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: **Orton Bushfield Medical Practice**

Practice Code: **D81629**

Signed on behalf of practice: **Lisa Butcher** Date 31st March 2015

Signed on behalf of PPG/PRG: **Marylyn Black** Date: 31st March 2015

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

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| Does the Practice have a PPG? YES / NO | Yes |
| Method of engagement with PPG: Face to face, Email, Other (please specify) | Face to face |
| Number of members of PPG: | 11 |

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| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | |  | Male | Female | | Practice | 2690 | 2718 | | PPG | 5 | 6 | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | >75 | | Practice | 1285 | 599 | 808 | 734 | 660 | 648 | 391 | 283 | | PPG |  | 1 |  | 2 | 5 |  | 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 |  |  |  |  |  |  |  |  | | PPG | 9 |  |  |  |  |  | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/ Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any Other | | Practice |  |  |  |  |  |  |  |  |  |  | | PPG |  |  |  |  |  |  |  |  |  |  |   Details are not fully recorded for all practice population so cannot give an accurate count. | |

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| 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:  New patients and existing patients are advised about the group. A PPG noticeboard is prominently displayed in the waiting room and encourages patients to join the group and explains the functions of the PPG. Agendas, minutes, times and dates of meetings are also displayed. PPG members undertake an annual survey – over a month, during surgery times and actively encourage people to join the group. An “awareness” week took place in the surgery during summer 2014. The PPG are actively trying to establish an extended virtual PPG group to encourage other patients to join 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 (Lesbian Gay Bisexual Transgender) community? 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**

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| Outline the sources of feedback that were reviewed during the year:  PPG members designed and analysed a patient survey during each of the last 3 years which has been reviewed.  Family & Friends Test feedback has all been positive.  Complaints have been reviewed and acted upon. |
| How frequently were these reviewed with the PPG?  The PPG review in Spring 2014 identified some issues for attention which have been discussed at most PPG meetings with the practice since that time with regular reviews of progress towards improvements.  Since a staff change at the end of 2014 more detailed discussions with practice staff and the PPG have been facilitated. |

1. **Action plan priority areas and implementation**

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| **Priority area 1** |
| Description of priority area:  Problems with telephone service – mainly problems with contacting the surgery to book appointments. |
| What actions were taken to address the priority?  The telephone service has been upgraded. The telephones themselves have been moved to new positions to facilitate a different system for patients wishing to book appointments.  On-line appointment booking system has also been introduced to try and free up the phones. |
| Result of actions and impact on patients and carers (including how publicised):  Patients now find it easier to make contact to book appointments by telephone as the on-line system has reduced the number of people using the telephone system. Patients spend less time “on hold” waiting to contact the surgery. Staff actively encourage patients to use the on-line service where possible. |
| Priority area 2 |
| Description of priority area:  Patients had difficulty in accessing routine or important (ie non –emergency) appointments with GPs within a reasonable time frame. This was linked to requests for extended surgery hours. |
| What actions were taken to address the priority?  Significant staffing difficulties over the year have made it difficult to address this priority, but improved booking systems and review of booking priorities (face to face, on-line and by telephone) have improved the situation where possible. Surgery hours have been extended on a Monday and Wednesday evening and now include appointments up to 7.30pm. The use of a triage system to assess the need for a GP contact has been introduced. |
| Result of actions and impact on patients and carers (including how publicised):  The impact this has had on the patients is that more appointments have been offered and there has been telephone triage which has resulted in things being able to be sorted over the phone much more easily.  This is under constant review with the PPG and the practice tries to adjust the service provision in line with the ongoing issues on this subject. |
| Priority area 3 |
| Description of priority area:  Privacy in the waiting area at the reception desk when patients are discussing matters with staff. |
| What actions were taken to address the priority?  Lease arrangements for the surgery premises give the practice no power to make structural changes. Discussions around the use/layout of premises have been ongoing with relevant authorities for several years with no result.  Within the limits of what is available the practice has introduced a computerised booking in system, upgraded and re-sited the telephone system, arranged a proper queuing system for patients to allow a little distance between those waiting to access reception staff and the person at the reception desk. Moving some telephone services away from the reception desk allows more time and privacy for staff to talk to individual patients.  Computerised booking in system has reduced the number of patients queueing to see the receptionist. |
| Result of actions and impact on patients and carers (including how publicised):  Patients seem to be very happy with this system that has been put into place. |

**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):

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| * We have changed the way appointments can be booked to include an on-line service and an upgraded telephone system so that patients can contact staff more easily to book appointments. * We have changed our booking systems to allow more same day access for those patients needing to see a doctor urgently. * We have introduced a telephone triage system for appointments where necessary, where the clinical nurse phones and assesses the patient and brings them into an appointment if necessary * We have introduced a service allowing quicker access to a “clinical nurse”, where this is as useful as waiting for a GP appointment * We have introduced an on-line service for repeat prescriptions and staff advise patients regularly on this facility * We have revised the way in which we use noticeboards and advertise service in the waiting area * Accommodation and surgery maintenance issues have been a problem for both patients and staff for several years. Despite ongoing requests for improvements/refurbishments/improved maintenance nothing has changed since the PPG first identified significant problems in 2012. The PPG are now in direct contact with NHS England to try to resolve this issue but to date, no response has been received. * Clinical staffing issues continue to cause concern within the practice but these are under continual review with the PPG and changes are made, where possible, within available resources to respond positively to problems as they are identified by patients |

1. **PPG Sign Off**

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| Report signed off by PPG: YES    Date of sign off: 31st March 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?  Has the practice received patient and carer feedback from a variety of sources?  Was the PPG involved in the agreement of priority areas and the resulting action plan?  How has the service offered to patients and carers improved as a result of the implementation of the action plan?  Do you have any other comments about the PPG or practice in relation to this area of work?    The PPG has been in operation since 2012 but has only been formally established with an elected chair since the end of 2014. The PPG now meets monthly at the surgery and either the practice manager or assistant and a GP attends each meeting. The chairman meets with the lead GP as required by the PPG or at the request of the GP. The PPG raised practice issues with the local patient forum as needed and communicates with practice staff about wider service issues from the forum as necessary.  The Practice facilitates a PPG led patient survey annually, where it is hosted at a “PPG awareness event” for all patient groups. The practice supports the PPG in trying to establish an extended virtual PPG to include a wider patient representation.  The PPG are regularly and significantly involved in assisting the practice with identifying priority areas for action.  Positive patient feedback indicated improved satisfaction with the ability to actually book an appointment. There is also significant and improving support for on-line services relating to booking appointments and repeat prescriptions.  Members of the PPG have always worked to positively support and improve the patient experience within the practice. Following recent staff changes with the practice and structural changes to the PPG itself the working relationship has been enhanced further. The Practice values feedback, both positive and negative from the PPG which is regularly provided in a constructive way. Ideas for change and improvement suggested by the PPG are useful to the practice when reviewing the services we provide. |