

Annex C: Standard Reporting Template

Leicestershire and Lincolnshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Alford Group of Doctors

Practice Code: C83032

Signed on behalf of practice: Ian Atkinson - Practice Manager

Date: 19.03.15

Signed on behalf of PPG: Alan Gurbutt - PPG Chair

Date: 19.03.15

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

Does the Practice have a PPG? **YES** and a virtual PRG

Method of engagement with PPG: Face to face, Email, Other (please specify)

We have face to face meetings every month and we run a PRG alongside this group via email. The PRG is contacted regularly with any information following the PPG meeting or when necessary to support practice development.

Number of members of PPG:

9 PPG members and 39 PRG members

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49.02	50.98
PPG	44.44	55.56
PRG	51.28	48.72

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
Practice	16.24	8.06	8.50	8.86	14.24	15.03	16.43	12.64
PPG	0	0	0	0	11.1	44.45	44.45	0
PRG	0	2.56	12.82	0	17.95	20.51	35.90	10.26

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White & black Caribbean	White & black African	White & Asian	Other mixed
Practice	7409	11	1	32	2			12
PPG	7			2				
PRG	30	1		4				2

	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	5	9	6			3	1	
PPG										
PRG					1			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

The PPG group has been in place and ever evolving since October 2011. We also run a Patients Reference Group alongside our face to face meetings. We have a good mix gender across the group, mainly white British but this is consistent with our practice population. The age mix of the face to face group has fluctuated over the years giving a robust mix to discussions. Throughout the years the practice has used various methods to engage with all patients ensuring all are given the opportunity to join the groups. There are posters around the building and a clear offer on the PPG noticeboard in reception for patients to join the group. We also promote the PPG and the PRG on the practice website.

I have included a list of the PRG members which demonstrates an excellent cross section of the group in terms of age, ethnic group, chronic disease patients, carers and the worried well.

The PPG has contacted the local schools to encourage the younger generation to take part in our meetings but this needs to be better developed to ensure that young people are involved in the PPG.

We invite all patients to an open forum each March/April by advertising our PPG AGM which takes place in alternate local venues. We also encourage current members to attend and to bring potential interested patients with them.

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?

YES Jobseekers and retired people

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: Members of the PPG are volunteers. We do have a large elderly population and although we have tried to recruit younger members we have found this difficult due to them having other commitments. Our staff continue to try to recruit members Opportunistically.

2. Review of patient feedback

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

Each year we hold our AGM in local venues to give all of our patients the opportunity to have their say. This meeting takes place in March or April each year. Prior to this we also have a suggestion box in the waiting room and these are discussed at the PPG meetings and appropriate actions are taken. The results of the changes are published on our PPG noticeboard and in the newsletter.

We started the FFT (Friend and Family test) questions in November 2014, so that we could pilot our system prior to the go live date of 1st December 2014. We took part in this project in the pilot year gaining over 90% results of likely / extremely likely.

For the PPG enhanced service this year we discussed trends that had been identified over the year via the feedback sources above and from this the PPG / PRG group came up with three priority areas. It was decided that a survey of these priorities would support the PPG /PRG groups thinking. The PPG group met to finalise the priority questions. This was sent out to the PRG group via email for their comments and suggestions. Once decided three priorities question packs were put together. For the in- house survey we asked our staff to give out forms. In previous surveys we have asked members of the PPG to come in to give out forms. With this in mind a few of the members spent time in and around the surgery to approach the patients with the survey. This was a new approach but it was thought that our patients might be more open and interactive if the survey was completed anonymously but with the clear support of their PPG group.

The questions were also sent out to the PRG members and placed on the website for all users to complete.

How frequently were these reviewed with the PRG?

We meet every month with our PPG group face to face and subsequently send information out to the PRG group to keep them informed. This communication is actioned following every face to face meeting. Minutes of the meetings are placed on the website and emailed for all to read. Updates are included in the practice newsletter.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Priority One – DO OUR PATIENTS HAVE A POOR UNDERSTANDING OF WHERE TO GO FOR MEDICAL HELP?

Ascertain patient's first action when in need of medical help

It was decided to focus this priority on our patient knowledge and understanding of where they would go for help when the surgery is open and when the surgery is closed.

