

## Annex D: Standard Reporting Template

### NHS England - Cumbria and the North East 2014/15 Patient Participation Enhanced Service Reporting Template

Practice Code:

CCG:

Practice Name:

Signed on behalf of practice:

NHS England will accept the email return of the report as sign off by the practice

Please confirm if the practice has received sign off from the PPG for this report

Please include evidence when returning report, for example, signed letter of support from patient group, agreed minutes, email confirmation from patient group members

Please complete ALL the yellow boxes

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

Does the Practice have a PPG?

**PLEASE NOTE THAT IF THE PRACTICE DOES NOT HAVE A PPG SET UP THEN NO PAYMENT WILL BE MADE**

#### DES

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

Please indicate all methods of engagement:

Number of members of PPG:

#### Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	8404	8900
PRG	22	37

#### Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	75+
Practice	3565	1506	2215	2288	2408	2081	1770	###
PRG	0	2	11	8	8	11	14	5

#### Detail the ethnic background of your practice population and PRG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White & Black Caribbean	White & black African	White & Asian	Other mixed
Practice	12786	34	1	236	13	12	4	34
PRG	53	0	0		0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	49	9	10	52	54	23	3	13	1	140
PRG	0	0	0	0	1	0	0	0	0	5

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 Practice has a long established patient participation steering group that meets face to face on a regular basis. More recently it has expanded that group to include a reference group that communicates via email. Recruitment has been through a variety of methods, including website, newsletters, posters with information given to all patients at the point of registration. The long-standing patient group assist this process by leaving a supply of newsletters in community venues such as halls, churches, libraries etc.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG?

e.g. large student population, significant number of jobseekers, large numbers of nursing homes, or LGBT community?

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



Has the Practice developed and maintained a PPG that gains the views of of patients and carers and enables the practice to obtain feedback from the practice population?	Yes
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All Information complete

#### 2. Review of patient feedback

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

Ahead of a face to face meeting with the steering patient group members are emailed to explain the priority setting process and ask for feedback on services and key priority areas. Anonymised responses were discussed at a meeting on 12th August along with a review of: previous year priorities; GP survey results; annual complaints review; NHS choices website reviews and CQC standards. It was also agreed that it would be useful to add an additional comment to the friends and family questionnaire for those patients who indicated they were likely, or extremely likely to recommend the Practice. The question was designed to ascertain if there was anything the practice could do to make the patient experience even better.

How frequently were these reviewed with the PRG?

The priorities from previous years, the GP survey, annual complaints and CQC standards were reviewed once initially, along with suggestions from the reference group, NHS Choices comments and the friends and family results are reviewed in steering group meetings as and when new information becomes available.

Has the PPG and practice staff reviewed patient feedback received by the practice on a regular basis?

Yes

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<b>All Information complete</b>	
Has the Practice and PPG developed and agreed an action plan (based on three key areas) and agreed how the practice will implement improvements	Yes
Has the Practice publicised actions taken to practice population including providing the PPG with updates on progress and assessment of subsequent achievement within the timescales agreed.	Yes

