

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: Thorpe Road Surgery

Practice Code: D81615

Signed on behalf of practice: Dr T Shah Date: 27.03.15

Signed on behalf of PPG/PRG: NP Date: 27.03.15

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)	Face to face and email.
Number of members of PPG:	12

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	2767	2831	1214	426	1024	897	779	558	376	324
PPG	5	7	0	0	1	1	2	4	1	3

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	3749	20		346	31	27	46	94
PPG	11							

	Asian/ Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other or not given
Practice	552	353	17	16	86	93	24	33		79
PPG	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 is advertised on the website, in the practice leaflet and in the surgery waiting room.
PPG are present at the flu clinics to help us and to promote the group.
There is a virtual PPG for those unable to attend the surgery for meetings.
Talks given by the GP are arranged by the PPG and advertised in the surgery.**

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

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:

Suggestion box in the waiting room.

Friends and family test responses – in the waiting room, via website and in the PPG survey.

NHS Choices website comments.

Any comments/complaints given to receptionists by patients.

Survey by the PPG

How frequently were these reviewed with the PPG?

Monthly - At every monthly meeting any feedback/comments received are discussed.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

To create appointments earlier in the week.

What actions were taken to address the priority?

As result of the patient survey, one of the priorities was to create more appointments earlier in the week. This was achieved by offering late evening appointments on a Tuesday. These were essentially GP appointments.

The clinics were advertised via the notices in the reception area and on the website.

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

The Tuesday late clinic ran for just over 6 months, and the uptake of appointments was good. However, there was an incident where a chaperone was needed by the male GP, the patient had to be asked to return the next morning for assessment and examination. Henceforth, at the present time we offer the same number of appointments on Monday evenings instead, but we ensure that there are at least one GP and a Nurse in the building during this time.

Priority area 2

Description of priority area:

Promoting the nurse practitioner role.

What actions were taken to address the priority?

The Nurse Practitioner has been the newest addition to our practice team. Uptake of her appointments was slow hence this was identified as a priority area.

Notices were placed around the reception area and posters were placed on the notice board.

The receptionists were proactively advised to suggest an appointment with the Nurse Practitioner for minor illnesses. Posters were placed in reception and the waiting area highlighting the role of the Nurse Practitioner and illnesses that the patients could choose to see her for.

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

We did see a positive impact due to these measures and uptake of the appointments with the Nurse Practitioner grew with time. Her appointments were mostly used for the on-the-day requests for appointments for patients with minor illnesses.

Our current Nurse Practitioner has decided to leave the surgery for personal reasons, however we have identified as result of this exercise, that the Nurse Practitioner's role is an important one that provides the practice with the capacity to offer on-the-day appointments for minor ailments, enabling GPs to see more complex patients reducing pressure on hospital/A&E admissions.

We have now recruited a full time Nurse Practitioner who will join the team in May 2015. This has been discussed at the PPG meetings. There has been positive feedback from patients about their experience when they saw the Nurse Practitioner.

Priority area 3

Description of priority area:

This priority area was about the way the clinicians communicated with patients about their illnesses and their treatment.

What actions were taken to address the priority?

This was the subject of discussion which the senior partner had with the clinicians individually.

The clinicians realise that at times patients may walk out of the consultation room unclear of what they were being treated for. All the clinicians pointed out that this could happen in situations when the patient has come in with multiple problems and wants all of them addressed in a single 10 minute consultation.

However, the clinicians had mixed opinions about restricting patients to discussing just one problem in a single appointment; the majority felt that it would be best for the clinician to recap at the end of the consultation and to ask whether the patient still had any questions for them. Time permitting, this could be followed up by the clinician over the phone later or the patient could be invited back to attend at a later date if appropriate to do so.

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

This priority would be reassessed at a future patient survey to assess patient satisfaction with their care.

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):

Issues raised in the 2013-14 report:

1. Doorbell to be fitted to help patients with difficulty with access – DONE.
2. Local Telephone number to be installed – DONE. The 0844 number has been removed and replaced with a new local number and this has now been in place for a few months and was well received by patients.
3. A clock to be fitted in waiting area – DONE.
4. Drinking facility to be provided in waiting room – After much discussion and research this was not carried out due to the restrictions that will be imposed by CQC. Drinks are available from reception if requested.
5. Hand gel to be provided in waiting room – DONE.
6. The practice is to consider ways in which patients can be informed of changes. DONE. The surgery now uses the SMS texting service, prescription messages, website and TV screen in the waiting room.
7. The PPG and practice to consider ways in which patients can become more aware of and involved in managing their own health. DONE – Talks have been arranged and have taken place. These however have been poorly attended, but described as very informative and useful by those who did attend.
8. Further surveys to be carried out. DONE – PPG conduct their own survey annually as well as practice survey.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 27.03.2015

How has the practice engaged with the PPG:

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

The PPG has its own website and gives patients the option to join the group fully and come to the meetings, but if they are unable to do this they can join the virtual group and be kept up to date by emails etc.

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

Yes. We receive feedback through FFT both on paper and online, and through the PPG suggestion box, NHS Choices and surveys.

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

Yes

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

There are more free appointments available on the day now we have a Nurse Practitioner available. Also more appointments are available at the beginning of the week when there is more demand and these are being taken up. With regards to the patients taking more interest in their own healthcare, this is an ongoing area which we will continue to hold talks and discuss other ways in which to involve patients in their care. The clinicians are taking care to ensure that patients understand what is being done for them and how they can help themselves. The 'health pledge' is the latest plan which is to be included in 2014/2015 events.

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

The PPG and the practice continue to meet regularly and keep in contact by email, and are currently working on our plans for this year.