

Annex D: Standard Reporting Template

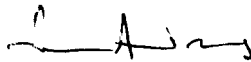
Taken from; GMS Contract 2014/15, Guidance and Audit requirements, NHS England Gateway reference: 01347

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

Practice Name: The Christmas Maltings and Clements Practice

Practice Code: D83012

Signed on behalf of practice:



Date: 30/3/15

Signed on behalf of PPG/PRG:



Date: 30/3/15

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)	email
Number of members of PPG:	20

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	45.5	54.5	Practice	10	12	15	15	16	12	11	9
PPG	45.0	55.0	PPG	0	10	5	5	5	25	40	10

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	5303	31	1	339	30	16	18	31
PPG	18		1					

	Asian/ Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	32	2	2	15	48	19	6	5	0	0
PPG	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 started our PRG in April 2011, and we review the membership of the group every six months. Our patient group is open to all patients aged 16 years and over, and the over-riding principles are inclusivity and user-friendliness. There is no upper limit to the size of the group – anyone is welcome to join, and there is no positive or negative discrimination.

Communication with the group is via e-mail, which means that membership is available to a wide range of patients – such as the housebound, people who work long hours, single parents, those without a car, the disabled, and wheelchair users.

We have personally asked >1500 patients if they would like to join our group. We have asked patients or guardians who were;

- bringing babies and children into baby clinics and for pre-school checks,
- patients attending for mental health reviews and learning disability checks (with carers)
- patients with long-term conditions who have many health and social needs
- pregnant patients, patients attending the surgery for on-going health problems of all ages and ethnic background
- patients for whom English is not their first language
- patients who are members of voluntary groups
- wheelchair users

- Invitation to join the group is included in our new patient packs
- Invitation to join our group appears on the Amscreen TV screen
- Invitation to join our group is on our website
- Posters on the wall around the surgery and in every consulting and clinical room on all sites.

We have added 5 new patients to the group this year.

We have published all PPG patient surveys in the waiting rooms. We have consulted with Healthwatch Suffolk and the CQC on their views about our PPG about what we do as a group and asked for their recommendations. Both Healthwatch Suffolk and the CQC suggested asking the group to be more involved and perhaps to meet as a group. We did this, 20 members asked, 1 member said he wanted to meet as a group and 3 more said that they preferred email but would consider meeting if there was a clear remit. The other members all preferred to communicate by email.

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? YES/NO 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:

We have regular contact with our group. It has been agreed with the group that communication between the Practice and the group is by email as and when required. We asked our group for their views on our services and asked members to tell us what change or improvements they would like us to consider. We have, as requested by the group, reviewed the availability of routine appointments again this year as this has been the main area of complaint in the past year. This has been an on-going problem for the past couple of years and the PPG has worked closely with the practice in looking for solutions and making constructive suggestions to address this problem.

Our group has reviewed:

- In-house patient surveys and reviews on the appointment system
- Healthwatch Suffolk report
- Outcome of our meeting with Healthwatch Suffolk
- CQC inspection report (inspection 17th December 2014)
- Group asked to feedback their view about email as a continuing mode of communication as opposed to meeting as a group

- In-house GP survey (approved by RCGP)
- Group was asked for views on Practice providing extended opening hours from 1st April 2015
- The Friends and Family Test

Our group's concerns this year are again about patient access. Namely, availability of routine appointments and recruitment of doctors or recruitment of clinicians at NP or below level as all are intrinsically linked to patient complaints regarding access to routine appointments.

How frequently were these reviewed with the PPG?

We have an on-going dialogue with our PPG. As soon as we had results for the group to review we communicated the results to them. The appointment system surveys created a lot of dialogue between the Practice and the PRG and we continue to communicate on this at present as it is an on-going issue. Other surveys, for example The Friends and Family Test have sparked a lot of interest and group members have asked specific questions about the analysis that was sent to them. The group did not feedback or comment on the results of the GP survey which was carried out in July 2014. We asked the group for comments on the Practice providing routine GP appointments outside practice opening hours and received a lot of very positive feedback. As a result of this we are going to provide extended hours appointments from April 15.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

The group asked us to "Carry out a review on the availability of routine appointments with a view to improving availability of routine appointments"

What actions were taken to address the priority?

Review of routine appointments

We reviewed the availability of routine appointments which showed that appointments were being booked very quickly up to 4 weeks in advance resulting in waiting times for appointments being up to 3 to 4 weeks, especially in the case of an appointment with a preferred doctor.