#### 3. Action plan priority areas and implementation

<b>Priority area 1</b>	
Description of priority area:	
Premises Improvements to include: a general tidy up; new chairs in consulting rooms and the waiting area; a redesign of the waiting area to improve confidentiality; improved use of the second waiting area on the lower ground floor.	
What actions were taken to address the priority?	
<p>The Practice invested in new vinyl chairs for all consulting and treatment rooms and replaced the existing seating in the waiting areas. Then following feedback on the new chairs we fitted arms to a selection of chairs to aid patients who are less mobile. In the redesign of the waiting area we took out the back row of chairs nearest to the reception counter. This has reduced the risk of overhearing and the next step is to pipe music into the waiting area as the Practice has just purchased the necessary performing rights licences. Patients who are attending for appointments with our Nurses and Health Care Assistants, particularly those being seen for blood pressure monitoring, Learning Disability Health Checks and ECGS along with any patients who have poor mobility are asked to go straight to the downstairs waiting area and are called in person by the Health Professional, which has ensured there is still enough seating in the main waiting area. The general tidy up has included a review of notices and notice boards, a clear out of toys in the children's play area and the next stage is to begin a schedule to replace flooring in the consulting, treatment rooms and public areas along with replacing the manual doors into the waiting area to improve disabled access. The funding for the doors is being provided by our patient group who feel ease of access for disabled patients should be a priority.</p>	
Result of actions and impact on patients and carers (including how publicised):	
<p>Progress was emailed to the patient groups along with a request for feedback and patients have been redirected to the new waiting area by Reception as they attend for appointments and an instruction included on the self-check in monitor. Overall feedback was good but there were some initial comments about the new chairs not having arms and thereby causing difficulties for patients who are not as mobile. This was acknowledged and a selection of chairs had arms fitted as a result. An update will be provided in the March newsletter and this will be available on our website and our patient group will disseminate into community venues to reach the wider population.</p>	



**Priority area 2**

**Description of priority area:**

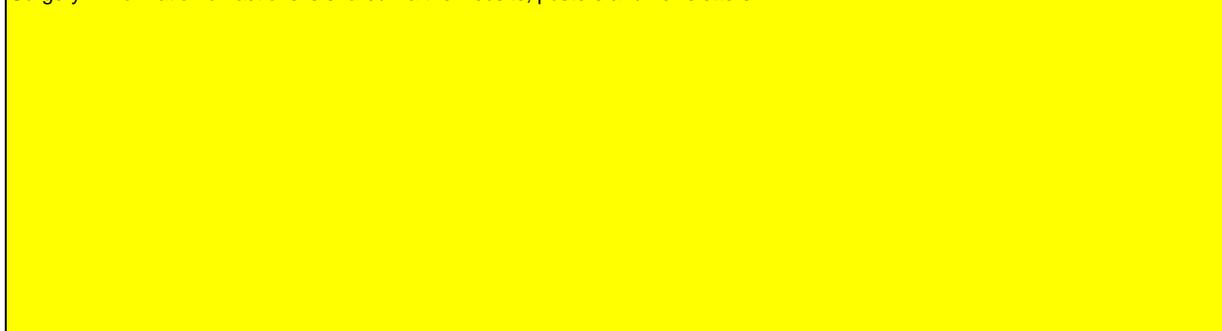
The Practice has never been happy with the CISCO/ARC system and was not surprised to see from the GP Survey and from complaints that patients were not satisfied with how easy it is to get through on the telephone. The system allows staff to see calls as they come through including abandoned calls and the staff shared patient frustration because of the time it took them to pull a call down from the queue. Essentially the ability to get through was not restricted by the number of staff available to take calls but by the efficiency of handling those calls through the system. A change of system was therefore a priority but the Practice was keen not to lose the benefit of being on a network that allows internal calls between NHS colleagues who share the system.

**What actions were taken to address the priority?**

There have been ongoing discussions with the North East Commissioning Support unit throughout the year and the Practice has agreed to transfer to an alternative system with them. The Practice has been given assurances that the different technology of the new system means that the problems with capacity will not continue. The demonstration of how the new system works supports this and would appear to allow maximum efficiency in terms of staff being available to answer calls. The Practice is awaiting confirmation from NECS of a date to move over to the new system but it will be in 2015/16. The number of staff hours in Reception has also been increased in response to increasing demand and has removed the restriction on what hours patients are able to telephone in order to obtain test results and order repeat prescriptions. This is more convenient for patients and should reduce calls as patients are not longer asked to ring back at a certain time.

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

Patients will be informed of the new system once the Practice has a firm date and the impact will be assessed through consultation with the patient group, GP survey results and complaints monitoring. The aim is to provide patients with quick and efficient access to the Surgery. Information on actions is shared via the website, posters and newsletters.





