***Ashdown Forest Health Centre***

**Standard Reporting Template – Patient Participation DES 2014/15**

**Surrey & Sussex Area Team**

Practice Name: Ashdown Forest Health Centre

Practice Code: G81024

Signed on behalf of practice Andrew Cornell Date 11.03.2015

Signed on behalf of PPG John Durrant (PRG Chairman) Date 11.03.2015

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

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| Does the Practice have a PPG? YES / NO | Yes |
| Method of engagement with PPG: Face to face, Email, Other (please specify) | Face to face and email contact with group. |
| Number of members of PPG: | 23 |

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| Detail the gender mix of practice, population and PPG: | Detail of age mix of practice population and PPG: | |
| |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 4449 | 4626 | | PPG | 9 | 14 | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | >75 | | Practice | 1699 | 698 | 753 | 978 | 1502 | 1371 | 1173 | 901 | | PPG |  |  |  |  | 1 | 4 | 13 | 5 | | |
| Detail the ethnic background of your practice population and PPG: | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | White | | | | | Mixed/ multiple ethnic groups | | | | | % | British | Irish | Gypsy or Irish Traveller | Other white | White Black & Caribbean | White & black African | White & Asian | Other mixed | | Practice | 8847 | 18 |  | 101 | 14 | 3 | 5 | 1 | | PPG | 19 |  |  | 2 |  |  |  |  | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Asian/ Asian British** | | | | | **Black / African / Caribbean**  **/ Black British** | | | **Other** | | | % | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any Other | | Practice | 9 |  | 4 | 10 | 26 | 4 | 1 | 3 | 14 | 15 | | PPG |  |  |  |  |  |  |  |  |  |  | | |  |

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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: |
| We are very aware that we have no representation in the under 25 age range and majority of our members fall into the White British Category.  Our PRG is continuing to grow and, whilst we have a good spread in age groups, we are conscious that the PRG is not entirely representative of our practice population and we will address this by targeted contact with those in the lower age ranges and of an ethnic background. This year we contacted patients under the age of 40 by SMS text and email in order to recruit.  In order to recruit for the PRG, clinicians canvassed patients during consultations; we wrote to patients, produced posters and leaflets in the waiting room and also included details online. |
| Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. large student population, significant number of jobseekers, large numbers of nursing homes or a LGBT community? YES/NO |
| No |
| If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: |
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1. **Review of patient feedback**

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| Outline the sources of feedback that were reviewed during the year: |
| Saturday Surgeries, Nurses appointments on-line, Car park problems, Opening hours, Commuter clinics, Qof recall changes, Confidentiality, Telephone system, patient access to WIFI, Communication between patients and GP, Web site update, MSK pathway, Community bus service, ATMR, Test results. |

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| How frequently were these reviewed with the PRG? |
| The above matters were discussed throughout the year and minuted accordingly. |

1. Action plan priority areas and implementation

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| **Priority area 1** |
| Description of priority area: |
| Access to reception and dispensary during lunch period. |
| What actions were taken to address the priority: |
| This matter was discussed with the partners of the practice and it was agreed that we will no longer close during the hours of 12.30 – 13.30. The main doors will remain open. However, the phone lines will remain closed. |
| Result of actions and impact on patients and carers (including how publicised): |
| Patients now have better access to reception and dispensary, the car park is less busy and therefore a better time for collections. Patients were advised by text/email and posters in the surgery. |

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| **Priority area 2** |
| Description of priority area: |
| Car park safety. |
| What actions were taken to address the priority: |
| This is an on-going issue that is supported by the PRG and has been flagged up as a major Health and Safety issue. The car park entrance and exit is not 2 way, therefore creating a risk to pedestrians and drivers. Cars are expected to reverse onto the very busy A22 if other cars are trying to leave the practice. This matter has been raised with NHS Prop co and the NHS Facilities management team in order for planning and alteration to be made. It is the opinion of the PRG that outside bodies (e.g. The parish Council) are not taking our requests seriously. This matter is being logged as a major Health and Safety risk within the quarterly H&S audit. |
| Result of actions and impact on patients and carers (including how publicised): |
| No result but updates advised to PRG. |

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| **Priority area 3** |
| Description of priority area: |
| Qof recall system. |
| What actions were taken to address the priority: |
| It was acknowledged that the practice Qof (Chronic disease register) recall system was inadequate. The recall system was reviewed and as such any patient on a Qof register will receive 3 letters over a 3 month period. The total number of patients on the Qof register is approximately 1500, therefore the list will be equally split throughout the year. The PRG raised a query regarding the need to send 3 letters. ATC advised the need to send 3 letters as the practice can then exemption report non-responders. The PRG accepted this process and agreed to continue with this method for 2015/16. |
| Result of actions and impact on patients and carers (including how publicised): |
| Better chronic disease management and recall system. The Qof data published will support this improved process. |

**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)

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| Free text |
| This year we have had far more communication over email as a group and we will continue to do so. |

1. **PPG Sign Off**

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| Report signed off by PPG: YES / NO | Yes |
| Date of sign off: | 11.03.2015 |
| How has the practice engaged with the PPG: | Face to face meetings and email communication. |
| How has the practice made efforts to engage with seldom heard groups in the practice population? | New advertising in local magazine “Forest News”. Articles are produced by PRG member. |
| Has the practice received patient and carer feedback from a variety of sources? | Yes but mainly through the PRG. |
| Was the PPG involved in the agreement of priority area 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? | Yes |
| Do you have any other comments about the PPG or practice in relation to this area of work? |  |