

Annex D: Standard Reporting Template

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

Practice Name: Eastgate Medical Group

Practice Code: B81004

Signed on behalf of practice: *C A Brocklebank*

Date: 30 March 2015

Signed on behalf of PPG:

Date:

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

Does the Practice have a PPG? YES																																					
Method of engagement with PPG: Face to face, Email, Other (please specify) E-mail																																					
Number of members of PPG: 29																																					
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>49</td> <td>51</td> </tr> <tr> <td>PRG</td> <td>38</td> <td>62</td> </tr> </tbody> </table>	%	Male	Female	Practice	49	51	PRG	38	62	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%;"><9</th> <th style="width: 10%;">10-19</th> <th style="width: 10%;">20-29</th> <th style="width: 10%;">30-39</th> <th style="width: 10%;">40-49</th> <th style="width: 10%;">50-59</th> <th style="width: 10%;">60-69</th> <th style="width: 10%;">> 70</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>1030</td> <td>1214</td> <td>1101</td> <td>970</td> <td>1495</td> <td>1743</td> <td>2389</td> <td>2365</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>1</td> <td>1</td> <td>2</td> <td>6</td> <td>11</td> <td>8</td> </tr> </tbody> </table>	%	<9	10-19	20-29	30-39	40-49	50-59	60-69	> 70	Practice	1030	1214	1101	970	1495	1743	2389	2365	PRG	0	0	1	1	2	6	11	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	10446	12		80	2	3		32
PRG	29							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	8		1	6			1			6
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: Of our total list size 12317 at 30.3.15, 1720 patients have no ethnicity stated or have declined to give ethnicity information. The majority of our patients are known to be White British. From the patients with ethnicity status recorded our list is confirmed as predominantly White British. We have information regarding the Patient Reference Group available to all new patients who register (an invitation is given in the new patient pack) and on the practice website. Uptake on joining the patient reference group has remained relatively static and numbers low but the group themselves are supportive, constructive and a very good source of feedback for the practice.

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, although we have a higher than average number of elderly patients and this is reflected in the make-up of the group.

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:

- a) The Humber NHS Foundation Trust World Café Event regarding services at Hornsea Cottage Hospital
- b) The practice's plans to change telephone systems and revert to a local telephone number in response to patient feedback in surveys, patient complaints and the NHS objective for practices to move away from 0844 numbers
- c) Healthwatch survey on GP appointments

How frequently were these reviewed with the PRG?

- a) Invitations passed to PRG members and practice also represented at this event.
- b) Numerous e-mails to PRG to ascertain their views on the systems on offer. Further e-mails before orders placed
- c) Surveys given to patients and PRG members and returned direct to Healthwatch. Report received in the practice in the last few days and not yet reported to PRG members

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Telephones</p>
<p>What actions were taken to address the priority?</p> <p>Practice had meetings with a variety of telephone providers and discussed the merits of various systems on offer. Reported these to the PRG for comment along with the view of the partners for consideration.</p> <p>Further dialogue with PRG when it transpired that the technology is not yet available in Hornsea to provide the preferred system and to seek approval for the planned implementation of local number and long term plan to make further change as technology becomes available</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Installation of new system is planned for late April – advertisements are planned for the local press and also posters for the waiting room, local chemists, libraries and information for the website.</p> <p>This will allow patients and carers to contact us using a local telephone number and avoid the charges associated with 0844</p>

Priority area 2

Description of priority area:

Services at Hornsea Cottage Hospital – Humber NHS FT World Café Event

What actions were taken to address the priority?

PRG members invited to the event along with representatives of the practice. Hornsea Cottage Hospital has long since been a priority for Hornsea patients and the reduction in services in recent years, along with bed closures, remain an issue. Patients are keen to air their views on the current services and work with the practice and HFT to gain optimum levels of service for the population. The views were fed back and a working group was established which includes members of our PRG, local councillors, practice representatives, CCG and Humber personnel

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

The working group is due to meet again in April 2015 to further this work. A report of the world café event was sent to participants and also published in the local press by Humber FT

Priority area 3

Description of priority area:

GP Appointments

What actions were taken to address the priority?

Healthwatch ran a survey on GP appointments and we sent questionnaires to the PRG as well as sampling patients in the waiting room. This survey aimed to capture patient views on the appointment systems operated in the practice and capture “best practice”

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

The report from Healthwatch has only been received in the last few days and a summary will be e-mailed to the PRG. The practice will bear in mind the findings and recommendations of the report. However, there is a shortage of GPs and we are currently operating with a GP on maternity leave and a vacancy for a partner or salaried GP. We have been able to engage locum services for approx. 80% of the capacity we require and so it is difficult to enhance appointments with reduced capacity. PRG and Health Forum are aware of this.

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):

We have been fortunate to have had the support of our PRG for a number of years and although the group is relatively small in number the feedback we receive is always invaluable. Their comments are constructive and they act as a conduit for other patients with queries which is also extremely useful.

We have continued to work hard on priority areas such as appointments and telephones and the PRG are aware of the shortfall in GP capacity that we currently face. We had said in previous years that we wished to involve the PRG in our decision as to telephone systems in the lead up to moving away from the 0844 number. Their help with this major project has been very much appreciated.

Although we invite all new patients to join the PRG we do still have very little take up. Similarly, there is information on the website and, again, very little take up. However, even though our group remains small in number, we find this a valuable source of feedback.

4.PPG Sign Off

Report signed off by PPG: Sent out 30 March by e-mail

Date of sign off:

How has the practice engaged with the PPG: e-mail contact

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

Regularly attend Hornsea Health Forum and discuss issues affecting patients and carers. This group has representatives from CCG, Social Services, Ambulance Service, Councillors, Schools, Carers Association, Age UK, U3A, Other Voluntary Groups and Lay Members. The group is chaired by a member of our PRG

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

Via the Health Forum, the PRG and also recently working with a variety of Groups on the Joseph Rowntree Loneliness Project recognising the impact that loneliness has on health

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

I believe so

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

Ongoing input into services provided for patients in Hornsea and surrounding area at Hornsea Cottage Hospital, change of telephone number, ongoing review of appointments

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

Thank you for your continued support.