**Priority area 3**

**Description of priority area:**

Improve patient awareness of out of hours services and in particular the new 111 service. This area was chosen by the patient group on the basis of the GP survey results that suggested a high number of patients are unsure how to access assistance when the surgery is closed.

**What actions were taken to address the priority?**

The Practice re-recorded its out of hours telephone message to highlight the 111 service; printed a message on prescription counterfoils; advertised through its website, posters, and newsletters. There is a sign at each entrance informing patients to ring 111 for access health care when the practice is closed. It is also a key message from the doctors to patients who are included in the avoiding unplanned admissions register.

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

The latest survey results available shows no significant change to the number of patients who state they do not know how to contact a GP out of hours but the results are currently only available to the end of September 2014, which is prior to the drive on informing patients. If successful it is hoped that patient care will improved by more appropriate use of A&E and other OOH services. The website and newsletter are the primary method of communicating with patients.

**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):

Free text

In 2012/13 patients had identified the 0844 telephone number as an issue for them as they found it to be very expensive. As a result the Practice switched to the CISCO/ARC system in conjunction with a PCT initiative and reverted to a 01642 locally charged number. However, in rectifying one issue the Practice seems to have generated a new problem with patients expressing difficulty in getting through on the telephone in 2014/15. It has been recognised that the current system is not able to cope with the level of demand so as describe above a new solution has been sought and will be implemented in 2015/16. Also in 2012/13 patients expressed dissatisfaction with the ease of getting an appointment and as a result the Practice implemented the Dr First system in 2013/14, this has definitely improved access with patients being offered same day or next day (depending on what time they contact the surgery) appointments. However, the Dr First system is the most commented on service in the Friends and Family Test feedback as the reason for patients either being extremely likely or extremely unlikely to recommend the Practice. A survey conducted in 2013/14 after implementation did however demonstrate an high level of satisfaction overall.

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All Information complete

#### 4. PPG Sign Off

Report signed off by PPG:	Yes	Please include evidence when returning report, for example, signed letter of support from patient group, agreed minutes, email confirmation from patient group members
Date of sign off:	19/03/2015	

How has the practice engaged with the PPG:  
 How has the practice made efforts to engage with seldom heard groups in the practice population?  
 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 Practice has engaged with the PPG through email and face to face meetings. The PPG disseminate the Practice newsletter into community venues and the Practice Manager liaises with a local group for patients with mental health issues so that they have a voice. The Practice has an appointed "champion" for carers who liaises with local carers support groups, manages a dedicated carer's notice board within the Practice and has arranged for a carers support group to come into the Practice to promote their services. The PPG was involved in the agreement of priority areas and approved the resulting action plan as well as reviewing feedback from the NHS Choices website and the Friends and Family Test as it becomes available. The ongoing premises improvements benefit all patients and in particular seek to address confidentiality and overhearing at the counter, which is an issue for many Practices. Telephone access is an essential component to a quality service and the hope is that by increasing staff hours and transferring to a new system it will be easier for patients to get through on the telephone. Appropriate use of Out of Hours services is key to ensuring an efficient, cost effective NHS and it was alarming to note the percentage of patients, even with the introduction of the 111 service, who said that they did not know how to contact a GP when the surgery was closed. It is hoped by promoting this key piece of information it will assist patients in accessing the appropriate level of service out of hours and support the national drive to ease the increasing burden on A&E departments. Since establishing the reference group it has been the experience of the Practice that very few replies are received in response to requests for opinion and the steering group remains the primary source of feedback. However, the handful of responses from the reference group have been the basis for discussion with the steering group and at the very least it is an avenue for the Practice to share information. In particular email has been used to circulate opportunities for patient engagement on a range of NHS services and proposals both local and national.

Stockton and Hartlepool CCG Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

**Practice Name:** Norton Medical Centre

**Practice Code:** A81036

**Signed on behalf of the Practice:**

  
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Christine Malloy, Practice Manager

**Date:**

  
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**Signed on behalf of the PPG:**

  
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Ann Cains, Chair of the PPG Steering Group

**Date:**

  
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