

North Yorkshire and Humber Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Sherburn & Rillington Practice

Practice Code: B82011

Signed on behalf of practice:

Date: 26.03.15

Signed on behalf of PPG:

Date: 26.03.15

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

Does the Practice have a PPG? YES / NO											
Method of engagement with PPG: Face to face, Email, Other (please specify) face to face and email											
Number of members of PPG: 9											
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:							
%	Male	Female									
Practice	51.2	48.8	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	33.33	66.66	Practice	17	8.9	9.8	11.6	17	15.1	12.4	8.2
			PRG	0	0	44.44	0	0	22.22	22.22	11.11

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	3106	5	0	62	1	2	1	8
PRG	8	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	1	0	0	1	2	1	0	1	0	13
PRG	0	0	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:

From our records the vast majority of patients registered are patients who are White British or mixed British origin, you will see that our PPG represents the practice population.

Our practice population is very nearly 50:50 male female ratios which again demonstrates that our PPG is representative of our practice population.

We created a 'virtual' group who we keep in contact with using email which helped us to recruit some younger members to the group. We have actively advertised the PPG throughout the practice premises, our surgery newsletter which is available on the website, delivered out to patients homes, in the practice premises and through distribution to local villages, we put up posters in the villages, local shop and factory.

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? YES/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:

We previously struggled with receiving suggestion and feedback from patients via our suggestion boxes, in the last 6 months we have attempted to improve this by providing pens and postcards in the waiting rooms with new posters to encourage patients to leave comments. We are yet to see an improvement although with the introduction of the FFT this is proving much more popular for receiving feedback from patients. We also receive thank you cards which are all kept and informal positive and negative voiced feedback which are shared within the team through our significant event process.

The recent introduction of the FFT has proved to be more successful at gathering feedback than our original suggestion boxes, this feedback is shared as per the FFT requirements but is yet to be shared with the PPG as this is in its infancy. The introduction was discussed with the PPG who were involved with the decision as to what the second question should be for the FFT.

The PPG were kept informed with regards to our CQC visit and the requirements we were to meet – the final report is due back to the practice post accuracy checking when it will be shared and reviewed with the PPG.

How frequently were these reviewed with the PRG?

Twice

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Redesign of area in the Rillington practice to create an additional consulting room and recruit a phlebotomist to provide a daily accessible service for our patients of both surgeries, thus allowing the nurses additional time for general nursing services and long-term condition management.

What actions were taken to address the priority?

This was a high priority at the practice and following the completion of the building changes to the premises at the Rillington site to create the room, quick recruitment of a phlebotomist was achieved and the service commenced in October 2014.

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

New designated phlebotomy service created, this creating a more structured timetable for booking appointments and releasing a great number of appointments with the practice nurses which are available now for routine nursing services. This has been shared with patients in the practice premises and in the practice newsletter. Details of the phlebotomy service is on our practice website.

Priority area 2

Description of priority area:

Plans to extension the premises at the Sherburn site to increase the number of clinical rooms. Recently the previously agreed plans have been changed significantly, during the past year the practice has successful purchased the property adjacent to the site at Sherburn when this came onto the market, thus giving the practice further potential for development.

What actions were taken to address the priority?

The planned alterations to the carpark did take place but although the work was halted with the initial plans due to the purchase of the new property further discussions are now taking place between the partners, architects and NHS England to develop new plans.

The PPG will be kept informed of the stages throughout this project.

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

Although we are at the very start of the plans for development the completion of this will be significant to patients and their careers as the practice will be much more purpose built and accessible for all patients. Publication of practice plans will be shared at the appropriate stage throughout the practice premises, website and newsletter and with the PPG.

Priority area 3

Description of priority area:

Over the last couple of years the practice had started using SMS messaging for adhoc patient messages and reminders and to advertise the annual flu campaign. Consent and updating of mobile numbers has been an ongoing project for the practice and will continue throughout 2015.

What actions were taken to address the priority?

Continue obtaining correct numbers and consents. Recent information from the CSU to cease the funding of the current system used means that the practice needs to research other providers and sign up to an independent provider before 30th September 2015 to allow this service to continue.

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

Completing the sign up to the chosen provider before September 15 will allow a smooth transition for patients and carers and reduce any risks of communication breakdown. At the moment we have not publicised this throughout the practice due to the practice currently just researching providers. Once further information has been obtained this will be shared with patients through the appropriate means after discussion with the PPG.

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):

Communication with patients was raised as the newsletter wasn't widely available for patients who don't attend the practice, this was discussed with the group and agreed that members would distribute, copies be sent out with the dispensing delivery service, leave some in the porch at Sherburn (not locked out of surgery hours), via the parish clerks and warbler. Making these changes has improved the distribution and communication with our patients.

Access to appointments has been discussed and the appointment of the phlebotomist has increased nursing capacity. SMS appointment reminders we hope will reduce DNA's however this needs implementing once the practice has approved a provider.

The PPG has always been updated with regards to the practices registration with the CQC, following inspection which PPG members were actively involved with, the practice has received a good rating with some excellent feedback – the final report will be shared with the group when the practice receives this.

Acknowledging the lower age range of practice population was being under-represented a virtual PPG was created brought interest from the lower age group and their involvement to the group.

4. PPG Sign Off

Report signed off by PPG: YES/NO

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?

We have tried to reach seldom heard groups by using posters in village notice boards, distributing the newsletter widely via Internet, village halls and sent home to all families at local primary schools.

The practice actively seeks feedback from all patients and their carers the information from which identifies these groups following which an action plan can put in place to encourage closer communication.

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

Feedback from patient and carers is received via individual patient and carer satisfaction forms patient and carer surveys each of which is available at practice reception online or included in delivered prescription packages.

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

The PPG was fully involved in the Planning Resourcing Implementation Monitoring and Evaluation (PRIME) stages.

PPG has been involved in priority decisions. Service has improved with SMS messaging, particularly for younger patients.

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

The action plan fully reflects patient and carers feedback as to current and future needs and contains proposals to address them.

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

I believe the current structure and working of the PPG is highly effective due to the close open and constructive dialogue between the doctors the Practice Manager and PPG members whose sole aim is to seek ways to improve the service to patients and carers.

We are kept informed and up to date with things and meet as appropriate, bearing in mind that we cover a rural area and traveling is an issue. I'm a happy ppg member!