

## 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: Long Stratton Medical Partnership

Practice Code: D82037

Signed on behalf of practice:

Date: 25/03/15

Signed on behalf of PPG/PRG:

Date: 25/03/15

### 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)	"virtual" group on email and postal
Number of members of PPG:	206

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	50	50	Practice	20	8	11	12	15	13	12	9
PPG	43.2	56.8	PPG	0	1	6.3	7.3	13.1	25.7	22.8	23.8

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	54.10	0.24		1.11	0.006	0.09	0.03	0.10
PPG	59.22			2.43	0.48			

	Asian/ Asian British					Black/African/Caribbean/ Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other (Not Stated)
Practice	0.19		0.04	0.08	0.09	0.17		0.006		43.75
PPG	0.48									37.39

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 publicity campaign continued this year at both Long Stratton and Newton Flotman surgeries to encourage more patients to join, especially those patients with multiple medical conditions who would normally make more use of the services offered by the practice.

In the current year we have incorporated our PRG information and join-up form into our patient registration documents therefore trying to encourage new patients of all ages, ethnic origin and gender in the hope that the patient groups who are under-represented will join the group.

See the following example taken from our registration form (to view in full on our website visit [www.longstrattonsurgery.nhs.uk/new-patients](http://www.longstrattonsurgery.nhs.uk/new-patients)): [Appendix A](#)

## Appendix A

### **PATIENT REPRESENTATIVE GROUP (PRG)**

THE PRG was formed in 2011 and the aim is to support the practice to deliver the best possible service to our patients, to ensure patients are informed and involved with healthcare decisions. To gain this feedback members are contacted occasionally, either by post or e-mail, and asked their opinions on aspects of the practice. This contact is in the form of a survey or questionnaire. The questions are general in nature and will not require medical or personal details.

In order to gain a representative sample of patients we need as many patients as possible to be part of this group. If you are willing to become a member of the group all we need are your contact details. These details will be kept safely and securely and will not be shared with anybody else. They will be used only for the purpose of assessing the practice. We anticipate contacting patients approximately three times a year.

Please complete the form below if you would like to join the group.

Many thanks for your interest.

We have approached our local secondary school head teacher with a view to encouraging younger patients to join the group. A meeting is being arranged at the beginning of the summer term 2015. One of our practice nurses has put together an information pack for this patient group to communicate the services we offer to our teenage population.

We continue to advertise in the surgery by way of posters and leaflets. We proactively aim to reach patients through the practice website. The practice has purchased a large flat screen TV which sits in our waiting room which displays all information on the services we provide and appealing for new PPG members to come forward.

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

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 actively ask patients for feedback through NHS choices website which we have found very beneficial to us over the last 12 months

We have an online feedback form on our website for patients to complete and forward to the practice

We have a patients comments book at Long Stratton and Newton Flotman sites

From December 2014 we have advertised the FFT (posters, TV and website) and encouraged patients to give feedback using this forum.

We conducted a patient survey in January 2015 in paper form at both surgeries and it was made available to patients to download from our practice website. These were based on questions agreed by the PRG.

How frequently were these reviewed with the PPG?

We have asked for reviews from our “virtual” group throughout the year, but have found the response from the group disappointing, in much the same way as in previous years with the response coming from the same patients most of the time (although we were very appreciative of those that volunteered to help in our medication delivery service, and those that came to meet the CQC inspectors).

This has been instrumental in our decision to form a face to face group and we are delighted by the enthusiastic volunteer response from some of our members. We hope that a face to face group will become more involved in the future planning of the practice and to help the wider community. From the feedback we have received our patients will feel more inclined to engage with us on a personal level rather than on a virtual basis, it is our intention however to run both the groups for feedback purposes. It has been agreed that the first meeting will take place in April 2015, after the Easter break.

### 3. Action plan priority areas and implementation

#### Priority area 1

Description of priority area:

A medication delivery service for our vulnerable patients within the community that were either housebound or struggled to collect their medication from the surgery, these were patients on regular monthly medication. The causes of this problem were patient locations relative to the surgery and lack of transport in rural areas.

What actions were taken to address the priority?

It was planned to first approach the patients who would benefit to see if they would be interested in receiving the service, so a questionnaire was sent to those patients. Part of the planning involved researching other surgeries which offered the service for the purpose of identifying resources so that a budget and expenses could be calculated; this was done by a member of our staff. We then went back to the PPG and asked for volunteer delivery drivers (we had 5 from the PPG group) and other patients through posters and our website.

We had a good response and a meeting was held with the volunteers so they could gain an understanding of the service and what their role in it would be. A volunteer driving policy and confidentiality agreement explained their rights and responsibilities along with information regarding fuel and insurance reimbursements.

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

The first delivery took place in September 2014 and attached to the medication was a letter for each patient to open upon delivery to explain the details and dates of future deliveries and the repeat slip which was returned to the driver for the next month.

The volunteer drivers were asked for their feedback each time they returned from the delivery in case they encountered any problems or issues.

The medication delivery service has been running successfully since September, more patients have been invited and included on the scheme, and some of the monthly patients have been changed onto weekly dosette boxes as they were struggling with remembering to take their medication.

## Priority area 2

Description of priority area:

### **Surgery Availability**

After communication with our PPG we wanted to know whether our opening times were meeting patients expectations and along with this how easy it was for patients to get through to reception to make an appointment so it was decided to ask the following questions in our yearly survey:

- a. *How satisfied are you with the hours that our GP surgery is open*
- b. *Generally, how easy is it to get through to reception to make an appointment*

What actions were taken to address the priority?

