

# Standard Reporting Template

Practice Name: Townsend House Medical Practice

Practice Code: L83054

Signed on behalf of practice: Elly Potter

Date: 20 March 2015

Signed on behalf of PPG: Listening Group Members

Date: 20 March 2015

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

Does the Practice have a PPG?      Yes																																					
<u>Method of engagement with PPG: Face to face, Email, Other (please specify)</u> The Practice holds regular bi-monthly meetings with the Listening Group and also engages with a Virtual Group via email and post.																																					
<u>Number of members of PPG:</u> 81																																					
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>2990</td> <td>3197</td> </tr> <tr> <td>PRG</td> <td>27</td> <td>53</td> </tr> </tbody> </table>	%	Male	Female	Practice	2990	3197	PRG	27	53	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%;"><u>&lt;16</u></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>709</td> <td>391</td> <td>453</td> <td>528</td> <td>796</td> <td>891</td> <td>1226</td> <td>1193</td> </tr> <tr> <td>PRG</td> <td></td> <td></td> <td></td> <td>4</td> <td>5</td> <td>15</td> <td>28</td> <td>29</td> </tr> </tbody> </table>	%	<u>&lt;16</u>	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	709	391	453	528	796	891	1226	1193	PRG				4	5	15	28	29
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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	284	2		31		1	3	5
PRG								

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	2		2	4	3	2				3769
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:

The above data for ethnicity is an indication only and was taken from practice data as at 27 March 2015, there is no current requirement for the practice to record ethnicity on all patient records so the data subtracted is not conclusive.

The Practice has been running a PRG for just over 3 years now and remains conscious, as with previous years, that the age bracket of Under 30 is proving difficult to recruit from. We actively recruit by displaying notices and leaflet with details and aims of the group in reception and via our website, and now also via our facebook page. We hand out fliers to patients attending any Nurse led clinics such as Smokestop / Chlamydia screening / Influenza / Post natal and Travel in an effort to reach a wide range of age / ethnicity brackets. This year we have created a facebook page in an effort to attract younger members. We currently have 92 followers and are hopeful a number of these will join the group.

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:

Patient questionnaires  
Suggestion box forms  
Verbal suggestions  
Emails suggestions

How frequently were these reviewed with the PRG?

These were discussed at the bi-monthly meetings of the listening group.

#### Action plan priority areas and implementation

##### Priority area 1

Description of priority area:

Undertake appointment survey

What actions were taken to address the priority?

The practice gave patients the opportunity to comment on the current appointments system; this was done via online survey link through 'survey monkey', through the local pharmacies, through facebook and when patients attended appointments.

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

As the results of the survey have not yet been finalised it was agreed by the group at the meeting held on 20 March 2015 to defer any action plan or have this report signed off by the group until the next meeting held on 22 May 2015.

**Action:** Discuss at next meeting to be held on 22 May 2015

## Priority area 2

Description of priority area:

Promote practice via 'open afternoon'

What actions were taken to address the priority?

The practice held an 'open afternoon' to help promote the services currently on offer and to encourage patients to have a free health check.

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

This was the first event of its kind and so there were no set expectations, the event was publicised via the local paper, through a banner outside the surgery and via in house posters.

Patients had the opportunity to tour the practice, talk to staff members and have any questions answered. A steady stream of patients came for the first hour and a half although that then dropped dramatically so it was decided that any future events would be limited to an hour or hour and a half. It is difficult to quantify exactly the impact although feedback on the day was very positive.

**Action:** The listening group to discuss at a future meeting to determine whether another event of this type should take place.

## Priority area 3

Description of priority area:

Continue to grow and develop the patient participation group incorporating the virtual group more.

What actions were taken to address the priority?

At the meeting held 23 January 2015 the group discussed the aim and purpose of the listening group meetings; everyone agreed that the format is working but that perhaps we could circulate any documents for discussion to the virtual group as well as the listening group in order to obtain a wider spectrum of views.

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

As this is fairly recent we do not yet have specific data to be able to report on; there has only been one meeting since this decision was taken and we have not received any feedback from the virtual group to discuss at the listening group meeting held on 20 March 2015.

**Action:** Review during the course of the year and add to agenda of meeting to be held on 24 July 2015

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):

Actions agreed for year 2013/14: update in **bold**

- 1) The practice will create a 'how to' sheet for inclusion in new patient packs and to promote to existing patients. Before rollout the sheet will be circulate to the PRG to discussion/comment and approval. Time frame: start production April 2014 with aim to rollout by end June 2014. **This was implemented and continues to be used.**
- 2) Implement new system of sending text reminders to patients and consider use for patients who do not attend their appointment. Roll-out to new patients registering, existing patients are to be offered routinely when attending the surgery. Time frame: start production April 2014 with aim to rollout by end June 2014. **This was delayed due to the practice changing clinical systems, however, the practice completed the changeover to the new system in November 2014 and sms text reminders are now sent to patients upon booking or amending an appointment.**
- 3) The practice will review the settings on the touch screen check out to include a message asking patients if their contact details are up to date. Have slips available on reception for patients to fill in whilst waiting for the doctor. Timeframe: complete by end April 2014. **This was implemented and continues to be used.**
- 4) The practice will investigate costings for new message screens to be installed in the waiting rooms. Time frame: Obtain quotes by end May 2014. **A TV screen was installed in January 2015, this was also delayed due to the changeover in clinical systems.**

### 3. PPG Sign Off

Report signed off by PPG: Not yet, the group agreed to delay until survey results back

Date of sign off: to be held on 22 May 2015

How has the practice engaged with the PPG:

Via the virtual group of email / post and by the listening group meetings.

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

The practice has made efforts to engage with the younger demographic population by creating a facebook page and encouraging people to post comments/suggestions through there. There is a very small ethnic minority in our demographic and we promote the PPG via posters/website/facebook in an effort to attract new members.

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

Yes; various options are available for patients to leave feedback including:

Patient questionnaires  
Suggestion box forms  
Verbal suggestions  
Emails suggestions

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?

Too early to be determined, see action points as above.

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

The PPG continues to grow with experience and the practice greatly values the views from the group, in particular, the listening group, there is now recognised joined up working that has benefitted the practice and patients alike.