

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: Burlington Primary Care

Practice Code: D83008

Signed on behalf of practice: *Dr H Lelijveld*
30/3/15

Date:

Signed on behalf of PPG/PRG: *Kay Cox*

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)	Face to Face and e-Mail
Number of members of PPG:	7

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
Practice	8655	8244	65-74	>75					
PPG	2	5	Practice	3195	1483	3066	2543	2080	
			1891	1329	1312				
			PPG				2		3
			1						1

Detail the ethnic background of your practice population and PPG:

		White Mixed/ multiple ethnic groups								
		British Irish	Gypsy or Irish traveller			White & Black Caribbean		White & Black African		White &
Asian	Other White									
Practice	Other mixed	9587	52	42	2139		70	105		
PPG										
		Asian/ Asian British			Black/African/Caribbean/Black British			Other		
		Indian	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black		
Arab	Pakistani									
Practice	Any Other	1650	35	133	51	191	346	280	121	31
PPG										20

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:

Previous steps taken were to offer the patient population opportunities to become members of the PPG on a voluntary basis. The Practice demographics need to be analysed in further detail to ascertain whether more pro-active steps should be taken to target particular groups although it is unknown at this time whether this is a real or perceived viewpoint.

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/UNKNOWN

Linked to the comments outlined above, anecdotal evidence suggests that there is an increase in patients that are provided with interim care as temporary residents in the area as well as jobseekers and patients from ethnic minority groups.

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

The Practice has attempted to improve processes to register patients and overcome difficulties with language barriers (e.g. use of language line, using visual aids and improving connections with community spokespeople) These have helped with those specific groups but it would be useful for community spokespeople to be included on the PPG.

2. Review of patient feedback

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

Patient feedback has been sort primarily as follows:

- ***Friends and Family responses***
These have been collated to form a picture of patient views but it is recognised that these only offer a snap-shot of opinion (either good or bad) and a more comprehensive and focused questionnaire should be developed.
- ***Face-to-face questioning***
Clinical staff are encouraged to understand patient needs and some work has gone into assessing wider issues (e.g. a survey undertaken to tackle weight management which resulted in establishing special clinics). Clinicians are also required to monitor areas of patient demand and these are discussed within team meetings with a view to improve service orientation.
- ***Lessons learned from individual patient complaints***
The Practice has a formal Complaints procedure which will always encompass a route to improve processes. However, it was recognised that little patient “niggles” also needed to be captured in some way to understand whether minor disgruntles could act as a catalyst for change and so avoid patient concerns being escalated. Reception staffs tend to be the primary filter for these and this feedback is recorded and passed to the Practice Manager for dissemination into other processes.

How frequently were these reviewed with the PPG?

Issue were raised with the PPG as on-going concerns and it was felt that they needed constant review. One of the primary elements the PPG identified was the way in which the Practice could communicate effectively with such a large patient list. Although specific groups of patients are targeted for particular needs (e.g. smoking, asthma, weight management etc.) it was felt that a co-ordinated approach was still required to understand and manage patient expectations and to communicate changes in the way the Practice operates.

Information is published on-line, notices are provided in the waiting rooms and particular patient groups are targeted with direct postal communications but the PPG acknowledge that this is an area that requires further consideration.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Appointments and access to G.P's - it was felt that improvements could be made in this area to facilitate availability and improve access to clinical services. This needed to be provided within the framework of reduced G.P. availability due to recruitment issues and the loss of key staff members through maternity leave and staff movement.

What actions were taken to address the priority?

- **Extended hours**
Clinics were re-organised to facilitate early access to phlebotomy and certain routine (preliminary) investigations by ensuring that at least one HCA and one nurse are available as bookable appointments from 7.00am every morning.
- **Online Telephone slots**
Access and routes to G.P.s has been improved by offering extended and late appointment telephone slots. These are mainly bookable on the day but on-line appointment slots for telephone patient interface have also been made available.
- **Home Visits**
The establishment of a ground-breaking initiative to fund and establish the services of an Emergency Medical Practitioner to work with the G.P.'s to undertake home visits and act as an outward facing clinician on a full time basis.

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

The results of these actions have been to alter the way in which the Practice manages the clinical staff rota. The impact on patients has been to improve access and treat "at point of need" using the best clinical source available (e.g. making better use of appointments with the Advanced Nurse Practitioner to 'free up' G.P. appointments for higher level clinical needs)

Patients are made aware of this when they book their appointment but work still needs to be done to educate patients and make them aware of the important role held by the Nurse Practitioner and how their skill mix can ably meet patient needs such that certain symptoms and conditions do not need to be attended to by the G.P. in the first instance.

