previous phlebotomist leaving and the new member of staff starting; extra time had to be allowed for her to settle in to the practice. As we had a high demand for blood tests those patients that were able were asked to attend either Addenbrooke's or Sainsbury's in Cambridge (hold a clinic in store staffed by Addenbrooke's phlebotomists) to have their blood taken. Some patients were happy to attend these clinics but some were not. One patient who complained then came along to a PRG meeting and has continued to attend the meetings. Following discussions with the PRG and partners we extended the time of the phlebotomy clinics to allow more appointments to be booked, the clinic now runs until 3.30pm. This has dramatically reduced the number of patients that are asked to attend the alternative clinics and also gives more flexibility to patients when booking blood tests. This area has been reviewed at subsequent PRG meetings. Notices were displayed in the waiting room apologising for the lack of appointments. During this year two of the practice nurses have had extended periods of sick leave and another has retired after 26 years of service. We shared our recruiting difficulties and that we had managed to employ one part-time nurse but were still trying to recruit</p>

another. The group wondered if we had considered employing nurses from agencies based abroad in a similar way to hospitals, we talked through the differences in the role of a practice nurse and hospital nurse and that this would be difficult to do. Our two nurses have now returned from sick leave and are back to normal duties, our new practice nurse has settled in very well. We continue to try to recruit another nurse.  
A copy of the minutes of every meeting is e-mailed to all 85 members of the group, not just those who attend the meetings.

## Priority area 2

### Description of priority area:

To have a triage clinic run by the duty GP each day to deal with urgent appointment requests for their own patients and patients of GPs who are not in surgery that day.

### What actions were taken to address the priority?

The duty GP works from a triage list, all urgent requests are added to this list, the duty GP then triages and offers an appointment or telephones the patient or sometimes both. The receptionist takes a brief explanation from the patient explaining why the appointment is needed and this is added to the triage list. Patients are asked to provide a mobile number where possible. The receptionists also establish how quickly the patient can get to the surgery in case they are working out of town.

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

Service working very well.  
Patients are happy with this system.  
Regularly reviewed in the first six months.

### Priority area 3

Description of priority area: For new members of the PRG to understand the purpose of the group. New members had attended the meeting in April 2014 and were unclear of the purpose of the group.

What actions were taken to address the priority?

We reviewed and agreed the statement of purpose of our PRG.

#### Statement of Purpose for The Health Centre Practice Patient Participation Group

*The purpose of the group is to provide feedback to the Doctors and management of the Practice to assist them in the objective of providing the best and most efficient service to meet the patients' needs.*

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

The members of the group who attend our meetings feel that the PRG should concentrate on the Health Centre and how they could help us to provide the best and most efficient service for our patients. We have spent a lot of our time discussing the possible re-development of the Royston Hospital site and wider issues, such as the Older People's Service. While these issues are important the group felt they were not relevant to the PRG.

We will encourage a member of each team in the Health Centre to attend a meeting and give a brief talk on their department and their role. It is hoped that this will help the group to gain a better understanding of how the practice runs and help the PRG with any future suggestions on making improvements or changes.

Any changes that are made will be advertised in the surgery for patients to see, either on the television screen, posters or both. A copy of the minutes of every meeting is e-mailed to all 85 members of the group, not just those who attend the meetings.

## 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):

We have run a PRG since 2011 and held regular two monthly meetings. One of the practice GPs attends the meetings for 12 months and then the next one takes over.

From our meetings in 2013/14 one of the items that members of the PRG were very keen to have re-instated was the screen used to call patients when it was time for their appointment. This had not been installed when we changed to SystemOne and the GPs were told they would have to purchase their own screen. We were then provided with the screen free of charge as it was part of our original contract. This has now been fitted and is working well.

Patients were very concerned about care.data and the lack of information given to them by NHS England, as there has been no further progress it has not been discussed again.

We try to respond to all patient suggestions in a positive manner.

We are keen for the PRG to continue to discuss issues around the Health Centre and become more involved.

#### 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 26/03/15

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom heard groups in the practice population? Yes, by advertising the PPG in the Surgery, the sign up form is included in the new patient packs that are given when a patient registers with us.

Has the practice received patient and carer feedback from a variety of sources? Yes, using feedback from members of PPG, direct from patients, complaints, compliments and Friends And Family Test.

Was the PPG involved in the agreement of priority areas and the resulting action plan? Yes, these issues were all discussed at meetings.

How has the service offered to patients and carers improved as a result of the implementation of the action plan? Yes, the Surgery has acted upon suggestions from PPG such as moving the check in screen from the frontdesk, the Duty GP triage system is working well.

Do you have any other comments about the PPG or practice in relation to this area of work? We are continuing to promote the PPG and engage with those groups of patients that are not represented.

