

Annex D: Standard Reporting Template

Taken from; GMS Contract 2014/15, Guidance and Audit requirements, NHS England Gateway reference: 01347

East Anglia Area Team
2014/15 Patient Participation Enhanced Service Reporting Template

Practice Name: Dr Dineen and Partners

Practice Code: D83020

Signed on behalf of practice:  Date: 07/03/2015

Signed on behalf of PPG/PRG:  Date: 13/3/2015

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

Does the Practice have a PPG? YES / NO	Yes
Method of engagement with PPG: Face to face, Email, Other (please specify)	Monthly email but with an annual meeting, last held 7 th May 2014
Number of members of PPG:	14

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	55-64	65-74	>75
Practice	49	51	Practice	19.6	8.9	7.6	9.2	15.8	2.5	12.8	11.6
PPG	22	78	PPG	0	4	0	4	22	17	43	8

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:

As above, the majority of the practice population is of white, British ethnicity and this is reflected in the membership of the group. There are more female members of the group than men, though the percentage of members is higher than the practice population. However, of the three new members of the group who joined since 1st April 2014, two are male. The practice needs to recruit younger members but has found this difficult. Regular communications are now published on Facebook, village websites and the practice's own website to encourage, and give access to, younger members.

The group is open to all patients regardless of age, gender and ethnic background.

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 (Lesbian Gay Bisexual Transgender) community?

No

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

Patient satisfaction surveys were complete in September 2012 and 2013 and this formed the basis of the action plan for 2014/15. Between the two years there was an increase in patient satisfaction of 3% from 84% to 87%. This feedback was received from a survey group of 259 patients, the demographics of which represented a good cross-section of patients.

Feedback on customer service since the last survey has mainly been received by the Practice Manager via:

- PPG members
- phone calls
- emails
- visits from patients
- complaints
- Friends and Family Test responses

How frequently were these reviewed with the PPG?

A formal meeting was held in May 2014 and another will be held in April/May 2015 as it has been noted in the past that meeting in bad weather and when the nights are dark is not conducive to a high turnout. (The practice is in a rural area.)

PPG members have many demands on their time and appreciate the monthly email update from the Practice Manager. They are aware that they may contact her to discuss items at any time via email, telephone or visit.

At the last meeting the PPG members were instrumental in deciding upon objectives for the action plan as a result of the survey and have worked through the majority of these with the Practice Manager.

For example: they discussed the TV screen presentation in the waiting room and gained agreement for one PPG member to spend time in the practice reviewing the slides. This was done in May 2014 and the member spent several hours in the practice watching the presentation before giving valuable feedback to the Practice Manager. Changes were made to make the presentation more useful and visible.

PPG members know that they can contact the Practice Manager in between meetings to discuss any problems they have had or that have been reported to them by other patients.

For example: one member had a problem personally when he finished work early and travelled a fair distance to attend the practice's flu vaccination day where he was expecting to receive a vaccination for pneumococcal at the same time as his flu jab. A nationwide IT failure meant that the practice had to take the decision not to give the pneumococcal vaccinations on that day, as they could not confirm that the patient had not already received this vaccination in the past. The decision was made on grounds of patient safety and communicated to all patients via parish publications along with apologies. Having discussed this with the PPG member personally, other patients could benefit from the additional knowledge about the problem.

Following the last meeting, another of the PPG members contacted the Practice Manager regarding changes made to the appointment system and requested that the practice run an audit to ensure the changes had been beneficial. This was done and feedback given to the PPG member and patients via the parish publications.

The practice has consistently tried to encourage patients to contact them with complaints or suggestions so that it can respond by either resolving a problem or giving understanding about why a certain process is in place. A number of these complaints have resulted in the patient joining the PPG, which the practice considers a great benefit.

