

Annex C

**Arden, Herefordshire and Worcestershire Area Team
Patient Participation Enhanced Service 2014/15 – Reporting Template**

Practice Name: Atherstone Surgery

Practice Code: M84019

Signed on behalf of practice: Karen Clarke

Date: 30.03.2015

Signed on behalf of PPG: Gill Davis

Date: 30.03.2015

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, Other (please specify) Face to Face													
Number of members of PPG: 21													
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	49	51		Practice	1275	827	885	951	1142	1033	855	561
	PPG	62	38		PPG	1201	792	852	947	1166	971	888	814

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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								
PPG								

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

Ethnic background of our practice population is largely unknown, other than to say that we have very few ethnic minority families at the practice.

We have had a PPG for 15 + years now and have always ensured that our population is well represented. When we have a vacancy or felt we need extra members we have actively advertised both externally and within the practice. Our current PPG is made of up of the following;

Gill Davis – Chairman – patient rep/town council
 Mary Daft - Older People's Forum
 Barry Stinton - Patient

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Denise Clews – Patient/Town Council
Ray Jarvis – Patient/Town Council
Bryan May – Patient
Bryan Hamson - Patient
Derek Pickard – Patient/Borough Council
Kelvin Iron - Learning Difficultie Representative
Ann Ball - District Nurse
Roy Taylor – Patient/Vice Chair
Ged Fisher - Patient
Karen Clarke – Practice
Rebecca Bucknal – Practice
Lesley Waters – Nurse Practitioner - Practice
Drs Winward, Thomson, Mullick, Weston, Bone and Gooding

The Practice welcomes new interest in becoming a member of the PPG and although our population is very well represented we do have vacancies for a representative of young mums, young people and those suffering with mental health problems. ‘Adverts’ and requests for new members are regularly put on the notice board. We have involved our staff who run our baby clinic in the recruitment drive for young mums, advertised on our dedicated notice board for young people and discussed representation with the Respect Yourself staff in the hope that they may be able to drum up some interest. A mental health champion on the group would be a great bonus but to date, despite calls for carers and or patients themselves we have been unsuccessful.

Anyone who may be interested should contact the Practice Manager in the first instance.

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The practice is open;

Monday to Friday 8am – 5.30pm for face to face contact.

Monday to Friday 8.30am – 12.30pm and 1.45pm – 5.45pm - telephone access is available.

After 5.45pm the telephone system will give an alternative number to call, including that of the on call clinician who is available until 6.30pm.

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:

The Practice was CQC inspected in February, the feedback cards given out by CQC were fed back on the day to the Practice, this was then shared with the PPG.

NHS choices website it closely monitored and feedback discussed.

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The Practice was involved in the East Midlands Friends and Family pilot until the middle to end of last year when we then went live with our own electronic version via a 'booth' in our waiting room – these results are shared at every meeting and in fact it was the PPG who organised and arranged for us to be part of the F&F pilot scheme.

It is a standing agenda item at our PPG meetings that all complaints/feedback reports are discussed.

Questionnaires were randomly distributed to patients who visited the practice and/or received home visits during the period 12th January to 13th February 2015.

Results were collected via a depository in the waiting area or SAE for those receiving home visits, counted and handed over to a member of our PPG to analyse the results.

How frequently were these reviewed with the PRG?

As stated there is a standing agenda item at every meeting to discuss complaints, feedback, F&F and any other matters which come under this particular heading. The annual questionnaire results were discussed at our meeting on 16th March 2015, actions signed off and last year's progress also discussed and signed off.

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>The patients would like to see our waiting room revamped, brightened up and modernised.</p>
<p>What actions were taken to address the priority?</p> <p>The Practice is currently gaining quotes in order to have our waiting room renovated, there is going to be some work done in the next financial year</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Not yet known.</p>

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Priority area 2

Description of priority area:

The priority for the practice would be for the patients to use the on line forms for requests, the 24/7 booking system and most importantly would be the self-check in more than it is currently being utilised. All of the above would cut down the need for receptionist time tremendously and would free staff up to do other things to benefit patients.

What actions were taken to address the priority?

The practice will be doing an advertising campaign and will be encouraging patients to use the above more often. We believe that once the patient has used the technology once and realise that it is not as difficult as they are imagining that they will use it far more.

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

Not yet known.

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Priority area 3

Description of priority area:

The Practice and the patients would very much like to see our car park developed, however, unfortunately there constraints beyond the Practice's control preventing this development.

What actions were taken to address the priority?

We have tried for many years to purchase land adjacent to the practice in order to extend our car park. Unfortunately this is not forthcoming and therefore our hands are tied. The Practice will again approach the local Authority in order to try and resolve our parking problems/situation.

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

It would be a massive help all round, however, this is not going to happen.

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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):

In previous years our feedback seems to have been based around our telephony services.

This year we have made a concerted effort to answer the telephones more quickly, offer to call people back rather than keep them on hold and generally try to sort out any queries on the first attempt rather than asking the patient to call back.

We were also told that the patient always seemed to get a different person on the phone on each occasion and they never knew who they were speaking to. The staff now give their names, both when answering calls and if the patient needs to call back.

The staff have received customer service training during the last year and have also shadowed each other on the telephones and on reception and have peer reviewed each other, giving both negative and positive feedback.

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4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 16th March 2015

Has the report been published on the practice website? YES

How has the practice engaged with the PPG:

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

Via adverts, dedicated notice boards, posters, group representatives, word of mouth, etc

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?

As yet unknown, however, the improvement in reception services over the last year is very noticeable. We understand that the waiting room is soon to be spruced up – this will make a big difference. The ongoing problem of the car park is the biggest problem.

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

No

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Please return this completed report template to the generic email box – england.ahwat-pc@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.