Annex D: Standard Reporting Template

[Name] Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **Dr Gilkar and Partners**

Practice Code: **B83653**

Signed on behalf of practice: Date: 23.03.15

Signed on behalf of PPG: **Yes**  Date: 30.03.15

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

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| Does the Practice have a PPG? **YES** | |
| Method of engagement with PPG: **Face to face and e-mail** | |
| Number of members of PPG:  **7** | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | **4116** | **3728** | | PRG | **5** | **3** | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | **2682** | **939** | **1484** | **1191** | **695** | **508** | **200** | **145** | | PRG | **0** | **0** | **0** | **2** | **2** | **3** | **0** | **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 | **350** |  |  |  |  |  |  |  | | PRG | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | **750** | **5450** | **750** |  |  | **38** | **38** |  | **20** |  | | **PRG** | **0** | **6** | **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:  **To be quite honest we are just glad that some patients will interact with the practice. We cover a very deprived area of Bradford with patients from the lowest socio-economic group in the country. Many do not want to interact with the practice, they just want to be seen when they are ill!! It has taken a lot of work, but we have a few members in the group and patients we can e-mail, as some cannot / do not want to attend a face-to-face meeting.**  **We have sent out text messages to patients within 5 age bands to try to get people interested in joining our group. We have had Urdu & Punjabi speaking staff ringing patients to try to get their feedback. It is advertised in surgery and on our website for anyone to come and join. It is on our call screen for patients to read whilst they are waiting.** | |
| 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: | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  **Extra female Clinicians appointments required**  **Patients none attendance for their annual foot check**  **Patients with high HbA1c would not go elsewhere for their diabetes management or for insulin initiation**  **Patients were anxious to have minor ailments especially children seen by a clinician on the same day rather than have telephone triage.** |
| How frequently were these reviewed with the PRG? We looked at the problem and the answer was quite obvious so we put the following to the Patient Focus Group:  **We took on a female Nurse Practitioner and a female GP to alleviate the problem**  **We asked if they would attend this surgery if we had someone trained to do the foot checks here, they said they would.**  **We asked them if they would consider coming to a Level 2 clinic here run by our GP’s and to further consider the initiation of insulin? They said they would.** |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:  **Develop a Level 2 Diabetic Service run from the surgery** |
| What actions were taken to address the priority?  **Training two GP’s to run the clinics and initiate insulin.**  **Have been waiting for a Diabetes Nurse Specialist to be in post to enable us to start the clinics.**  **DNS in post from end of March 2015. New service to start ASAP.** |
| Result of actions and impact on patients and carers (including how publicised):  ***Patients:***  **Poorly controlled diabetic patient’s i.e patients with high HbA1c will be seen quicker and looked after better by GP’s they know and trust at our Level 2 clinic starting here at LHL. This will result in them being seen earlier and in a safe environment in the surgery and they do not have to travel, often long distances to satellite clinics.**  **Patient’s health will improve as they are more likely to attend and take better care of themselves, which will slow down the rate of deterioration in their condition and give them a much better standard of life. This will reduce diabetic complications such as renal impairment, peripheral neuropathy and retinal damage. The patients are more likely to have their 9 care processes reviewed throughout the year.**  ***Carer’s:***  **Carer’s will have support from the team. They will also have a better piece of mind knowing that the patient is being cared for in a more holistic manner and by clinicians that the patients know and trust. They will have to travel less distance and especially with disabled patients this should improve their attendance. The carer will also be sign posted to social and community support and benefits advice through the practice. This will help improve the quality of life of the patient, carer and their family**. |

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| Priority area 2 |
| Description of priority area  **Access to appointments on the same day for minor ailments especially for children**. |
| What actions were taken to address the priority?  **The practice recruited a Clinical Pharmacist fully trained in prescribing and minor ailment clinical management.**  **This led to daily clinics in the morning and afternoon for minor ailments to be seen the same day and serious cases triaged into the on call Doctors clinic.** |
| Result of actions and impact on patients and carers (including how publicised):  **This has been very successful and popular with patients and freed up access to doctors appointments for more serious cases.**  **Reduced demand for minor ailments into doctor’s clinic and allowed better access for patients to be seen by the right clinician for the right condition.** |

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| Priority area 3 |
| Description of priority area:  **The practice needs more female clinicians as culturally many of our patients do not want to be seen by male GP’s.**  **There are both cultural and religious sensitivities with some of our patients.** |
| What actions were taken to address the priority?  **We employed a female Nurse Practitioner and a female GP to ensure we have enough female clinician to cater for our female population to ensure they feel safe and secure in the knowledge that there is a female clinician available.** |
| Result of actions and impact on patients and carers (including how publicised):  **Our female patients feel safe and secure in the knowledge that there is a female clinician available. There is a female Clinical Pharmacist, female Nurse Practitioner, female HCA and female GP. So whatever level of care is required they would be able to be seen by a female clinician.** |

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 continue to try to get a more diverse population interested in our Patient Focus Group.**

**We have developed a small e-mail team and are hoping this will go from strength to strength next year.**

**Practice leaflets are available in reception and on the web-site**

**New phone system installed with a local number instead of the 0844 number we had previously**

**Minor Ailments Clinic runs on a daily basis**

**Extra female GP sessions arranged**

**Patients can now request or book appointments on line to ease the congestion of the phones from 9 am**

**Patient can request prescriptions on line**

**We had huge numbers of patients saying they would recommend our services to a friends or colleague**

1. PPG Sign Off

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| Report signed off by PPG: **YES**  Date of sign off: 30.03.15 |
| How has the practice engaged with the PPG:  How has the practice made efforts to engage with seldom heard groups in the practice population? **As much as is possible.**  Has the practice received patient and carer feedback from a variety of sources? **Yes**  Was the PPG involved in the agreement of priority areas and the resulting action plan? **Yes**  How has the service offered to patients and carers improved as a result of the implementation of the action plan? **New and better services offered**  Do you have any other comments about the PPG or practice in relation to this area of work? **All ideas discussed with the PPG have been actioned.** |