

# Annex D: Standard Reporting Template

Lancashire Area Team  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **Great Harwood Medical Group**

Practice Code: **P81730**

Completed by: **Sarah Lord**

Date: **23/2/15**

Signed on behalf of PPG: **Sarah Lord**

Date: **27/3/15**

Please confirm that the report has been published on the practice website by 31<sup>st</sup> March 2015  
(provide further information)

**YES** (If no, please

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

|  |
|--|
| Does the Practice have a PPG? <b>YES</b>   |
| Method of engagement with PPG: Face to face, Email, Other (please specify) <b>Face to face, email and by post.</b> |
| Number of members of PPG: <b>64</b>  |

Detail the gender mix of practice population and PPG:

| %        | Male | Female |
|----------|------|--------|
| Practice | 50   | 50     |
| PRG      | 44   | 56     |

Detail of age mix of practice population and PPG:

| %        | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
|----------|-----|-------|-------|-------|-------|-------|-------|------|
| Practice | 18  | 10    | 13    | 14    | 14    | 12    | 11    | 8    |
| PRG      | 0   | 3     | 14    | 11    | 16    | 14    | 25    | 17   |

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 | 2365    | 4     | 0                        | 1           | 0                             | 1                    | 49           | 3           |
| PRG      | 62      | 0     | 0                        | 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 | 41                  | 178       | 0           | 0       | 48          | 3                                     | 2         | 1           | 0     | 1         |
| PRG      | 0                   | 2         | 0           | 0       | 0           | 0                                     | 0         | 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:

The PPG is heavily publicised in the surgery and on our website.

Each new patient is asked if they wish to sign up when they attend for their new patient check. Our Chairman is a local Community Pharmacist who actively promotes the PPG to his customers.

The group took part in the National Patient Participation Awareness Week in June 2014 to raise awareness of the group and recruit

more members.

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:

Suggestion box in reception.

Patient survey.

How frequently were these reviewed with the PRG?

Bi-monthly.

### 3. Action plan priority areas and implementation

| Priority area 1  |
|--|
| <p data-bbox="203 387 589 419">Description of priority area:</p> <p data-bbox="203 461 1559 493">Introduction of toys into waiting area for children to play with whilst waiting for their appointment.</p>  |
| <p data-bbox="203 684 889 716">What actions were taken to address the priority?</p> <p data-bbox="203 758 2042 901">Feedback from the suggestion box and the patient survey undertaken during PPG Awareness Week were the lack of toys for children to play with whilst waiting see a GP / Nurse. The PPG carried out some research on the implications of having toys in a waiting area. After seeking advice from the National Association of Patient Participation it was agreed that toys would be provided in the waiting area.</p> |
| <p data-bbox="203 981 1314 1013">Result of actions and impact on patients and carers (including how publicised):</p> <p data-bbox="203 1054 2033 1166">PPG and practice have devised a daily cleaning rota for the toys. This action will be publicised in the next newsletter and posters will be displayed in the waiting area asking for donations. The toys will be available for children to play with whilst waiting for their appointment.</p>  |

## Priority area 2

Description of priority area:

Introduction of bi-monthly newsletter.

What actions were taken to address the priority?

Patients reported that they would like to be kept up to date of changes within the practice and new services. The PPG have initiated a newsletter which will inform patients of any changes to clinician and administration staff, changes to and introduction of new services as well as running seasonal promotional campaigns (flu, hay fever etc) and advertising community services, areas of interest.

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

This newsletter will be circulated to as many patients as possible via email, with prescriptions, letters, choose and book paperwork and will be available on the reception counter and on the website. It will be a good source of information for patients to refer to.

### Priority area 3

#### Description of priority area:

Helping the ageing population. Survey and feedback asked for a geriatric clinic for patients who are not unwell but need reassurance. Many elderly patients are isolated and lonely and come to see their GP with social problems rather than medical problems.

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

The group have decided to speak with Carers Link and Age UK to see what services are available to elderly patients and put a booklet together of all local services available and contact points. Including social events such as luncheon clubs, social groups, classes, etc. It is apparent that there is lots going on in the community but some patients are too afraid to access them or have transport issues. The group is looking at a befriending service where people can take elderly patients to the groups and introduce them, provide transport, friendship etc.

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

The befriending service will be publicised to all elderly patients via post, website, posters in reception, prescriptions etc. GPs, Nurses and staff will opportunistically make patients aware of the service.

## 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):

### Appointments – Improving access.

Offered a choice of appointments which can be booked up to 4 weeks in advance along with a walk in clinic each morning and afternoon for urgent problems.

High volume of appointments not attended, despite text reminder service (MJOG).

Patients contacted to inform them they have missed an appointment and to ascertain the reason for this.

When second appointment is missed the patient is written to informing them of the effect this has on the practice and warning them that if they miss any further appointments they may be asked to leave the practice.

When third appointment is missed the patient is issued with a written final warning.

If a fourth appointment is missed the patient will be removed from the list after 30 days notice is served.

### Online Access – Promoted and increase use.

Publicised the online access initiative.

Offered to help patients who experience difficulties in setting this up.

### Self check in screen –Promoted and increased use.

Encouraged all patients who are able to, to check in using the screen.

Prompted reception staff to be aware of patients who may have difficulty using the screen and show them how to use it or book the patient in.

### Telephones – Improving access. Ordered upgrade to telephone system to include call handling and call queueing.

#### 4. PPG Sign Off

Report signed off by PPG: **YES**

Date of sign off: **27/3/15**

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 has publicised the group both within the practice and around the town.

Event held during Patient Participation Awareness Week to recruit new members.

Chairman who is a local Pharmacist has promoted to patients.

Emails sent to patients.

All new patients informed at new patient check of the group and invited to join.

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

The practice has received feedback from patients and carers in meetings, via the suggestion box and in the survey results.

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

Yes, the areas were discussed and decided upon in a meeting which all members were invited to. The decisions were minuted and circulated to all members.

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

Introduction of toys will improve the experience for patients with young children while waiting for their appointment.

The newsletter will keep all patients up to date with new services available to them and what is available in the community. The seasonal campaign will also educate patients.

Close working relationship with Carers Link and Age UK to develop a befriending service will improve the service to vulnerable patients and their carers.

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

The group is now very well established and the Chair, Secretary and IT Support are doing excellent jobs and are starting to make real improvements to the practice and promotion of the group.

Please submit your report to: [england.lancsat-medical@nhs.net](mailto:england.lancsat-medical@nhs.net) by 31<sup>st</sup> March 2015