We are aware from data produced by our CCG that we have fairly high average A and E attendances and this needs addressing.

We also wanted to identify if patients knew the best place to go when they are suffering from a number of conditions that present at the surgery on a regular basis.

131 patients were surveyed – the questions are as follows:-

Patient Participation Group Survey 2014/15

Q1

If you are ill at home say with chest pain how you would seek medical help?

Would you telephone 999?

Would you telephone 111?

Would you go straight to Louth emergency Care Centre

Would you phone the Surgery

Q2

If you had a medical emergency when your GP surgery was closed who you would contact?

Q3

If any of the following occurred which of the services would you attend?

	Your surgery	the hospital	Phone 111	phone 999	or	phone a Chemist
1. Earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. Chest infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. Urine infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. Diarrhoea / Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5. Blurred vision / dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6. Having fallen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

How old are you

Under 18

18 – 34

35 – 54

55 -64

65-74

75 – 84

85 and over



What actions were taken to address the priority?

[See appendix A for the results](#)

The patients were surveyed to find out the way that patients use our service and other services available to them.

This links in with the work that the surgery are doing regarding the appropriate use of the surgery appointments and the services at the local hospitals.

Actions

1. 131 patients were surveyed to ascertain the patient knowledge in this area. The in house survey was set up and implemented by the PPG members.
2. We advertised in the waiting room to target the best use of these services.
3. We intend to use the repeat prescription counterfoil to advertise the cost of the average A and E attendance to Hospital and gives specific examples of inappropriate reasons to attend A and E. This will help patients and their carers to understand when it is appropriate to use this service, whilst encouraging them to use other services that are available i.e. 111, 999, GP Surgery, Chemist.

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

We intend to have a centre display area in the main waiting room to show the different services available to patient's i.e. 999, 111, Chemist, Hospital, GP Surgery are clearly identified so that our patients get to the right place at the right time. We hope that this will work well and our patients and their carers will have a good understanding of the services available to them and when to use them. This display board will indicate where a patient should go for help. It will be in picture format so that all patients including learning disabilities, children can learn and understand the information in front of them.

This will also promote the fact that all of the services are there to be used collectively so that there is no undue pressure on one particular speciality.

The Patients and their carers have been made aware via our newsletter that the surgery is linked in to a neighbourhood team and that we will be working to break down barriers to promote more joined up working across all disciplines e.g. social services, public health, independent living teams, physiotherapy etc.

The results of the survey have been published on the website, in the waiting rooms and in the next newsletter alongside this report.

Priority area 2

Description of priority area:

Priority Two – HOW DO PATIENTS ACCESS APPOINTMENTS AT THE SURGERY AND HOW SATISFIED ARE THE PATIENTS WITH THE FRONT OF HOUSE.

Access to Medical Help

Access to the services within the building is always important to our patients and the facilities in and round the building. This topic is more often than not a high priority area identified via suggestion boxes and surveys completed throughout the year. We have introduced some more hand hygiene dispensers in the reception area, promoted the touch screen, our online services, and telephone consultations. Again 131 patients were surveyed to see if they are aware of the facilities but also how they rate the quality of services and the front of house team. 131 patients were surveyed – the questions as follows :-

Patient Participation Group Survey 2014/15

Q1. On entering the surgery did you use the hygiene dispenser?

Yes No

Q2. Did you use the touch screen or book in at the reception desk, if the latter how do you rate the service

Excellent Very Good Good Fair Poor

Q3. How did you access the practice for your appointment?

By telephone Online

In person –Just turned up Following a Telephone consultation with a Clinician

How long did you wait to see the Clinician

Was this to your Satisfaction

Yes No

If No please comment

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How old are you

Under 18

18 – 34

35 – 54

55 -64

65-74

75 – 84

85 and over



What actions were taken to address the priority?

See attached for the survey results.

Following the survey it was very clear that our patients were not aware of the hand hygiene dispensers in reception and that these needed to be placed in a more prominent position. Posters have been made larger to identify the placements of the dispensers thus continuing to address the importance of infection control and good hand hygiene. The patients are using the touch screen more and more and the wording on the screen has been altered to encourage the usage. Patients are now aware of their placement in the appointment list. We intend to update the touch screen to tell them how many patients are in front of them.