3. Action plan priority areas and implementation

Priority area 1

<p>Description of priority area:</p> <p>Opening Hours – better publicity required.</p>
<p>What actions were taken to address the priority?</p> <ul style="list-style-type: none"> • Appointment cards printed showing opening times at each site • Website updated and now clearly defines both opening hours and clinic times at each site • Practice leaflet updated to reflect surgery times and clinicians on duty at each site – given to all new patients as well as being available for any patient
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ul style="list-style-type: none"> • Patients better informed including those new to the area
<p>Priority area 2</p>
<p>Description of priority area:</p> <p>Practitioner availability – pre-booked appointments v on-the-day appointments, patients to be advised if clinician is running late, review of appointment system.</p>
<p>What actions were taken to address the priority?</p> <ul style="list-style-type: none"> • Clinics were altered to give more on-the-day appointments and fewer pre-bookable appointments • Clinics on the days following training shut down, bank holidays or annual leave changed to all on-the-day appointments • Extended hours clinics maintained • Receptionists regularly advise patients if clinicians running late and offer to rebook if necessary • Appointment system reviewed and the practice decided to review again once more feedback was available on new systems as these seemed to work initially and then reduce in benefit • DNA rate regularly publicised in waiting room, on TV screen and in parish publications
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ul style="list-style-type: none"> • No complaints received by Practice Manager regarding availability of appointments • Patients more aware if clinician is running behind

- Fewer patients DNA as they are aware of how much this costs the practice

Priority area 3

Description of priority area:

Dispensary – managed repeat system to aid stock control, anticipate workflow and allow staff more time to deal with queries

What actions were taken to address the priority?

- Managed repeat system started 1st May 2014
- Numbers gradually increased – now 262 signed up (just under 6% of patients with repeat prescriptions)
- Less items owing to patients

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

- Positive feedback from patients
- A few patients have come off the service as they felt they were getting too much medication, showing an awareness of wasted medication and the cost to the NHS
- Publicised via parish publications and TV screens in waiting rooms. Slips put into prescription bags and dispensers discuss eligibility with patients where appropriate

Priority area 4

Description of priority area:

Telephone/communication – answerphone message to be changed, increased use of text facility and online services, regular communication in parish publications

What actions were taken to address the priority?

- Answerphone message still awaiting action
- Receptionists are more proactive in asking for mobile numbers to confirm appointments (still some resistance from patients due to poor mobile phone reception in this area)
- 27% increase in patients registered for text reminder system in last year
- 4% increase in patients registered with online system in last 6 months
- Patient Online service starting 1st April 2015 enabling patient to view summary medical information including current medications and allergies
- Parish Publication editorial sent every month to all local publications, staff and PPG

members detailing training afternoons, local initiatives, practice services, decisions on local and national plans etc

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

- Patients more able to manage their requirements when convenient to them by using online facilities
- Lower DNA rate – patients more aware of the cost of this
- Better communication between practice and patients

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 PPG has been running since 2011 and membership has fluctuated over the years.

Attendance at meetings has varied and many members are actively involved in community groups and with the CCG ensuring transparency of the commissioning process.

With assistance from members of the PPG a number of changes have been successfully implemented during the year. Patients are far more aware of the information provided on the TV screens and in the parish publications, which are published via paper booklets, internet sites and social media.

The Friends and Family Test is providing useful confirmation that the majority of patients are enjoying a high level of satisfaction with our service and the very few adverse comments received have been dealt with quickly as soon as the patient is identified.

Although the group does not meet often due to the rurality of the practices (the practice has two sites), regular updates are sent and a few members have contacted the Practice Manager to discuss individual items through the year.

4. PPG Sign Off

Report signed off by PPG: Yes

Date of sign off: 13/03/2015

How has the practice engaged with the PPG:

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

- The practice has made efforts to reach seldom heard groups via our monthly publications. This is in the form of the local Parish publications which reach our elderly and housebound patients and is also put on a Facebook page to reach younger people, commuters and others who do not visit the practice. These editorials are also published on a number of local, village websites as well as the practice website.
- One of the PPG members is the Chief Executive of Suffolk Family Carers and so represents a seldom heard group. A representative from Suffolk Family Carers attended our flu days in October 2014 to give more information on the help available to carers and was well received.

Has the practice received patient and carer feedback from a variety of sources?

- Yes, as evidenced above this is received by email, phone, PPG members, FFT comments etc.

Was the PPG involved in the agreement of priority areas and the resulting action plan?

- Yes, the PPG were the centre of communication around the action plan and were very much involved in setting the objectives, as well as in helping to resolve some of them.

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

- Evidenced in the results of the action plan: improved patient satisfaction survey score, better communication of opening hours, review of appointment system, managed repeat system instigated and increasing in numbers, electronic communications.
- We think there is good communication between the practice and patients enabling us to comment on the practice's parish publication editorial prior to publishing and are grateful for the opportunity to input into this.

Do you have any other comments about the PPG or practice in relation to this area of work?

- Although we don't meet frequently we feel that annual meetings and monthly contact via email works well for us due to our demographic make-up and the rural nature of our practice. Various combinations of meetings and emails have been tried and this seems to be working well now.