

# Annex D: Standard Reporting Template

[RBCCG] Area Team  
 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Winyates Health Centre

Practice Code: M81019

Signed on behalf of practice:

Date: 26/03/2015

Signed on behalf of PPG:

Date:27/03/2015

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											
Number of members of PPG: 10											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female									
Practice	7926	7929	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	6	4	Practice	3351	1405	2272	2459	1810	2135	1762	661
			PRG	0	0	0	1	1	3	3	2

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	5516	25	1	257	36	9	14	9
PRG	10	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	7	12	0	11	9	9	16	1	4	
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:

**Our Patient Participation Group has been running for a number of years now, in a virtual format. This year we decided to change this and contacted all 90 of our existing virtual PPG members to invite them to attend face-to-face meetings with us. Of the 90 invited, 10 offered their services. We felt 10 members was an appropriate and manageable number to meet with.**

**Clearly (with a 100% British make up) our PPG is not currently representative of our wider practice population. The previous virtual PPG however, did contain a more representative mix in terms of age and ethnicity with 9.9% stating they were of non-white British origin and 45% under the age of 45 years old. However, this group of patients either declined or did not respond when invited to take part.**

**We continue to promote joining of our PPG in poster format within the surgery and also on our website.**

**It should be noted we only have ethnicity data recorded for 45% of the practice population. It is therefore, not possible to accurately determine the ethnic break down of the practice population. Of the 7082 patients for whom we do hold ethnicity data for, 78% indicated to be British.**

**The issue is further complicated by the fact that the ‘new patient registration questionnaire’ ethnicity categories used at surgery level do not mirror those mandated by this report template, for example, Pakistani ethnicity on the surgery new patient registration form is a subset of ‘Asian or Asian British’. A Pakistani or British Pakistani is therefore recorded using read code 9i8 “Pakistani or British Pakistani”. In terms of health care requirements this is entirely accurate, in terms of this report, it’s completely meaningless since this code will fall under the British grouping and the patient therefore would not be counted as the report expects under Pakistani ethnic origin.**

**Until reports such as these are adjusted to reflect the data we actually hold and record the ethnicity data holds no value at all for the purposes expected by external sources.**

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:

Annual Patient Survey

How frequently were these reviewed with the PRG?

Once to review the feedback.

### 3. Action plan priority areas and implementation

#### Priority area 1

Description of priority area:

To increase the response rate to next year's annual patient survey.

What actions were taken to address the priority?

For next year, we will look to a number of measures to increase response rates, to include:

Clinicians to hand all patients a flyer asking willing patients to complete a questionnaire at reception on the way out.

Email a link to the online questionnaire to all patients who we hold an email address for.

Active engagement within the waiting rooms with help from volunteers from our PPG, talking to patients, discussing the benefits of completing the questionnaire and encouraging them to do so.

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

## Priority area 2

### Description of priority area:

To increase awareness of the website, that it exists and the vast amount of information available on there.

### What actions were taken to address the priority?

Flyers promoting the website, its benefits and the services it offers, will be given to every patient at reception.  
A new website promotion area will be created by the stairs, in front of reception, and will display information highlighting useful features and information which currently patients seem unaware exist.

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

### Priority area 3

Description of priority area:

To increase the awareness of Patient Access (online services).

What actions were taken to address the priority?

Flyers promoting online services (Patient Access), its benefits and the services it offers, will be given to every patient at reception. A new promotion area will display information on what the service offers, but in addition will also explain some of common misconceptions / problems patients seem to cite when giving reasons for not using it, such as how to register, how to reset passwords, how to find out their username e.t.c.

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

## 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):

1. Offer patients the facility to check test results online.
  2. To text patients with their test results.
  3. Be able to email/message the surgery.
  4. Saturday opening (every Saturday).
  5. Display staff photos and GPs areas of special interest.
  6. Q&A section to answer some common misunderstandings.
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1. We trialled online checking of test results but it quickly became clear that major limitations of the Emisweb's implementation meant it was unworkable. No thought had been given in regard to result terminology visible to patients when viewing the result online. This would ultimately cause alarm and distress to patients not clinically trained to interpret them. The system is simply not fit for purpose and had to be withdrawn.
  2. Again, we trialled texting test results to patients. Again, it was very poorly implemented by Emisweb. Not only were patients receiving confusing, multiple and contradictory results for what (to them) was a single blood test, but in addition the system provided was extremely clunky for clinicians to use, adding unnecessary workload to the process of checking incoming results. Emisweb need to design a much slicker system before it will ever be viable for use in Primary Care.
  3. The facility to message the surgery was successfully introduced last year and, along with other new functionality, is still being used by our patients today.
  4. The suggestion to open every Saturday as opposed one Saturday in every month as we currently do was discussed at the practice meeting in April 2014. The partners felt it was simply not financially feasible. The financial incentives currently available mean it is not something which is currently achievable.
  5. The displaying of staff photographs and their area of expertise in reception seems to have stalled. Despite having been agreed to it and a local company instructed, it has still not been completed. Practice Manager to investigate.
  6. A Q&A section on common questions and misunderstandings is available on the new notice-board next to Dr Clarke's room.

#### 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 27/03/2015

How has the practice engaged with the PPG:  
Face-to-face meetings and email.

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

PPG and the annual questionnaire are promoted on our website, which is available in 92 languages. Participation is also promoted throughout the year within the surgery on various posters and leaflets. As previously mentioned, for this year's PPG, all 90 of our virtual PPG members (9% of which were non-White British) were personally invited to take part.

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

Carer feedback was specifically targeted in this year's questionnaire. However, due the unusually poor response rate seen this year, nothing meaningful could be determined from it.

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

Discussed at the last PPG meeting (04/03/2015)

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

With such a low response rate to the survey year this year (just 18 responses compared to well over 200 in each of the previous two years) it was agreed that prioritisation should be given to increasing patient awareness of the surgery website, Patient Access and to increase the response rate to next years survey by involving some members of our PPG actively speaking to patients about their concerns and thoughts.

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

Despite having little to work with this year in terms of responses to the questionnaire, we feel that the idea to switch from a virtual

PPG to a face-to-face one was a good decision. We look forward to working together with our newly formed PPG and hope that it will lead to genuine improvements and involvement for all our patients.