

Annex D: Standard Reporting Template

Area Team: Leeds South and East CCG.
2015/16 Patient Participation Enhanced Service – Reporting Template.

Practice Name: Dr S Laybourn and Partners.

Practice Code: B86062

Signed on behalf of Practice: Justin Park

Date: 18th March 2016

Signed on behalf of PPG: Barry McManus

Date: 18th March 2016

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): Meetings held at the Practice site.																																					
Number of members of PPG: 16																																					
Detail the gender mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <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 style="text-align: center;">2</td> <td style="text-align: center;">0</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">8</td> <td style="text-align: center;">6</td> </tr> </tbody> </table>	%	Male	Female	Practice	2	0	PRG	8	6	Detail of age mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</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%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> <td style="text-align: center;">5</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	0	0	0	1	0	1	0	0	PRG	0	0	1	1	1	3	5	3
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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	1							
PRG	10						2	

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice		1								
PRG					2					

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: Advertising campaign with posters in waiting rooms, practice leaflet and on Practice website. GPs and nurses have asked a wide cross section of patients of various ages, nationalities and demographic backgrounds at the end of appointments if they would like to join our PRG.

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 questionnaire, F&F Test, complimentary and complaint letters

How frequently were these reviewed with the PRG? At each PRG meeting.

3. Action plan priority areas and implementation

Priority area 1
Description of priority area: Reduce Hospital visits, the use of Ambulances, A&E visits, clinical clinic visits, outpatient visits, the use of Social services and other NHS services.
<p>What actions were taken to address the priority?</p> <ol style="list-style-type: none">1. Carry on promoting the 2% Unplanned Admissions initiative so that patient's needs are anticipated before they have the need to use an NHS service.2. Work closely with NHS services and encourage the use of the Practice designated open telephone line.3. Launch the Year of Care and promote the scheme with publicity materials.4. Give patient and Practice feedback to various NHS facilities after use.5. Ask patients to complete the Quality Yellow Card System.6. Report and incidents onto the Datix online programme.7. Continue to register Carers to the scheme.8. Patients encouraged to call 111 for advice before calling for an ambulance or going to A&E.9. Patients encouraged to call their Pharmacy for advice before calling for an ambulance or going to A&E.10. Patients encouraged to call NHS Direct for advice before calling for an ambulance or going to A&E.
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ol style="list-style-type: none">1. 2% Unplanned Admissions has now been in place and is working well – letters and care plans given to patients2. Patients who are being discharged are being contacted upon discharge and help and advice is being given – patients called.3. A 3 monthly review is taking place for all patients who have been in to hospital with an unplanned admission – patients called.4. The Year of Care should also help reduce patients' visits to NHS services – Posters put up and letters sent to patients.5. Patients calling 111, NHS Direct and Pharmacy – Posters put up in waiting rooms, message on scripts, cards at reception.

Priority area 2

Description of priority area: On Line Repeat Prescriptions.

What actions were taken to address the priority?

1. Promote the facility within the Practice.
2. Explain to patients the benefits of the system.
3. Receptionists, GPs and nurses to promote the facility.
4. Encourage a reduction in wastage by patients only ordering what they require.
5. Try to eliminate pharmacies ordering ALL in the items listed but only request items needed.
6. Explain the ease of use for patients and then for pharmacy to collect and deliver.
7. Moving over to EPS2.

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

1. Promote the facility within Practice - posters up in the surgery waiting rooms, message on scripts.
2. Promote the facility - in the Practice Leaflet and on the Practice Website.
3. Receptionists, GPs and nurses to promote the facility – at the desk and during appointments, message on scripts.
4. Reduction in wastage – Meeting with pharmacies.
5. EPS2 - The move to EPS2 will lower the turnaround time for scripts.

Priority area 3

Description of priority area: Surgery Opening Hours.

What actions were taken to address the priority?

