

Annex C: Standard Reporting Template

Schedule M

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

Practice Name: Wansford & Kings Cliffe

Practice Code: K83017

Signed on behalf of practice: Dr Rhiannon Nally

Date: 11 February 2015

Signed on behalf of PPG: Clare Wagstaffe

Date: 9 March 2015

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

Does the Practice have a PPG? YES													
Method of engagement with PPG: Website, meetings, emails, posters, prescription message on right hand side, village magazine													
Number of members of PPG:													
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	3431	3508		Practice	1237	479	627	906	1172	978	918	622
	PPG	40	50		PPG						45	45	

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	4330	4			5	2	3	22
PPG	90							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	5	1		6	30					15
PPG										

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:

With regard to ethnicity we still do not have reliable statistical data but it is true to say that the catchment area of the practice includes a very low percentage of patients in ethnic groups, a very high percentage of our patients being 'white British' and our patient group profile is reflective of this.

The PPG is as representative of the Patient Population as is possible as all meetings are advertised through various mediums including the practice website and village magazines and all patients are actively encourage to attend. We consider all our registered patients to be members of the PPG.

Despite our continuing best efforts it is still clear that our Patient Group is under represented in some areas, particularly with regard to our younger patients (although there are younger patients, usually in the over twenties who attend the meetings on an ad hoc basis, the current age of those regularly attending the meetings and those who are members of the group is that of the over fifties). With this in mind we changed the time and venue of our PPG meeting from an evening at the surgery to a 12.30 meeting at Kings

<p>Cliffe sport hall in the hope that we would attract younger people. Unfortunately this meeting was very poorly attended.</p> <p>There is, and has been for a long time, a dedicated notice board in the main reception area giving details of the meetings and the work of the Patient Reference Group. Also to try and encourage more patients to attend the meetings we have had presentations from our GP's and external clinicians and health departments which have included talks on the services offered by the local stroke and dementia departments and a pharmacist giving a talk on managing your medicines.</p>
<p>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</p> <p>If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:</p>

2. Review of patient feedback

(Component 2 – 30% of payment)

<p>Outline the sources of feedback that were reviewed during the year:</p> <p>GP National Survey Family & Friends Test</p>
<p>How frequently were these reviewed with the PRG?</p> <p>Feedback is received at bi-monthly meetings Go National survey is reviewed annually</p>

Family and Friends Test is reviewed bi-monthly

3. Action plan priority areas and implementation

(Component 3 – 30% of payment)

Priority area 1
<p>Description of priority area:</p> <p>Getting through on the telephone – continues to be a problem.</p>
<p>What actions were taken to address the priority?</p> <p>Maintenance contract with existing company expires Nov 14. We will look to installing a new telephone system which includes call divert, call handling, call recording for training purposes and call attendance.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The current telephone system is unsuitable for the demand we have on our telephone line. We have been reliant on our current maintenance provider to provide technical support and advice which has been poor and unfit for purpose. The practice has recently invested in a new digital system which will provide better access for patients and the company will provide robust technical support and training for our staff. This is advertised on our practice website and will be published in the PPG report for addition in the village magazines.</p>

Priority area 2

Description of priority area:

Reception staff keeping patients updated on waiting time to see GP's when consulting.

What actions were taken to address the priority?

Discussed at reception meeting and agreed that if a GP is running more than 30 minutes late, the waiting room will be advised. Also to be advised if a GP has been called out on an emergency visit.

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

Our recent migration to SystemOne allows for the touch screen to inform patients of how many patients are waiting to be seen in front of them but does not indicate a length of time. Patients will be better informed if a GP is running late to allow them to decide whether to wait for their appointment or to re-book at a more convenient time

Priority area 3

Description of priority area:
Privacy in the waiting room

What actions were taken to address the priority?
This was felt to be a low-medium priority taken from the results of the GP national survey.

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

The waiting room is a large and open area. Reception staff make every effort to ensure the conversations they have with patients are discreet and confidential.
The practice will look at the costs of some acoustic booths.
Patients are informed that there is a private consulting room available to them should they wish to speak to a receptionist or member of the administrative team in confidence.

4. Progress on previous years

(Component 4 – 40% of payment)

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

Priority For action 2013/14	Proposed Changes	Progress
Booking appointments	Availability of on-line booking for HCA and nurse appointments	Agreed this was not a viable option as patients often requested other tests during the same 5 minute appointment such as BP readings, height/weight measurements etc.
Medicines Management	To bring medication review in line with date of birth and other chronic reviews	Medication reviews now occurring in month of birth and also in line with COPD/Diabetic review thereby saving the patient having multiple visits to the surgery. Blood and other tests are also requested and actioned prior to the review appointment taking place.
Surgery opening hours	Extended hours at our branch Surgery Kings Cliffe	Both sites provide sufficient appointments for the demand including the availability of GP, nurse and HCA appointments. Kings Cliffe opening hours remain the same.
Practice website	Re design current website	New website is now up and running and is more patient friendly. It includes the availability of on –line booking of appointments, ordering medication and summary record. It also has the option to download travel questionnaires, and to submit registration amendments on line.
Telephone appointments	To increase the availability of telephone appointments	We have increased the number of telephone appointments we have available thereby reducing the pressure on face to face consultations. Patients also find this more beneficial if the consultation is a follow up for results etc.

5. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 9 March 2015

Has the report been published on the practice website? YES

Please insert web-link to your report: www.wansfordsurgery.co.uk

How has the practice engaged with the PPG:

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

We ensure our practice website is regularly updated. The PPG report is published in the village magazine which is available to all households. The practice actively encourages seldom heard groups by enabling visiting speakers to talk on a wide range of appropriate subjects, which are then widely advertised to encourage attendance.

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

Feedback mainly comes from PPG meetings, but other times by patient emails/letters to PPG officers.

We reviewed the GP national survey and most recently the Family & Friends Test.

The Practice was recently awarded 'Outstanding Surgery of the Year' by the Carers Trust.

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

Yes, fully. The PPG agree the annual priorities for the practice action plan.

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

We now provide better telephone access and more available telephone appointments. The practice website has been improved which is now clearer for patients and is easier to keep up to date.

Do you have any other comments about the PPG or practice in relation to this area of work?
The practice plans to continually feedback results of the Family & Friends Test to the PPG on a bi-monthly basis. The results of the feedback received will form the basis of future action plans.

Please return this completed report template to england.enhancedservices-athsm@nhs.net no later than 31st March 2015. **No payments will be made to a practice under the terms of this DES if the report is not submitted by 31st March 2015.**