

Annex C: Standard Reporting Template

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

Practice Name: De Montfort Surgery

Practice Code: C82020

Signed on behalf of practice: Claire Deare, Business Manager

Date: 16.02.2015

Signed on behalf of PPG: Those present at PPG meeting 16.02.2015
(Group does not have a chair)

Date: 16.02.2015

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

Does the Practice have a PPG? YES
Method of engagement with PPG: <i>Face to face meetings, SMS messaging, telephone and email.</i> <i>(All documents e.g. minutes, reports, archived and accessible on practice's website)</i>
Number of members of PPG: 30

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	51%	49%
PPG	33%	69%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	6%	53%	22%	11%	4%	2%	1%	1%
PPG	0%	20%	3%	27%	30%	20	0%	0%

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	33.6%	0.6%		15.6%	0.9%	1.5%	0.7%	1.1%
PPG	37%	0%		7%	0%			3%

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	7.8%	1.8%	0.4%	6.7%	4.5%	8.3%	2.4%	1.7%		6.7%
PPG	17%	0%	0%	0%	10%	10%				

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:

- *Advertising in waiting room, on our website and in our patient newsletter*
- *Students are asked directly by practice staff if they would like to join*

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

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

Around 45% of our patients are university students. Practice staff have personally requested student patients to join PPG. Around 10% of patients in our Virtual PPG are recorded as being students. They do not regularly attend meetings, but receive invitations and minutes are invited to provide feedback.

2. Review of patient feedback

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

Friends and Family test, GP Patient Survey January 2015 results, and 2014 Complaints Review data.

How frequently were these reviewed with the PRG?

At bi-monthly meetings.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p><i>Pressure on appointments system</i></p>
<p>What actions were taken to address the priority?</p> <ol style="list-style-type: none"><i>1. We have amended our appointment system in November 2014 to allow 'Immediate Access' (i.e. same day) appointments to be booked online from 4pm the previous day. (Before this they released at 8am and only around 1% of total bookings were made online)</i><i>2. At that time we also increased the number of 'follow up' slots for drs to book into, and ring-fenced 3 appts/dr/afternoon for the on call doctor to book into</i><i>3. Staff started to ask the reason for the appointment, to help the on call doctor prioritise who to phone first in order of clinical priority</i><i>4. We have signed up to Improving Access Local Service to offer more 'on the day' appointments in the mornings and afternoon each day (Feb and Mar 2015), and we are surveying patients to see if they were able to get a same day appt if they wanted one</i><i>5. We have secured funding via the local Clinical Commissioning Group's GP Recruitment Incentive for a new doctor to join the team by 31st March, advertising via the CCG nationally in the British Medical Journal and on the NHS Jobs website</i>
<p>Result of actions and impact on patients and carers (including how publicised):</p>

1. *Online booking has increased from 1.2% to 3.4% since the changes were made- we updated our website with the changes and sent SMS messages to patients who have online access enabled to let them know as well.*
2. *The number of complaints received about appointment booking has decreased (complaints information was published on our website in January 2015 in the patient feedback report, on the 'Patient Survey' pages)*
3. *Receptionists have fed back they feel better able to support patients and direct them to the appropriate clinician, and we have received very little negative feedback from patients about being asked the reason.*
4. *At the time of writing the extra appointments are being used and we are awaiting results of the survey (due 27.03.2015)*
5. *Due to uncertainties about our future funding created by the national PMS Review process, compounded by changes to commissioning of primary care services (Co-Commissioning), the practice has decided to put permanent recruitment of clinical staff on hold until the Review is completed. We expect this to take place by March 2016 at the latest. In the meanwhile, we have appointed a long term locum so that appointment capacity is maintained.*

How publicised:

The practice has updated its website on monthly basis, ensuring key changes and information are accessible from the home page. All minutes of PPG meetings and a comprehensive report of the Friends and Family test are available on our website. Additionally, from January 2015 we have produced a b-monthly newsletter. Key points from the survey action plan are detailed in our March newsletter which is on the practice website.

Priority area 2

Description of priority area:

Doctors running late

What actions were taken to address the priority?

