

Annex D: Standard Reporting Template

North Yorkshire and Humber Area Team
 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: MyHealth

Practice Code: B82080

Signed on behalf of practice: Joanne Rowe Date: 30 March 2015

Signed on behalf of PPG: Sian Wiseman Chair of PPG Date: 30 March 2015

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) Quarterly Meetings in alternating sites; email; and any other ad hoc communication								
Number of members of PPG: active members who regularly attend the meetings: 12 (total members of group: 154)								
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:			
%	Male	Female	%	<16	17-24	25-34	35-44	45-54
Practice	48%	52%	Practice	18%	8%	9%	12%	16%
PRG	42%	58%	PRG	0%	1%	3%	5%	11%
				55-64	65-74	> 75		
				13%	13%	10%		
				16%	36%	29%		

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	91%	<1%	<1%	4%	<1%	<1%	<1%	<1%
PRG	95%	0	0	4%	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	3%
PRG	0	0	0	0	0	0	0	0	0	1%

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 have advertised the PPG to our patient population, through notice boards in the waiting rooms, via our website, through Facebook and Twitter, through newsletters and also by holding the meetings in the waiting rooms in order to attract the attention and possibly interest from others attending for appointments. Our main [priority has been in engaging with young adults and the launch of Facebook and Twitter last year, was an attempt to improve this. The results of this remain inconclusive.

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:

PPG meetings as representatives bring discussion areas to the meetings; NHS Choices, Facebook and Twitter, Surveys, Verbal, Letter, FFT and also an 'App' that we have developed for ourselves internally

How frequently were these reviewed with the PRG?

Each quarter we discuss whatever has been relevant but only broadly we do not discuss specifics for confidentiality reasons.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Introduce a new appointment system and review current methods of access to clinicians for patients</p>
<p>What actions were taken to address the priority?</p> <ul style="list-style-type: none">• Implemented a new computerised appointment system• Reviewed the GP location for clinics – to ensure that supply met demand appropriately• Implemented a new Walk In Clinic at Strensall Branch Monday to Friday 8.30am til 11 am.• Launched a new peripatetic nursing role for engagement directly with housebound patients and those in nursing/residential homes• Introduced proactive notice boards to educate patients on specific conditions e.g. flu season, Ebola
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ul style="list-style-type: none">• Communication has been strong with newsletter, website, use of plasma screens, verbal in reception and on the phone, on the prescriptions and general notices around the health care centres as well as PPG for whom we have representatives for certain areas eg Huntington and Sheriff Hutton• Feedback has been measured on the new walk in clinic and the feedback is overwhelmingly positive• Peripatetic community nurse role has enabled us to proactively manage our over 75s and emergency admissions as well as

enabling us to become part of a pilot around York with 3 other practices for a community care hub which aims to integrate all aspects of care to prevent patients being admitted in the first place and then to get them out quickly so that they can receive the most appropriate care for them

- Annual patient survey shows that 98% of patients feel the service they receive at MyHealth is very good or good
- Annual patient survey shows that 97% of patients would recommend us to family and friends

Priority area 2

Description of priority area:

Development of the nursing team to change and improve access; by increasing clinical expertise the need to see a GP is reduced enabling GPs to see more complex cases

What actions were taken to address the priority?

- Appointment of HCA role – 2 new roles created
- Nurses trained in respective roles to develop them and enabled them to take on increased responsibilities eg HCAs taking on Ear Syringing, health checks
- Appointed a new Advanced Nurse Practitioner to help with the launch of the new Walk In Clinic in Strensall
- Community Care Co-ordinator role appointed – a nurse prescriber who has a peripatetic role in the community

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

- Increased number of appointments – but confusion initially for both patients and staff over who to see for what condition – patients were used to seeing a particular staff member and the change was difficult in some cases
- Ability to increase the number of NHS Health Check appointments as these had previously slowed down because of capacity issues
- Overwhelmingly positive response to the new Walk In clinic
- Community Care Co-ordinator role well received also, but some nursing homes find it difficult that they do not always see a doctor everyday now . The nurse who sees the patients almost daily and so relationship with patient, family and carers is also developing, can manage most conditions as they arise but will triage and call in the doctor when necessary.

- Communication has been through newsletters, PPG group, website, Facebook, Twitter, notice boards in health care centres and word of mouth

Priority area 3

Description of priority area:

Improving the use of technology in the practice – which encourages patients to take a more proactive role in managing their own health

What actions were taken to address the priority?

- Self management 'pods' have been launched in health care centres – these take 'basic' measurements and electronically feed directly into the clinical system. Should a reading be high, an alert is sent to a clinician
- Launched Facebook and Twitter feeds to patients who signed up with strong messages about self management
- Launched online access of the patient record not just appointments and script ordering

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

- Still very early days to assess the impact of the pods – technology specifically wifi and the CSUs lack of engagement with this, has impacted our implementation of this
- Facebook and Twitter feeds to patients again is a little early to tell but in terms of followers the base is increasing; Facebook 99 followers and Twitter 51 followers
- Online access continues to grow and patients are increasingly liking the ability to view things like their immunisation history

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):

- Our website has been developed and improved over the years we have participated in this scheme
- We tried to engage with a younger population and have launched this FY Facebook and Twitter feeds in the hope that this could attract some interest.
- Our notice boards have been improved and we are currently trialling different coloured boards for different types of information – our PPG will be helping with this.
- We have developed our virtual group into a face to face group with a very capable and experienced PPG Chair
- The change of name to MyHealth is now firmly embedded in the practice and with the patient population and our peers
- We continue to report positively on the number of DNAs each month
- Our telephony system has been held up for reasons beyond our control. But the next 12 months will see this come to fruition –as a practice we have a lead on this for the locality with the CCG

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

A handwritten signature in black ink, appearing to read "B. Roseman". The signature is written in a cursive style with a large initial "B".

How has the practice engaged with the PPG:

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

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? Yes

Do you have any other comments about the PPG or practice in relation to this area of work? No