The work of the Emergency Medical Practitioner has improved access to the surgery for the frail and housebound and initial patient responses are very encouraging.

Priority area 2

Description of priority area:

To manage patient demand and improve communication routes to the surgery (e.g. getting through on the telephone and seeking repeat visits and prescriptions)

What actions were taken to address the priority?

Appointments have been streamlined but an assessment of the volume of phone calls coming in needed to be made.

The picture that has emerged is that Monday's and Friday's are when demand peaks in terms of patients trying to contact the surgery for an appointment. Previously, a telephone scheduling system was in place that provided the caller with a queued slot which counted down the callers place in the queue (giving them some idea of how long they would have to wait, rather than just getting an engaged tone if all the telephone lines were taken). Reasons why this was de-commissioned need to be understood with a view to re-instating the system.

New systems were viewed to improve queue times at reception upon patient arrival as well as the way in which repeat prescriptions were made and provided.

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

The automated arrivals system has been fully integrated into Practice 'booking-in' processes and patients are guided to its use as they arrive at the surgery. Bookable on-line appointments are also available, although clarity needs to be made that these are telephone slots, not face-to-face.

Repeat prescriptions are now available through on-line processors or by posting through the post box at the surgery's reception. A separate window is available for patients to queue at for these if they need to see a member of staff (as distinct from queuing for an appointment) which has helped with the elements of congestion that the surgery faces given the restrictions imposed on being housed in a listed building.

Priority area 3

Description of priority area:

Communication with the surgery and methods to improve the way in which messages and information can be disseminated to all patients in a timely and robust manner.

What actions were taken to address the priority?

Notice boards and waiting room literature have been improved and the PPG noted that this was better (less 'busy' and overwhelming).

Target groups are written to on a patient-by-patient basis with specific information pertaining to disease management and chronic illness.

Reception staffs have been instructed to provide consistent messages so that patients have clarity in any messages provided.

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

The required patient dialogue and communication improvements can be demonstrated in the achievement rates the Practice has established for both QOF targets and Enhanced Services. Once ratified, these will be published on the Practice website.

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 Practice is under a new Practice Manager and a complete review of progress and targets for the PPG is to be undertaken. Previous year targets seem to be on-going with the most prevalent concern being how to manage increased demand and the need to improve access within the constraints of a constricted resource (e.g. difficulties in recruiting the required number of clinical staff for the patient numbers that are registered as well as the increased number of new registrations).

The following information is a summary of previous issues which were broadly grouped into three areas:

- 1) Reception - better access to appointments and results. There has been some suggestion regarding the level of response by some reception staff. The issue of opening hours and the availability of appointments with the same G.P. each time.*
- 2) Communication - Information about what's available at the Practice (injections etc), nurse led clinics (stopping smoking, dietician), nurse triage prior to GP appointments.*
- 3) Access to patient support groups for chronic conditions, including weight management, depression and anxiety, healthy living programmes etc*

Much of this has been highlighted in the priority areas (above) but additionally, the role of the PPG itself could be improved. Moving forward, the PPG is intended to be a long-term resource for the surgery that will encourage a better connection between patients and the Practice. In essence a forum where ideas can be freely heard, discussed and if appropriate acted upon. Anyone who is a patient at the practice is more than welcome to attend but more pro-active membership of certain patient groups needs to be sought. An invitation form may be requested from reception and we hope to make one available online in the near future - just one example as to how the PPG has already made progress

4. PPG Sign Off

Report signed off by PPG: YES/NO YES

Date of sign off: 30/03/2015

1. How has the practice engaged with the PPG:
Quarterly and half yearly 'face-to-face' meetings.
2. How has the practice made efforts to engage with seldom heard groups in the practice population?
Primarily through direct communications (verbal when visiting the surgery or by post) although it is recognised that these groups are difficult to reach.
3. Has the practice received patient and carer feedback from a variety of sources?
Feedback is actively sought as follows:
 - G.P. interface and questions - templates are established on the system
 - Nurse and HCA direct communications - templates are established
 - Reception staff seek to obtain information from surveys (including the Friends and Family test)
 - Reports are logged from reflective learning that takes place across all clinicians and especially the ECP who is visiting a patient group that does not really have 'on-site' access to the surgery
 - Other sources of feedback from external agencies (e.g. the Community Support Area team, District Nurses, Mid-wives, Physiotherapists) etc.
 - Multi-Discipline Team meetings
4. Was the PPG involved in the agreement of priority areas and the resulting action plan?
See previous minutes - *Further comments required*
5. How has the service offered to patients and carers improved as a result of the implementation of the action plan?
Improved access and waiting times
6. Do you have any other comments about the PPG or practice in relation to this area of work?
Comments required