

# Annex D: Standard Reporting Template

## South Yorkshire and Bassetlaw Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Selborne Road Medical Centre

Practice Code: C88083

Signed on behalf of practice: Lisa Gregory (Practice Manager)

Date: 16.03.15

Signed on behalf of PPG: A.S

Date: 12.03.15

### 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) Email and letter																																					
Number of members of PPG: 7																																					
Detail the gender mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>50.7</td> <td>49.3</td> </tr> <tr> <td>PRG</td> <td>28</td> <td>72</td> </tr> </tbody> </table>	%	Male	Female	Practice	50.7	49.3	PRG	28	72	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;">&lt;16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">&gt; 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>17.1</td> <td>7.6</td> <td>8.7</td> <td>12.2</td> <td>16.7</td> <td>14.7</td> <td>12.7</td> <td>10.3</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>14.3</td> <td>0</td> <td>14.3</td> <td>14.3</td> <td>14.3</td> <td>42.8</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	17.1	7.6	8.7	12.2	16.7	14.7	12.7	10.3	PRG	0	0	14.3	0	14.3	14.3	14.3	42.8
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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	100	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										
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:

We have only been routinely recording ethnicity for patients in the last 3 years; as such our data relating to ethnicity is not a true representation of our full practice population and has not been included in our report. (Currently only 42% of our patients have their ethnicity recorded)

Despite our best efforts, the PRG is not entirely representative of our practice population. To encourage a representative PRG, new members were encouraged to join as well as all members of the PRG last year. As the PRG last year had no parents/guardians, no disabled patients or any patients under 40 years old we tried to include these groups of patients in our PRG this year to make it more representative. We advertised in the surgery Selborne Rd Medical Centre invites you to be part of our Patient Group to help identify ways we can improve. You can be involved via email, telephone or post. If you'd like to be involved please contact the surgery on 011426869292 As a result, no patients from the underrepresented groups contacted the surgery either by phone post or email.

Further, our PRG only included patients from a British ethnic background. To try and diversify the group patients from a variety of ethnic backgrounds including Asian, British, Chinese, Indian and others were sent an invite but had no response. Last year a patient from an Indian background was part of the PRG, unfortunately they were not able to be part of the PRG 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:

**N/A**

## 2. Review of patient feedback

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

NHS choices feedback, Gp patient survey and Friends and Family feedback.

How frequently were these reviewed with the PRG?

Patients are reminded that we welcome feedback at any time and this is reviewed as and when patients call the practice. We hold a

PRG review once a year. We consult our PRG about any changes to the practice.

### 3. Action plan priority areas and implementation

Priority area 1
<p data-bbox="203 352 589 387">Description of priority area:</p> <p data-bbox="203 427 461 459">Customer Service</p>
<p data-bbox="203 576 889 611">What actions were taken to address the priority?</p> <p data-bbox="203 651 2045 866">On the whole feedback from NHS choices, FFT and the Gp survey was very good with dissatisfied patients being in the minority. It was mentioned that staff should wear name badges in reception, this is something we are sourcing at the moment. Length of time answering the telephone was discussed. Some patients feel this can sometimes take considerable time. We have recently recruited two new members for reception to ensure there is always sufficient staff to cover demand. Training is an ongoing programme for all staff and through appraisals and patient feedback we aim to be aware of any issues that arise that would suggest staff need further training.</p>
<p data-bbox="203 1058 1312 1093">Result of actions and impact on patients and carers (including how publicised):</p> <p data-bbox="203 1133 2038 1201">We will be sourcing name badges for all reception staff. Two new reception staff members to ensure prompt answering of calls at busy times. On the whole patient feedback is good.</p>

## Priority area 2

### Description of priority area:

Waiting room, notice boards and Website.

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

It was discussed that the waiting room needed to be less cluttered and designated areas for specific themed information. Our noticeboards have been De cluttered and only relevant information displayed. This is monitored now by a member of the reception team on a weekly basis so as not to overload patients with too much information at once. We have also removed all toys from the waiting room. This was not only to make reception a tidier space but also to keep good infection control practice. We now only have children's books that are wipe able in the waiting area. We also keep our website up to date with any relevant information for patients and this is updated on a monthly basis and we review links to other websites.

We recently had an infection control audit.

One of the questions was: Is the waiting environment visibly clean, uncluttered and free from any visible damage? On inspection we realised some areas were not being cleaned as we would find acceptable. We now have a cleaning schedule in place and ensured all areas have been thoroughly cleaned and inspected.

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

There is a much more organised feel to the waiting area now. Only relevant leaflets are put on display and these seem to be what

the patients want. A more informative view on the website and much more up to date patient information, reviewed more regularly.

Racks for leaflets have now been cleaned, cobwebs removed and empty boxes. Magazines removed from waiting room and table cleared. Skirting boards cleaned. We are in the process of updating paintwork within our premises at the moment. Posters have all been laminated and we are looking into ordering wipe able notice boards. Chairs badly stained have been removed all other chairs will be cleaned appropriately and we are looking at buying new wipe able ones.

### Priority area 3

Description of priority area:

Patients on reception being able to discuss problems in private.

What actions were taken to address the priority?

We discussed that it was not feasible to make any changes to the reception area because of how the reception is designed. We have in the past put up notices to inform patients if they do not wish to be overheard they could ask reception if they can speak in private by either coming to the side door of reception or being taken in to a clinical room if available. We have also recently had our life channel updated as this was not working. This makes being overheard when reception are on the phone much less noticeable and provides some sound barrier for privacy. The general feeling on the importance of privacy was discussed but felt there was no one solution that will solve all problems.

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

It was agreed we would renew notices advertising the information to patients and make them more visible on reception. Also reception staff informed to ask patients if they think the conversation is of a delicate nature if they would wish to speak in private. General increased privacy for patients.

## 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):

Review our website and patient information and ensure it is kept up to date. It was also added to our website informing patients the reason why they are unable to book Nurse Appointments online. This is monitored on a monthly basis and updated as such.

Availability of appointments. We reviewed our appointments system and how we allocate these for pre-bookable and book on the day appointments. We found that in most cases these were working in the manner we intended and make more appointments available for patients to book on the day. This was to cover demand from patients.

After discussing the demand for an extended hours service it was agreed that we would still not offer this service due to lack of demand from patients.

Phone line opening hours. It was discussed and agreed that at the moment we would still divert our calls between the hours of 12.00pm and 3.30pm to the Gp Collaborative answering service. This is due to not being able to guarantee a Gp is on site throughout the day due to home visits and only one Gp on at lunchtime.



4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 12.03.15

How has the practice engaged with the PPG: Email and letter.

How has the practice made efforts to engage with seldom heard groups in the practice population? Advertised in the surgery and invites sent to minority patients.

Has the practice received patient and carer feedback from a variety of sources? Work in progress to engage a more diverse population.

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? Increased privacy if needed, cleaner tidier waiting area and competent reception staff.

Do you have any other comments about the PPG or practice in relation to this area of work? No