We have advertised the online services more to promote the usage as the survey clearly demonstrated that many of our patients are either not aware of the service or indeed how to use it.

This has been advertised on the newsletter and the front line staff are being more proactive at offering the online passcodes to patients. These are also offered during the New Patient Health Checks.

We have advertised and promoted the telephone consultations with the clinicians to patients via the newsletter and via the reception. This had encouraged patients to utilise the telephone call as a first option.

It has been suggested that we should embrace our qualities more and make the patients aware of compliments that we receive. By using the survey we were able to identify what patients think about us i.e. the reception team and the overall satisfaction of the service. Compliments are now recorded in a book for all the team to see.

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

The patients are now using the hand hygiene dispenser more readily as we continue to promote a clean environment.

Patients are commenting on the touch screen information. We hope by providing more information it will prove helpful for them to know their likely waiting time, particularly if the surgeries are running behind. This complements the reception teams' processes.

Patients are now more aware of the online services available and more services have been added e.g. Patient Summary Record

Patients and their carers feel happier to speak to a GP /ANP as their confidence has now grown with a clear understanding that they will receive the best possible care.

The results of the survey have been published on the website, in the waiting rooms and in the newsletter alongside this report. The PRG group have also received an email or letter to see the results of the survey and the actions taken.

Priority area 3

Description of priority area:

Priority Three – HOW CAN WE IMPROVE THE PATIENT WAITING EXPERIENCE AND THEIR OVERALL SATISFACTION AT THE SURGERY.

Ascertaining overall satisfaction of the service

There have been a number of suggestions from our patients throughout the year regarding waiting times in the surgery, and also comments regarding the Jayex patient call screen. Our young patients have also really missed the toys in the waiting and so we decided to ask how we could improve the awaiting experience in the surgery.

131 patients were surveyed – the questions as follows :-

Patient Participation Group Survey 2014/15

Q1. Were you seen at your allotted appointment time

Yes No

If No how long did you wait

Q2. When called for your appointment on the waiting room call screen – was this easy to see, hear, and read

Yes No

Comment

Q.3 How could we have improved your awaiting experience

.....

Q4 Overall how do you rate the services you received

Excellent Very Good Good Fair Poor

What actions were taken to address the priority?

The patients were surveyed to identify any problems they were experiencing when using our services. From the patients that were surveyed there were no obvious problems with appointment times but this had been highlighted on a number of occasions throughout the year.

Changes will be made to the touch screen as previously mentioned to indicate the likely waiting time in surgery.

Patients are encouraged to take the telephone call from the duty team in order to access a face to face appointment if this is deemed appropriate. The reception team have changed their approach to this and patients are now very definitely taking the call. Fewer patients are waiting to speak to a specific Doctor because the processes allow any of the doctors to direct a patient to a specific doctor for an appointment if this is deemed appropriate.

We have employed more staff this year on reception to target timely telephone access, and appointed a team leader for hands on support.

The Clinical team have been reminded to call the patients a second time on the Jayex screen so that patients have more time to see the room number.(Unfortunately the system does not allow the info to be displayed for longer).

We have improved the signage in the corridor to indicate the location of the consulting rooms.

We have placed a notice in the main waiting room to state that toys are available at reception on request. As unfortunately these cannot be reinstated if we are to maintain the standards required for CQC infection control. There is a notice in the waiting room explaining this and information in the newsletter.

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

Telephone access is much improved now that the number of staff on reception has increased and patients and their carers have commented on the reception team. Access to the Nurse Practitioner appointments has improved increasing patient satisfaction.

Patients and their carers are finding it much easier to see the Jayex screen information and the new signage has improved so patients are finding the right room more easily.

Patients are asking for the toys at reception and this has helped to reduce the negative comments in the suggestion boxes.

The results of the survey have been published on the website in the waiting rooms, and in the newsletter alongside this report. The PRG group have also received an email or letter to see the results of the survey and the actions taken.

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):

All the actions that were identified following the 2012/2013 and 2013/2014 Surveys have been completed and reviewed with the PPG group. The following areas were identified as needing actions.

