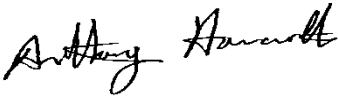


Annex D: Standard Reporting Template

NHS Greater Manchester
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: The Arch Medical Practice

Practice Code: P84630

Signed on behalf of practice: 

Date: 30/03/2015

Signed on behalf of PPG: See, discussed but not signed

Date: 30/03/2015

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, Polls via our website, patient comment cards, Facebook and Twitter
Number of members of PPG:	104

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50%	50%
PRG	46%	54%

Detail of age mix of practice population and PPG:

%	<19	20-29	30-39	40-49	50-59	60-69	70-79	> 79
Practice	24%	34%	18%	10%	7%	3%	2%	1%
PRG	0%	16%	19%	25%	23%	13%	4%	0%

Detail the ethnic background of your practice population and PRG:

	White				Mixed/ multiple ethnic groups				Not stated or Refused
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed	
Practice	31%	0.1%	0%	28%	1.4%	0.9%	0.8%	1.6%	6.4%
PRG	20%	5%	0%	0.1%	1.9%	0.9%	0.9%	7.6%	30%

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1.5%	1.3%	0.2%	4.1%	4.1%	4.2%	3%	3.7%	1.6%	6.1%
PRG	0.9%	1.9%	0.9%	0%	1.9%	0.9%	5.8%	1.9%	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:

We feel that our PPG is fairly representative of our population, although we would like to recruit more Chinese and Arabic patients. We would also like to increase the number of under 30 year olds in our group. We will be actively using our social media accounts to invite patients to join the group. We will also advertise the events in the practice waiting. We will be discussing this report at our next PPG meeting 24/03/2015, in the hope it will generate some fresh ideas for recruitment.

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:

We have a student branch site which is fairly underrepresented in our PPG. The Practice is looking at hold a separate PPG just for our student branch site. A recruitment drive is underway by putting a poster and flyers in the waiting room. So far this has been fairly unsuccessful, to generate a face to face meeting although our virtual group has increased.

2. Review of patient feedback

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

**Patient comment cards in the practice
NHS Choices comments
Friends and Family feedback
Comments via our website and social media**

How frequently were these reviewed with the PRG?

We were meeting every month but after discussion with the group it was felt that we might get a better turn out if we met once every 3 months. We hope to send newsletters out in the months in-between meetings.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Better telephone system</p>
<p>What actions were taken to address the priority?</p> <p>The PPG decided that it would be better to have a queuing system on the phones so that when they call the practice they know how long they will have to wait before the call is answered.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The telephone system was changed. We introduced 4 more lines coming into the practice and included a queueing system, so patients would get to know where they are in the queue rather than getting an engaged tone.</p> <p>We advertised this to our PPG via the meeting minutes. The minutes were also displayed in the waiting room so other patients knew about this change.</p>

Priority area 2

Description of priority area:

Our PPG was shocked by how many of our patients fail to attend their appointments, despite getting a text message reminder the day before.

What actions were taken to address the priority?

It was agreed that the practice would display the number of Failed to attend appointments in the waiting room. It was also agreed that the practice would telephone those patients who book on the day appointments and miss those too.

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

We are still having quite a few DNAd appointments so it would seem that just displaying the numbers is not enough.

At our next meeting 24/03/2015, the PPG will be formulating a letter to send to patients who miss their appointments asking them not to.

It is hoped that a letter to the patients from the patients may hold more weight than just a letter from the practice.

Priority area 3

Description of priority area:

Patients wait too long to be served

What actions were taken to address the priority?

- 1. Employ more staff**
- 2. Hold staff training to make them more polite and efficient**
- 3. Get the touch screen fixed to reduce the queues at the desk**

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

- 1. The practice spent £5,000 on a new touch screen / arrival system**
- 2. The practice has employed two new member off staff so there are always two people on the reception desk**
- 3. The practice has challenged some of the staff behaviour, this is on going**

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):

Our PPG has developed quite well over the last year. The PPG was originally formed as a virtual group but has since developed into a face to face group too.

The Group has been active in practice decisions and we are very closed to agreeing on terms of reference. Ideally we would like to get to the stage where the group is self-sufficient and can meet without the need for practice input.

4. PPG Sign Off

Report signed off by PPG: Yes at our face to face meeting

Date of sign off: 24/03/2015

How has the practice engaged with the PPG:

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

The PPG do not feel it is necessary to engage these groups. We have had several meetings with very few attendees and we only have 104 patients sign up to the virtual group, therefore the PPG doesn't want the practice to 'waist its time' in actively seeking hard to reach patients.

The PPG have found that community groups in general in Hulme has depleted although there are a few that have survived. The Practice will try to make contact with these groups such as The Church of The Ascension and the Bennett House group. The Practice are also going to make efforts to engage more students, which the PPG thought was a good idea.

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

The PPG feels that the practice has although we will be exploring the possibility of engaging more people by approaching some of the Hulme community groups, such as Bennett House and neighbourhood knock.

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

Yes, an email was sent with an action plan and then the plan was discussed at the face to face meeting on 29/01/2015, taking into account comments which were sent in reply to the original email.

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

As a result of the PPG involvement the Practice has spent money on a new automated arrival system and phone system. The PPG has inspired the practice to improve staff training and recruitment.

The practice is looking at ways to improve patient appointments. The practice is looking to recruit a new Nurse Practitioner to see more on the day patients and Dr Woodhouse has taken more of a managing partner role to monitor appointments.

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

The PPG would like to review the amount of meetings we have. They would rather we have meetings every three months than every month. It is hoped that three monthly meetings will engage more patients.

They also feel the meetings should be marketed better to engage more people.

The PPG like the idea of having a newsletter every month. They feel this should include, photos, patient stories, practice stories and practice information.

The PPG would also like a who's who of practice staff.