**Arden, Herefordshire and Worcestershire Area Team**

**Patient Participation Enhanced Service 2014/15 – Reporting Template**

Practice Name: BARNT GREEN SURGERY

Practice Code: M81078

Signed on behalf of practice: Date:

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) EMAIL | |
| Number of members of PPG: 23 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 49% | 51% | | PPG | 17% | 83% | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 19% | 8% | 8% | 12% | 17% | 13% | 12% | 11% | | PPG | 0 | 0 | 0 | 13% | 22% | 22% | 26% | 17% | |
| 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 | 97.7% |  |  |  |  |  |  |  | | PPG | 100% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 1.6% |  |  | 0.2% | 0.3% |  | 0.2% |  |  |  | | 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:  The patient group is not representative of the practice population regarding age and gender. We advertise the group in the waiting room and on the practice website. Information is also given to new patients in their registration packs. We also put articles in our practice newsletter which is issued twice a year. Despite these efforts it is proving hard to get younger people interested. | |
| 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:  Patient survey  Friends & Family Test  NHS Choices - comments  Reviews of complaints and compliments |
| How frequently were these reviewed with the PRG?  Annually |

1. **Action plan priority areas and implementation**

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| Priority area 1 |
| Description of priority area:  The patient group were interested to know if those patients who are referred to other health care providers felt they were given a choice of providers. |
| What actions were taken to address the priority?  A question was included in the patient survey and out of 159 patients who responded 51(32%) had been referred. Of this 51 all but 1 had been given a choice of provider. |
| Result of actions and impact on patients and carers (including how publicised):  The results verify our use of the choose and book system for referrals. No further action needed other than to continue. The results will be publicised in the patient survey report which is available in paper format in the surgery and is also on the practice website. |

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| Priority area 2 |
| Description of priority area:  To ascertain if carers are aware of the help they can get from the carer support worker affiliated to the practice. The carers association had reported a low number of carers registered at our practice. From the survey results 23 patients were carers (14%). Of these only 8 (35%) were aware of the carer support worker. |
| What actions were taken to address the priority?   * Promote awareness by ensuring information is on practice notice boards * Information has been included in the new patient registration pack * Website redesigned to make information clearer and easier to find * GP’s and nurses have information in their rooms to give to known carers * A member of the reception/admin team has been given responsibility for carers. |
| Result of actions and impact on patients and carers (including how publicised):  The actions above have been implemented during January 2015 so the results of these actions will become evident in the future and will be reviewed at practice meetings as an ongoing agenda item. |

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| Priority area 3 |
| Description of priority area:  Ascertain if pregnant ladies and new mothers feel they are getting support from the practice and associated staff. |
| What actions were taken to address the priority?  A question was included in the survey and the survey was given to the midwife and health visitor to distribute. Despite our best efforts to reach this group only 6 patients responded. Although only a small number, they all felt that they were receiving good support from the practice and associated health professionals. |
| Result of actions and impact on patients and carers (including how publicised):  Although we received a 100% positive response we will not rest on our laurels and we will continue to ensure that pregnant ladies and new mothers, especially first time mothers get support and easy access to services. |

**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):

Issues raised in the previous year’s survey. Patient’s said:-

1. more appointments outside normal working hours
2. weekend opening
3. Quicker access to doctors and nurses.

We did:-

1. We put extended hours in place two evenings a week until 7.00p.m. with both doctors and nurses adding an extra 3.25 hours a week of appointments. The doctors also added more appointments from 8.30a.m.
2. In the current economic climate it is not viable to have individual surgeries open at weekends. The GP out of hours service is available during these times and the CCG has put in place the CNU (clinical navigation unit) at A&E to help direct out of hours patients to the most appropriate clinician. The effectiveness of this is still under review.
3. We have increased nurse and GP hours this year. We have recruited a nurse prescriber who is able to provide a wider range of services.

In this years’ survey there were very few negative comments about opening hours and waiting times to see a clinician. Our A&E attendances have also decreased over the last months of 2014 which may be a result of these actions.

1. **PPG Sign Off**

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| Report signed off by PPG: YES  Date of sign off: 13.03.15  Has the report been published on the practice website? YES |
| How has the practice engaged with the PPG: Our group is virtual and all correspondence is via email. They have been involved in the agreement of priority areas and the actions taken.  How has the practice made efforts to engage with seldom heard groups in the practice population? We have used text messaging to try and reach seldom heard groups but with little response.  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?  Do you have any other comments about the PPG or practice in relation to this area of work? |

Please return this completed report template to the generic email box – [england.ahwat-pc@nhs.net](mailto: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.