A further review showed that a high number of patients were not attending their booked routine appointments with the GP. Between 1st December 2014 and 27th February 2015, 1197 patients did not attend their booked appointment. At this point the wait for a routine appointment was 3 to 4 weeks. It was agreed that we needed to reduce the number of wasted appointments and to raise patient awareness.. A change was made to the appointment system

whereby patients could book up to 1 week (5 working days in advance). Posters were put up in the waiting rooms to inform patients of the high DNA rate. Posters were put up in the waiting rooms explain the upcoming change to the appointment system whereby patients would be able to book routine appointments with a GP 5 working days in advance of the appointment date and that it was hope that this would reduce the number of wasted appointments.

A patient survey on the existing system was carried out and the results sent to the group for comments and actions. A survey of the new system was carried out and the results sent to the group. The group had mixed feeling over the outcome of the survey and have instructed us to continue to review the new system with regards to the patient satisfaction with the new system and that DNA rates are falling as a result of the new system.

In addition to the above we asked our group for their views on us offering extended hours appointments on a weekend morning and an evening during the week which we would be prepared to start as of 1st April 2015. The group were very pleased with the offer and agreed that it would be beneficial to all patients.

Result of actions and impact on patients and carers (including how publicised):
Information posters were put in the waiting rooms and the Amscreen TV screen. There was a front page article in the local which newspaper detailed the new system and why it was thought necessary.

A patient survey which included patients and carers showed the following:

Survey 1 analysis (5th to 15th March) 328 patient replies

Question 1

Are you happy with the date of you booked appointment?

69% of patients replied	yes
31% of patients replied	no

Question 2

Are you happy with the time of your booked appointment?

84% of patients replied	Yes
16% of patients replied	No

57% of patients answered	yes to both questions
13% of patients answered	no to both questions

The second survey is on the new appointment system which was introduced on March 16th the main change being that routine appointments can only be booked 1 week (5 working days) in advance.

Survey 2 analysis (16th to 25th March) 235 patients

Question 1

Are you happy with the date of you booked appointment?

91% of patients replied	yes
-------------------------	-----

9% of patients replied no

Question 2

Are you happy with the time of your booked appointment?

91% of patients replied Yes

9% of patients replied No

88% of patients answered yes to both questions

6% of patients answered no to both questions

Increased satisfaction in all areas.

The group has instructed us to continue to review patient satisfaction with the new system and to review the DNA rate on a regular basis.

Priority area 2

Description of priority area:

We were asked to implement another tier of triage by a less qualified nurse practitioner

What actions were taken to address the priority?

We appointed two Emergency Care Practitioners. Having these additional members of staff to assist the duty doctor with the emergency and on the day sit and wait appointments has freed up a GP to do routine sessions which improves patient access to routine GP appointments for all patients.

EMERGENCY CARE PRACTITIONERS

Are experienced, specialist paramedics who have undergone additional education to provide advanced patient assessment. They are able to diagnose a wide range of conditions and are skilled to treat many minor injuries and illnesses.

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

We published this information as posters in the surgeries, on the Amscreen TV screens.

Having an Emergency Care Practitioner has freed up a GP to see patients for routine appointments. This has benefitted all patients.

Priority area 3

Description of priority area:

The group asked us to recruit new doctors

What actions were taken to address the priority?

We have advertised for doctors twice in the last six months but did not receive any applications. We have managed to obtain the services of long term locums (3 - 6 months) as a stop gap until we can recruit new doctors. We continue to seek to recruit doctors for both salaried GP and partner positions.

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

Obtaining the services of a long-term locum is preferable for patients and provides continuity of care. Our locum GP's are available to see all patients in the practice. We are informing patients when they request a new appointment either by telephone or whilst they are in the surgery.

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):

In the last 3 years we have reviewed:

appointment times and duration and understanding appointment types.

In conjunction with the group we produced a poster which explained the type of clinical service, the who would perform the service, and how long the appointment would be. The poster details are on the Amscreen TV screen, in all new patient packs and available in all waiting rooms.

Availability of routine appointments

Over the past 3 years we have reviewed the availability of routine and triage/emergency appointments. This is a recurring issue with the group and patients. Through the group we have reviewed our appointment system at regular intervals and sought feedback, comments and agreement from the group. This resulted in improvements to the appointment system and increased patient satisfaction. At the group's request we reviewed the appointment system again this year. We have made some positive changes but the group has highlighted an area of concern which is the recruitment of doctors. The availability of routine appointments will increase when we have a full compliment of doctors in the practice

--

4. PPG Sign Off

Report signed off by PPG: YES/NO Yes

Date of sign off: 30th March 2015

How has the practice engaged with the PPG: Yes

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?

Improved access to doctors, the new system offers appointments within a week for all doctors. Before it was difficult to get an appointment with the regular doctors.

Do you have any other comments about the PPG or practice in relation to this area of work?
The practice is trying hard to offer an adequate range of routine appointments but have difficulty in recruiting doctors which affects the number of appointments available to patients. It is hoped that the practice will be successful in recruiting a doctor in the next year.