SEE APPENDIX B and APPENDIX C

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: Meeting on 27.03.15

Has the report been published on the practice website? YES

How has the practice engaged with the PPG:

As discussed in section one of this report the practice has had an established PPG group which has been in place since October 2011. The group meets every month face to face. The PRG group have been in place and growing for a number of years, this is a virtual group which is contacted via email on a regular basis for their contribution to the development of the services we provide.

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

We completed the survey over a week period and so the population invited to take part in the survey was completely independent and random. (Every effort to liaise with a whole range of patients visually /hearing impaired, learning difficulties and carers).

The Practice manager attends the local health watch meetings to meet the practice patients that may not be regular attendees at the surgery; these meetings attract patients from hard to reach groups, i.e. carers, learning disabilities. A number of professionals also attend this group e.g. physiotherapist, local council members, hospital staff etc. One of the GPs attends to QPEC meetings on behalf of the practice which look at the quality of services for the whole population and this often has reports from groups e.g. mental health Learning Disabilities, young patients, carers etc.

The nurse team engage regularly with patients with learning disabilities and encourage them to offer their opinion on the services we provide by asking them to take part on the Friends and family test. We have appointed 2 Health Support Manager's to look at care plans for vulnerable patients and any house bound, they have questionnaires to offer them regarding the services we provide and the quality of care they receive. This new service is working well and helping us to engage with the patients less able to attend the surgery.

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

As discussed in section two of this report the surgery receives feedback from a variety of sources throughout the year. This takes the form of in house Surveys, online surveys, Questionnaires, friends and family test etc. The PPG priority questions were put out in house, by email to the practice population. During the survey many of our patients attend appointments with their carers and this gave the patient and the carer the opportunity to offer feedback.

There are also suggestion boxes in the waiting room for all to comment.

As already mentioned the newly appointed Health Support Managers visit our nursing and residential homes where they engage with our patients often with their relatives or carer present for support. Again questionnaires are offered for patient and carer feedback.

We also have trained nurses to do the learning disabilities checks and again these patients attend with their carers who have access to the various comments boxes.

The walk in Flu sessions also attracts high volumes of patients around 500 per session and on these days we provide a number of staff in the Corn Exchange to encourage patients to chat about the services we provide. This year we also involved a PPG member to support this team.

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

As noted in section two this year's PPG enhanced service was discussed at one of the PPG meetings in 2015 and the group were asked to comment on three main priorities. This was done with the help of the suggestion boxes, issues that had been identified by the group throughout the year and other comments from patients and surveys

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

Improved access and knowledge about the services available to patients i.e. 999, 111, Chemist, Hospital, GP Nurse Practitioner so that our patients get to the right place at the right time. This seems to be working well and our patients and their carers have a good understanding of the services available to them and when to use them.

Dr Woollard is part of the development group for the newly formed neighbourhood team and is able to discuss problems /issues on behalf of our patients. Working towards joined up working this will in turn gradually improve services and resource across the patch.

The patients are using the hand hygiene dispenser more readily as we continue to promote a clean environment and reduce transmission of infections into the surgery. Patients are making full use of the touch screen information and we feel it will prove helpful for them to know their likely waiting time particular if the surgeries are running behind. This complements the reception teams' processes.

Patients are now more aware of the online services available and more services have been added e.g. Patient Summary Record

Telephone access is much improved now that the number of staff on reception has increased and patients have commented on the excellent reception team

Patients and their carers are finding it much easier to see the Jayex screen information and the new signage has improved so patients are finding the right room more easily.

Patients are asking for the toys at reception and this has helped to reduce the negative comments in the suggestion boxes.

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

We have had a PPG group in place since October 2011 and the group is well established, whilst the members have changed over the years the group has maintained its momentum. The PPG play an active part in the monthly meetings. The PPG Members are keen to support the surgery. As previously mentioned some of the PPG members volunteered to help with PPG Surveys and this gave our patients the opportunity to ask them questions about the group and how they represent the practice.

Please return this completed report template to the generic email box – england.leiclincsmedical@nhs.net no later than 31st March 2015. No payments will be made to a practice under the terms of this ES if the report is not submitted by 31st March 2015.