Annex D: Standard Reporting Template

NHS Greater Manchester

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Saddleworth Medical Practice

Practice Code: P85016

Signed on behalf of practice: T Jenkinson (Practice Manager) Date: 20th March 2015

Signed on behalf of PPG: R Franklin (PPG Chair) Date: 20th March 2015

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: The PPG and the practice meet every 6 – 8 weeks and have contact via email in between meetings. | |
| Number of members of PPG: Currently 11 attend on a regular basis. | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 49.26 | 50.73 | | PRG | 25 | 75 | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 17.7 | 7.1 | 9.3 | 12.9 | 17.1 | 14.2 | 12.9 | 8.8 | | PRG | 0 | 0 | 0 | 16.7 | 16.7 | 16.7 | 8.3 | 41.6 | |
| 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 | 93.79 | 0.54 | 0 | 3.64 | 0.32 | 0.02 | 0.19 | 0.37 | | PRG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 0.33 | 0.09 | 0.07 | 0.22 | 0.32 | 0.09 | 0.09 | 0.04 |  | 0.43 | | PRG |  |  |  |  |  |  |  |  |  |  | | |
| **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**: Since its inception in February, 2006 the PPG has had members who predominately are of retirement age. We have had a late teenager for a very short time but she then became employed and was unable to attend meetings because of work commitments. We have also had a female patient in her mid-thirties who was a member for a very short time; she then became pregnant and was unable to attend subsequently because of family commitments. Our contact with the younger patients of SMP, (the focus of our 2012 D.E.S), has been maintained through the Youth Development Officer who is an ex-officio and very important member. We also have the chair of the health and Wellbeing sub-group as a member. There are currently 2 members of the PPG who work. They have difficulty attending meetings on a regular basis because of work commitments, to help resolve this It is planned to have a virtual group shortly and attempts will be made to ensure the members cover a wider age range. | |
| **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:**  The catchment area for the practice is predominately white British (approximately 94%) with a strong emphasis on workers commuting to Manchester especially but also to Leeds, Oldham and other parts of the conurbation.  The age make-up of the group largely follows the practice age profile in the 34 – 74 age bandings with a skew towards our elderly population.  Recognising that we do not have representation from our younger patients led to the involvement of the Youth Development Officer, who has worked with young people and with the local high school on our behalf.  No attempts have been made to attract ethnic minority groups. | |

1. Review of patient feedback

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| **Outline the sources of feedback that were reviewed during the year:**  These have been largely through the 3 D.E.S. surveys we have undertaken in 2011-13. One of our members is a member of the Churches Together group and her contact with religious establishments throughout Saddleworth is invaluable. Another is a Parish Councillor and as already been mentioned, a third chairs the local health and wellbeing sub-group; these 2 ensure there is an awareness of the PPG and its role. Health and Wellbeing is a standing item on the agenda of the Saddleworth Parish Council and the PPG is a standing item on the Health and Wellbeing meetings. Public relations has recently been seen as a crucial element of the role of the PPG, this will ensure more feedback from patients is integrated into its meetings.  A recent innovation has been the spring loaded banner in the reception at Uppermill which highlights the role of the PPG and the way in which it can ensure the service is improved constantly.  The PPG has also been able to respond to patients who have raised issues with them directly through the PPG Chair, these are always discussed with the practice and at the next available PPG meeting following the contact. |
| **How frequently were these reviewed with the PPG?**  The 3 D.E.S. surveys were are on the agenda of the PPG as can been seen form the minutes of the group, and the subsequent action plans from the surveys are reviewed for progress at every meeting. Individual patient contacts are discussed as and when necessary. |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area: **Communication with patients.** |
| **What actions were taken to address the priority?**  The 3 D.E.S. surveys have all concentrated on communication, the first with the whole practice; the second with young people who had been missing from the first piece of work and the third was specifically with men, particularly those with long term conditions who, it was felt, were generally reticent about attending the surgery. |
| **Result of actions and impact on patients and carers (including how publicised:**  All 3 D.E.S. surveys have been reported in the quarterly newsletter. The first led to the second because of the low response from the young age group. The latter has been reported and involved constantly the young people, some of which are not patients at the practice but reside in Saddleworth. The report on the third is about to emerge once we have the reprint of the booklets from the national Men’s Health project. Carers where a feature in both the first and youth survey. We try to ensure that not only do other agencies know about the PPG but we know about other issues which are current in the C.C.G. in Oldham as a whole. Three examples of this have been attendance at meetings of the Self Care Co-ordinator Pennine NHS Foundation, Pennine Independent People Co-ordinator and the C.C.G. Doctor with responsibility for self-care came to our A.G.M. |