1. Utilise the available appointments and try to match availability to patients' needs.
2. Continue to triage appointment time requests and fit them in as requested where possible.
3. Continue to listen to patient demands as to their favoured time slots when they would like the surgery to be open.
4. Promote the online booking service through publicity, the website and Practice Leaflet so keeping the telephone lines free – especially first thing in the morning.
5. Having recruited 2 nurses, a HCA and a new GP, there should be a rise in requested appointment times to match with appointment availability.
6. Partook in the winter resilience scheme for 2015/16.

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

1. On the day embargo appointments have been released into the evening to meet patients' needs.
2. Federation working in 2015 should lead to participation in the Winter Scheme for 2015/16 – Posters, texts, website.
3. Listen to patient demands for opening times – Posters, texts, Practice Leaflet and website.
4. Promote the online booking service – Posters, texts, Practice Leaflet and website.
5. Recruited staff has led to additional appointments – invite patients TCI for updates via texts, letters and phone calls.
6. Partook in the winter resilience scheme for 2015/16 – Posters, texts and website.

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):

In 2011/12 80% of patients said they were able to book an appointment on day or the next day.

In 2013/14 85% of patients said they were able to book an appointment on day or the next day.

In 2011/12 53% of patients were aware of the system that enables them to speak to a doctor on the telephone when they need advice, have a question or need to find out their test results. In 2013/14 that figure rose to 61%.

In 2014/15 - 97.58% of patients completing the F & F Test said that they were extremely likely to recommend their GP.

In 2015/16 - 94.11% of patients completing the F & F Test still said that they were extremely likely to recommend their GP.

In 2011/12 82% of patients said that their preferred method to cancel an appointment was by telephone, by 2013/14 this rose to 89% which meant that appointments were not being wasted or turning into DNAs.

In 2011/12 78% of patients who rated the availability to speak to a doctor on the telephone when they needed advice, had a question or needed their test results as Good, Very Good or Excellent. In 2013/14 this remained at 78% meaning a good level of service is maintained.

In 2011/12 74% of patients preferred the surgery to use a "Reception Operated Switchboard" system against 6% of patients who would rather use a "Talk back system". In 2013/14 this has gone up to 79% showing that the service that our patients have preferred and requested has been supplied.

In 2011/12 58% of patients said that the surgery opening times are "Fine as they are".

In 2013/14 that percentage rating shot up to a massive 90%; a 32% positive increase.

In 2015/16 72% of patients still say that the surgery opening times are "Fine as they are".

Additional services invested in for patients since the start of this initiative are:-

Registration of the Care Quality Commission.

The establishment of the Clinical Commissioning Groups.

Joining the SEL GP Group.

Established partnership in CCG Federation Group.

Engagement into the "Leeds Let's Get Active campaign.

eDSM data sharing scheme.

Care.data programme.

Multi-Disciplinary Team Meetings and Risk Stratification.

The use of SMS Text messages for the appointment system for cancelations, reminders and bookings.

Booking of On Line appointments.

Ordering of Online repeat prescriptions.

Availability for patients to view their own records online.

Movement of the Practice Boundary.

2% Unplanned Admissions.

Year of Care / House of Care Scheme.

Named GP for over 75s.

Local Multi-disciplinary Team.

Friends and Family Test.

Quality Yellow Card System Questionnaire.

Prime Minister's Challenge Fund.

Increased participation in the Datix system.

Participating in the Leeds care Record Scheme.

Going live with EPS2.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 18th March 2015

How has the practice engaged with the PPG:

We had had meetings on site, individual conversations face to face and on the telephone with individual PRG Members. We have also sent invitations and have attended CCG PRG Forums.

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

Via individual invitations to join the PRG to represent those seldom heard groups in the practice population.

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

Yes, through the PRG, through conversations and through the Multi-disciplinary team.

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

Yes, they were three chosen from previous meeting discussions and continued throughout this year.

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

By reacting to those patients demands as chosen via the patient survey, F&F Test and complimentary letters and phone calls as well as complaint letters.

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

The PRG is a useful sounding board that gives the Practice the voice of the patients from the patients' perspective.