West Yorkshire Area Team

2018/19 Patient Participation Reporting Template

Practice Name: LONGROYDE SURGERY

Practice Code: B84623

Signed on behalf of practice: Joanne Kellett Date: 28.03.2019

Signed on behalf of PPG: PPG Date:

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, Email** |
| Number of members of PPG: **22** |
| Detail the gender mix of practice population and PPG:

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| --- | --- | --- |
| % | Male  | Female  |
| Practice | 49% (2057) | 51% (2166) |
| PRG | <1% (8) | <1% (15) |

 | Detail of age mix of practice population and PPG:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 22% (914) | 10% (427) | 14% (581) | 13% (563) | 16% (684) | 11% (460) | 9%(370) | 5%(224) |
| PRG |  | <1%(1) |  | <1% (3) | <1%(5) | <2%(6) | <1%(5) | <1%(2) |

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| Detail the ethnic background of your practice population and PRG:

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|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 76% (3203) | <1%(14) |  | <1%(30) | <1%(34) | <1%(2) | <1%(15) | <1%(10) |
| PRG | <1% (21) | <1% (1) |  |  |  |  |  |  |

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| --- | --- | --- | --- |
|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | <1%(16) | <1%(41) | <1%(3) | <1%(14) | <1%(8) | <1%(28) | <1%(10) | <1%(2) |  |  |
| PRG |  |  |  |  |  |  |  |  |  |  |

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| 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:**Dedicated noticeboard for PRG in the waiting room****Registration pack includes details about joining the PRG which is given to every new patient** **Practice website** **GP encouragement** |
| 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:**The practice is able to obtain feedback from the following means:*** **Face to face**
* **Via the practice website**
* **Via NHS choices website**
* **Friends and family forms**
* **Via PRG meetings**
* **Emails to the Practice Manager**
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| How frequently were these reviewed with the PRG?**Feedback is reviewed at PRG meetings or emailed to group if appropriate** |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area: **Practice applying to reduce size of boundary** |
| What actions were taken to address the priority?**Engagement process with patients and stakeholders until April 2019****Report will be submitted to CCG for decision****Patients advised via letters, texts, posters, display board and flyers and information on the practice website** |
| Result of actions and impact on patients and carers (including how publicised):**Patients who move into a property outside of the new boundary will not be able to register****Patients currently residing in properties that will fall outside of the new boundary will not be asked to register elsewhere unless they move to another property outside the area****By changing our practice boundary we feel that we will be able to meet the needs of our patients better. Our practice list size has increased by over 10% in the last 5 years and is continuing to increase. We are struggling to recruit clinicians and the demand is becoming unsustainable for our current clinicians. Our current premises do not have scope to expand and our consulting rooms are in use most of the time. Being a Calderdale practice we can encounter problems accessing some Kirklees services or, indeed, Calderdale services for our registered patients.** |

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| Priority area 2 |
| Description of priority area:**Cease accepting telephone prescription requests from patients from March 2019** |
| What actions were taken to address the priority?**Patients have been given 2 month’s notice via:****Discussion on telephone when ordering prescription****Flyers and posters in the practice****Information on the practice website** |
| Result of actions and impact on patients and carers (including how publicised):**Reduction in telephone calls to the practice leaving the line free for patients ringing for other services****Increase in online registration****Certain elderly patients who have no other means of ordering have been allowed to continue to telephone the practice** |

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| Priority area 3 |
| Description of priority area:**Continue to promote online access to try and achieve 30% “unofficial” target by March 2019** |
| What actions were taken to address the priority?**Greater promotion of the online service especially in light of the changes to prescription ordering** |
| Result of actions and impact on patients and carers (including how publicised):**At the last PRG meeting in December, the % of patients registered for online services was 18%. As of today, the % is 27%** |

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| Priority area 4 |
| Description of priority area:**Work with locality practices to make prescribing savings for the Gain Share Scheme** |
| What actions were taken to address the priority?**The practice has been works closely with other practices in the locality on this scheme. The scheme works on the basis that any prescribing savings that the practices make, the money will go into a pot, and be given back to the locality to support local initiatives. (Suggestions at the moment are funding for a locality based phlebotomy service, funding pharmacists to carry out medication reviews in nursing homes, funding a dietician to work with nursing homes).**  |
| Result of actions and impact on patients and carers (including how publicised):**Our practice has started to make savings but the locality as a whole is yet to make the required savings so there is not money available at the moment.** |

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| Priority area 5 |
| Description of priority area:**Meet with locality practices, Calderdale CCG and Calderdale Council to ensure health services are considered in view of the proposed new housing developments** |
| What actions were taken to address the priority?**The practice and locality have had several meetings with the above parties** |
| Result of actions and impact on patients and carers (including how publicised):**No definitive solution has been agreed as yet. The locality will continue to explore options** |

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):

* **The practice continues to raise awareness of the online service available. At March 2018 14.5% of patients have online access**
* **The practice introduced a new text messaging service which allows patients to cancel appointments via text. This has helped reduce the number of Did Not Attend (DNA) appointments**
* **The new text messaging service has enabled the practice to send flu campaign information to patients to encourage a greater uptake of the influenza vaccine**
* **The practice applied to the council’s planning department to have a tree removed from the car park but this was turned down due to the preservation orders on all the trees – ongoing planning application**
* **Fish tank removed as the old fashioned brickwork presented a health and safety risk to children. Also the practice unable to find someone to maintain it regularly**
* **The practice continues to encourage patients to complete the Friends and Family feedback. Results are posted in the practice every month and results show patients have a positive experience at the surgery**
* **We have an active PRG member who attends the Calderdale Health Forum meetings and reports back to the group**
* **Several members of the group met with the Care Quality Commission (CQC) inspectors in June 2016 to give feedback about the practice. The feedback the practice received from the inspectors was very positive and the practice thank all those who attended**
* **Flooring replaced summer 2017- more suitable for the environment especially for infection control. Any spillages etc. are easily removed with no stains or marks being left**
* **Possibility of altering the layout of the front car park turning area – on hold at present until we get the tree removal application granted as this will help with manoeuvring around the car park**
* **Practice usage of the improved access hub has been positive with the practice booking over 180 GP and Practice Nurse appointments since April 2018**
* **Following a retirement last year, the practice has continued to offer the same level of appointments and added an extra 15 patient surgery to cover the winter pressure months**