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| Priority area 2 |
| Description of priority area: **Carers** |
| **What actions were taken to address the priority?**  Arguably the greatest achievement of the group has been the development of a sub-group which caters for carers of those with memory loss and meets 3 times per month in a local church. This has been described variously as the best such group or one of the best in the Oldham area. Two of the PPG members, volunteer at the Carers group and report back on membership and activities at each PPG meeting.  Carers, are part of the agenda for the work with young people, and is updated as part of the process of producing the PPG newsletter and for a full examination of the work we are doing beyond the practice’s area. |
| **Result of actions and impact on patients and carers (including how publicised):**  Young carers are of particular concern. This has been examined through the Youth Development Officer (see 2012 survey). There has been more than one article in the newsletter about carers.  The number of times that the Carers group meets has increased from two Fridays in the month to three, as a direct result of the growing numbers of carers attending the meetings and the Carers, themselves, stressing how important the group is to their wellbeing and their desire to meet more often.  The practice has become more aware of the specific needs of carers and actively seeks to identify carers to ensure they are provided with the help and support they need as appropriate. |

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| Priority area 3 |
| Description of priority area: Practice Website  The practice website was out dated and did not have the ability for patients to access on line forms, surveys, practice news etc. The website was not NHS specific and did not have all the links to relevant information and sites that the patient group felt were important to patients. |
| What actions were taken to address the priority?   1. A working group was appointed by the PPG; that was made up of interested patients from the group and members of the practice team. 2. A meeting was held to decide what was required and several potential sites were reviewed by the group for appropriateness. 3. The options were presented to the whole group and a decision was reached on the preference of site considering how it looked, its accessibility and potential for development. |
| Result of actions and impact on patients and carers (including how publicised):  Taking the recommendations from the PPG the practice commissioned the chosen site through My Surgery Website and a mock-up of the site was presented to the next PPG meeting. After further tweaks the site was agreed and was eventually launched in December 2014.  The development of the site will allow direct patient feedback through a virtual PPG, collection of Friends and Family Test surveys that will be reviewed by the PPG, a vehicle to more widely distribute the PPG newsletter and to provide information and support to the patients who are registered as Carers; to name but a few.  The PPG will continue to work on the development of the site and two members of the PPG are directly involved in reviewing information the practice provides in the waiting area and the production of the PPG Newsletter, and will also play an important role in developing the site content. |

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):

Action plans are produced as part of the process of completing the surveys. These have been included to show progress so far. Also included, is a list of achievements to date:

[Action Plan 2015](Action%20Plan%202015.doc)

[Action Plan 2014](Action%20Plan%202014.doc)

[2012 Survey Action Plan](2012%20Survey/Action%20Plan%20As%20amended.doc)

[2011 Survey Action Plan](2011%20Survey/Action%20Plan%20As%20amended%202014.doc)

[Achievements To Date](Achievements%20191012.docx)

1. PPG Sign Off

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| Report signed off by PPG: YES  Date of sign off: 20th March 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?** This is largely outlined above but the practice also seeks the views of its patients through the website and we also have a suggestions box in the foyer.  **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?** Totally  **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 PPG at Saddleworth Medical Practice was well established before the onset of the Patient Participation DES and the practice was, very quickly, able to agree the focus for the surveys and openly discuss roles and responsibilities in the delivery of the survey process, collating the data and implementing the action plans.  The DES has allowed for the PPG to develop a focused approach to work with the practice and to become more involved with other groups in Saddleworth but also, formerly Oldham PCT, now NHS Oldham CCG, where it is held in high esteem. |

Report Written by: Royce Franklin (PPG Chair) and Tracy Jenkinson (Practice Manager)