1. *We looked into the reasons doctors run late:*
 - a. *GP appointments are booked at 10-20 minute intervals, but some activities take longer than this :*
 - i. *ultrasound scanning*
 - ii. *some sexual health appointments*
 - iii. *mental health consultations*
 - iv. *patients attending with more than one problem per 10 minute appointment*
2. *On our website and in March newsletter, we reminded patients to book one ten minute appointment per problem*
3. *We held a meeting in September with all of our team, and one of the changes we made to the appointment system as a result of this was for receptionists to ask patients for a brief idea of the problem, as this helps them to book a double appointment where appropriate (particularly for the conditions listed above)*
4. *We reminded our receptionists to keep patients in the waiting room informed if a doctor was running late (this was in direct response to a comments card)*

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

It is difficult to quantify the impact of the actions taken, as the reasons for doctors running late are complex and multi-factorial. However, since we made changes to the appointment booking system in November 2014, the number of complaints about doctors running late has decreased. The two complaints we have received since then about late running were actually about patients waiting to see the on call doctor, rather than for pre-booked appointments, and despite our best efforts, we try to see

everyone who needs to be seen and sometimes this takes a little longer than anticipated.

The practice has updated its website on monthly basis, ensuring key changes and information are accessible from the home page. All minutes of PPG meetings and a comprehensive report of the Friends and Family test are available on our website. Additionally, from January 2015 we have produced a b-monthly newsletter. Key points from the survey action plan are detailed in our March newsletter which is on the practice website.

Priority area 3

Description of priority area:

Phone lines being busy at 8am when the practice first opens

What actions were taken to address the priority?

- 1. The practice management team has ensured that all admin staff in work between 8 and 9am are dedicated to patient facing activities, either answering the phone or manning the reception desk (many patients come in and book appt in person)*
- 2. We have promoted online appointment booking to patients online and in person over the phone and face to face*
- 3. We have undertaken research into extending the range of transactions patients can complete online in addition to ordering repeat medication and booking/cancelling appointments, with a view to reducing the number of incoming telephone calls to the practice*
- 4. We have booked a half day training session for practice management team on 24th February for 'Patient Online' training*
- 5. We have advertised for two new receptionists and changed the working pattern of some of the existing team in an attempt to match staffing levels to demand levels*

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

Despite our best efforts, we recognise that the phone lines are still busy at 8am. We have really tried to promote online booking to patients, so that they can log in at 4pm and book an appointment for the next day. We have increased the number of patients having online access by 20% so that now 3536 patients are able to book their appointments and order their medication online. We have had one new receptionist join the team and we are re-advertising for a second receptionist. The 'Patient Online' training was re-scheduled for 6 March as the trainer was not available on 24 February. During that training the practice team learnt that there are not many tailored options between summary access and full access. This was really disappointing, as the management team had hoped to be able to extend the range of information from their clinical record available to patients.

The practice has updated its website on monthly basis, ensuring key changes and information are accessible from the home page. All minutes of PPG meetings and a comprehensive report of the Friends and Family test are available on our website. Additionally, from January 2015 we have produced a bi-monthly newsletter. Key points from the survey action plan are detailed in our March newsletter which is 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):

- Continue to promote and develop the role of PPG – the new business manager has maintained the meetings schedule, expanded the PPG information on the practice website, and actively sought increased input via the Friends and Family test*
- Continue to actively promote online services- all newly registered patients are given business cards with info on, and sent a text message telling them how to register for an online password. 21% of patients have now requested online access and are able to book/cancel/amend appointments and order their repeat medication. By 31 March we will enable to 'My Summary Information' access.*
- Ensure survey is reviewed again next year- at the time this action was agreed in 2013/14 we had not known about the changes to the PPG DES. The practice was without a business manager in the early part of 2014/15, but the new business manager has embraced the opportunities presented by the Friends and Family test, and has promoted this heavily within the practice and its website, with encouraging results. Over 300 patients have completed the Friends and Family test.*
- Improve staff communication to ensure front line staff are able to give information about how to access services – the whole team was involved in an appointments review in September 2014, and we have improved our new starter induction programme.*
- Improve display of information in waiting room- these displays are now updated on a monthly basis.*
- Create a newsletter- we started a patient newsletter in January 2015 and this is updated bi-monthly.*

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 16th February 2015 (at the PPG meeting)

Has the report been published on the practice website? YES

How has the practice engaged with the PPG:

The PPG has met bi-monthly, and PPG members have been invited to meet the CQC inspectors and attend the annual quality review (Quality Engagement and Delivery) meeting with the CCG

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

The PPG has a designated noticeboard in the waiting room, and the Friends and Family test has been widely publicised within the waiting room, around the practice and on our website in simple, plain English posters. We have a translation widget on our website.

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

Yes we have received over 300 responses from the friends and family test

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

Yes, all actions have been developed in conjunction with PPG at meetings

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

Changes made have been tailored to the feedback received from a variety of sources

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

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.