

# Annex D: Standard Reporting Template

Lancashire Area Team  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **Pendle View Medical Centre**

Practice Code: **P81070**

Completed by: **Louise Wright – Practice Manager**

Date:- **26.03.2015**

Signed on behalf of PPG: **Signed off electronically**

Date:- **30.3.2015**

Please confirm that the report has been published on the practice website by 31<sup>st</sup> March 2015  
(provide further information)

YES (If no, please

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) <b>Both face to face and e-mail</b>
Number of members of PPG: <b>38</b>

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	3102	3229
PRG	15	23

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1124	503	820	696	801	892	865	700
PRG	0	2	2	5	6	6	10	0

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	3862	13	0	5	0	0	0	
PRG	32	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	18	1484	3	3	1	3	4	0	0	5
PRG	0	6	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:

Patients are invited to join the Patient Participation Group opportunistically. We continue to promote this through the practice newsletter, practice website and also posters in the waiting room. To encourage an increased uptake, we also added a question in the patient survey, asking whether patients were aware the practice had a group. We have also started a 'virtual' Patient Participation Group for patients who may not be able to attend meetings, however would still like to become involved. This enables patients to liaise with the practice via e-mail. This has been a huge success, with a few 'virtual' members, now attending meetings. We have continued to publicise the 'virtual' group and are continuing to increase numbers. We also translated one of our Patient Participation Group posters into Urdu, for the non-English speaking patients, although to date, we have not attracted any new members by doing this.

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:

## 2. Review of patient feedback

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

**Patient engagement events with practice and Clinical Commissioning Group**  
**Patient questionnaire**  
**Friends and Family Test**

How frequently were these reviewed with the PRG? **Bi-annually**

### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Patient access/appointments Continuity of clinical care</p>
<p>What actions were taken to address the priority?</p> <p>Continuation of on-line appointments and prescriptions. Introduction of on-line access to patient medical records. Introduction of 15 minute appointments for patients aged 75+ Re-design of the appointment structure, with shorter, more frequent surgeries for GP's. Re-structure of the nurse clinics. Introduction of more structured telephone appointments for GP's. Capacity and demand audit of patient contacts. We also undertook a piece of work, looking at disabled access to the surgery. One of our Patient Participation Group, who is a wheelchair user, offered to undertake a disabled access audit for us. Areas which were reviewed were; parking, entry to the building, the external area of the surgery, reception area, accessibility to the consulting rooms within the building and toilet access.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>We currently have 1182 patients who have signed up to use the on-line system to book appointments and order prescriptions. We currently have 72 patients who have signed up to access their medical records.</p>

We regularly audit the number of patients aged 75+ and are in the process of auditing these patients to see if they value the new system. We have also set up a system for auditing patients aged over 65 years who do not present to the surgery. The practice sends them a card and a questionnaire which asks them if they are involved in any local activities or perhaps need additional help at home, etc. The practice then puts them in touch with organisations/groups which may be of help. This is working really well and is a way of keeping in touch with patients who do not engage with the practice on a regular basis.

Friends and Family test results are positive, with the following results:- December 2014 – 88%, of patients stated that they would be extremely likely to recommend us to a family/friend. January 2015 90% and February 2015 88%.

We are currently collating the capacity and demand audit, which took place over a week during March 2015. The results of this will be available shortly. This will allow us to reflect on the work which we have undertaken with regards to re-designing the appointment structure, etc.

With regards to the disabled access audit, suggestions made were, re-painting the disabled car parking spaces. This is to be done when we have good/dry weather. The wooden ramp at the front door had been broken. This has now been fixed and there are no further problems. Another suggestion was perhaps placing a door bell on the disabled reception area. This is in the process of being organised.

## Priority area 2

Description of priority area:

Continued advertisement of on-line appointments/prescriptions and access to medical records.

What actions were taken to address the priority?

This is advertised on our practice website:- [www.pendleviewmedicalcentre.co.uk](http://www.pendleviewmedicalcentre.co.uk) . We also verbally inform patients about the service and also created a waiting room campaign.

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

Ongoing regular audit shows that currently 18% of the practice population has signed up to this service. This is an increase of 5% in the last twelve months.

### Priority area 3

Description of priority area:

Patient Car Parking

What actions were taken to address the priority?

As the practice is continuously growing, car parking space is becoming a problem, especially as we are situated in a built up residential area. We have been trying to lease additional car parking space from the local housing department, which has available land to lease. Unfortunately, we have hit a stumbling block with insuring the proposed land.

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

Discussion with practice insurance company regarding insuring land available to lease.  
Discussion with local housing department regarding insuring land available to lease.  
Discussion with local MP regarding any help he may be able to provide.  
Actions currently ongoing.

## 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):

Although we have increased the number of members in our PPG over the last few years, having introduced a virtual group, which has been a great benefit and patients feel happy in corresponding via e-mail providing feedback/suggestions, often it is difficult to engage patients and have patients willing to attend a physical meeting.

There had previously been an issue when a child had not been seen as a priority in our additional 'open' surgery. We now have a system which ensures all ill children are seen as a priority. There have been no further problems.

Ongoing review of access to appointments.

#### 4. PPG Sign Off

Report signed off by PPG:

Date of sign off: 30.03.2015

How has the practice engaged with the PPG:

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

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

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

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

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

The practice engages with current members of the PPG on a regular basis, either via e-mail or face to face. Feedback from the PPG is also either provided via e-mail or at our meetings.

We are keen to encourage new members to the group and are currently looking at new ways of attracting members by either changing the venue of our meetings, so that the meeting isn't held at the practice. Currently GP's are also involved in the PPG, so we are looking at a more patient/management focused group, to develop ideas, which can then be fed back to the GP's, as it is often difficult to organise meetings around GP attendance.

The locality is also looking at setting up a shared PPG with representatives from all practices within the locality. This will then feed into the practice PPG.