*87% of respondents were either Very Satisfied or Fairly Satisfied with our opening times and 89% found it either very easy or fairly easy to get through to reception.*

We also gave our patients an opportunity to comment on availability and their responses fell into the following categories:

### **1. Opening Times and seeing own Doctor e.g. weekend working, staying open longer etc**

The responses were studied by the doctors who made the following comment:

*GP Recruitment crisis is at its worst since 2007. It has affected us as evidenced by our recent recruitment drive in the face of our impending 3<sup>rd</sup> retirement in the space of 7 months. After careful consideration of our GP capacity in the practice, we feel that providing the best service within the present opening times is our main focus and commitment.*

### **2. Getting through to Reception**

It was evident that our current phone system was not providing enough information for our patients e.g. – how long they were going to be on hold for “You are now fourth in the queue.” Our phone system provider was contacted to see what changes they could offer us as the present functionality was no longer adequate for the patients’ needs.

### **3. Nurses Appointments Online**

We are unable to offer online appointments for nurses due to the complex nature of their clinics and appointment times. **No Action.**

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

**Opening Times and seeing own doctor e.g. weekend working, stay open longer etc.**

Opening times and availability to remain the same and will be reviewed regularly with the changing dynamics of the GP team.

**Getting through to Reception**

Phone system upgrade is a priority – upgrade scheduled for September 2016 as we are contracted in until that date. Unfortunately this means that our patients will have to bear with our current system until we can change phone providers; however our present supplier is currently working with us to see if any changes can be made to make the phone waiting facility easier to understand for our patients.

We have continued to communicate and publicise how important it is for patients to avoid ringing early in the morning unless their enquiry is urgent, leaving the phone lines open for those requiring urgent on the day appointments or urgent assistance.

Priority area 3

Description of priority area:

**Patient Communication.**

A great deal of time and effort goes into communication to the patients so we wanted to find out whether our communication was effective and whether it was reaching our patients, and if not to encourage opinions on ways to improve it.

After communication with our PPG we decided to ask the following question in our yearly survey we asked our patients *“Which form of communication do you find beneficial?”*

- Surgery website
- TV screen in surgery
- Posters in the surgery
- Parish magazines
- Surgery newsletter
- Health-board and leaflets

We also asked for any other suggestions that would improve our communication.

What actions were taken to address the priority?

We were encouraged to find that all the forms of communication were used by our patients and the following **patient suggestions** were made and reviewed:

**1. Register on line without visiting the surgery**

Review – It is the responsibility of the practice to check the identity of anybody requesting to use the Patient Access service to protect patient confidentiality. **No Action**

**2. Use of Email**

Review - Technology is not secure enough to protect patients' confidential and sensitive information at present. However, we could use email for generic information such as flu clinics, carers information or events, vaccination programmes.

**3. Newsletter by Email**

Review - Many comments were received about emailing the newsletter. This is already available on our website.

**4. Facebook**

Review – We could use facebook for generic health information about public health matters, flu clinic, shingles, pneumococcal vaccinations etc. Also for highlighting national health campaigns and regional matters and sharing articles.

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

**Use of Email**

It was decided that the practice will use email as an on-going source of communication when appropriate for generic information, this should help patients when we are running flu clinics etc. or for latest information that affects certain groups of patients.

**Newsletter by Email**

Information on subscribing for the newsletter has been placed on posters in the surgery and on the TV screen. It is important that we reach as many patients with the quarterly newsletter as possible as it contains up to date information on the surgery and also seasonal patient information.

**Facebook**

GP Partners have recently approved the setting up of a facebook page, this has not gone live yet but we hope to be up and running by the end of April 2015. This will contain generic health information for patients – a good form of a modern two-way communication and another way of reaching our patients and their carers' and gaining their feedback.



## 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):

As we are now on our way to having a face-to-face group to compliment the virtual group we will be able to offer education based sessions for patients. In September 2014 we did hold a Smoking Cessation evening at our branch surgery at Newton Flotman but this was not very well attended, it is the hope that by holding meetings at our main surgery in the future that it will attract more interest. The setting up of a community-based transport scheme will also be discussed with the group.

The lighting in our waiting area at Long Stratton site has been investigated and we have upgraded to the brighter down-lighters but this has not made a great improvement and unfortunately there is nothing else that the electricians could offer us.

We have decided not to offer WiFi to our patients due to security issues.

## 4. PPG Sign Off

Report signed off by PPG: YES/~~NO~~ Report has been approved by our PPG (ref call to J.O'Connell, Local Area Team)

Date of sign off: 25.3.15

How has the practice engaged with the PPG:

The practice engages with the PPG predominately via email and post. However, we do have a communication co-ordinator who is the PPGs direct point of contact as some of our elderly patient members prefer to ring and discuss issues rather than writing them down.

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

As explained earlier in the report, it is hoped that the secondary school will allow the practice to hold either a display in their main hall or a presentation to show what services are available to the younger generation at the practice, and also to encourage feedback from them.

One of the reception team has become the point of contact for carers and regularly attends local open days to bring back up to date information to the surgery and to meet patients that also attend. This help and advice is publicised through posters, TV screen and on the practice website.

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

Feedback is available from a variety of sources as detailed earlier in the report:

Websites – NHS choices and practice's own website

Comment books

FFT

Yearly surveys

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

All of the PPG have been contacted regarding the priority areas and we have a nucleus of patient members that always respond to the emails and requests, and it is with their agreement that we have proceeded.

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

The medication service has been a success and continues to grow.

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

It has been agreed that appointments will continue to be an on-going action for the GPs especially as the third full-time doctor retires at the end of April 2015, they are aware of our patients' views but cannot offer any additional appointments outside of the normal working week due to the clinician hours available at the present time.

Another on-going action is the phone up-grade, we are hoping that eventually a more modern system will help our patient communication.

From the communication aspect too is facebook, we will have had our first face-to-face meeting before facebook goes live, so this group will be helpful in the monitoring of its usefulness for patients.