

Annex D: Standard Reporting Template

Taken from; GMS Contract 2014/15, Guidance and Audit requirements, NHS England Gateway reference: 01347

[Name] Area Team

2014/15 Patient Participation Enhanced Service Reporting Template

Practice Name: UEA Medical Centre (Dr Alderton & Partners)

Practice Code: D82088

Signed on behalf of practice: Christina Fielding

Date: 20.03.15

Signed on behalf of PPG/PRG: Ros Brooke

Date: 20.03.15

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)	Email
Number of members of PPG:	27

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	45.7	54.3	Practice	3.2	63.6	24.5	5.1	2.2	1.0	0.3	0.1
PPG	19.0	81.0	PPG	0	30	26	11	22	7	4	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	41.4	0.5	0	11.2	0.4	1	1.2	0.9
PPG	85.2	3.7	0	0	0	3.7	0	0

	Asian/ Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	2.0	0.7	0.3	21.9	2.9	1.6	0.1	0.2	0.4	2.2
PPG	0	0	0	0	0	3.7	0	0	0	0

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:

We have a predominately young demographic of patients, with a higher percentage of students and international patients compared to other GP practices. We find communicating with these groups is normally more successful by email, so have tried recruiting new PPG members via the termly 'ezine' newsletter that is emailed to all patients. We have also promoted the PPG to international students by including the PPG in the talk given by one of our doctors to new international students and also by using our contacts in the 'INTO' school (the attached International school to the University) to inform students of the PPG. Other methods used to recruit new PPG members have included advertising the group on the back of prescriptions, on our website, screen messages on the Jayex electronic board in reception and posters in reception.

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 – large student population and International student population.

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

33% of the PPG are students – compared to 65% of our practice population being students.

15% of the PPG are not 'white British' – compared to 59% of our practice population.

We have tried to increase numbers of the PPG in these groups with methods as outlined above and appreciate that to make the group more representative of the practice population further steps need to be taken. We will therefore ask patients in these groups if they wish to participate when they register with the practice, and will monitor any increase in numbers this results in.

2. Review of patient feedback

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

In-house survey responses
Website feedback form responses
Patient feedback / complaints
FFT responses

Following reviewing the feedback received from patients from the above sources, this year the three key areas we agreed we should concentrate on with the PPG were privacy in the waiting area, the urgent doctor clinics and ease of telephone access.

How frequently were these reviewed with the PPG?

Twice during the year 2014-15 so far.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Waiting Room – privacy and user friendliness.

Comments received include:

‘More confidential area to speak to reception’

‘Waiting line too close to front desk’

‘It would be really good if you could manage the waiting room more wheelchair user friendly ie had places we could sit without feeling in the way’

What actions were taken to address the priority?

We have moved the waiting line further back and have purchased a ‘stand-up’ sign – with the message ‘Please respect the privacy of

the patient at the desk and wait here until the receptionist is free’.

It is apparent that patients are still not aware that there is a separate ‘Reception interview room’ available – if patients would like to speak in more private surroundings, despite signs we have put up previously. Therefore we will add to the new stand-up sign ‘If you would like to speak to someone in private please let the receptionist know’ – and then if they do the receptionist can offer the availability of the room to use.

Chairs have been re-arranged to leave an area free for wheelchair users, and signposted to leave free for them. Initially we hadn’t left any chairs in this area, but we had feedback from a wheelchair user who thought the area was an improvement, but felt we needed to leave a couple of chairs in this area too, as they quite often come with somebody else to their appointment and didn’t want to feel segregated. We have since implemented this and had positive feedback.

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

We have not had any direct feedback from patients regarding privacy – but since the changes have been implemented reception have reported a couple have asked to use the reception interview room (& we presume this is after reading the sign that it is available).

Feedback from a wheelchair user, regarding to the changes made to the waiting room, have been positive (as above).

Priority area 2

Description of priority area:

Improving access to telephone lines and on-line appointment booking

We have received a number of comments and these include:

'Ease of phone access needs improving'

'Phone lines are sometimes busy (understandably)'

'Allow us to ring / book appointments on weekends'

'Difficult to get through on phone at 11am'

'Phone lines are always busy'

'A 'hold' system on the phone, it is very annoying to keep calling back to get through to reception'

What actions were taken to address the priority?

These comments are disappointing as previous years we have had good feedback on the ease of contacting the practice on the telephone, with 80-82% of patients being satisfied.

We appreciate prompt phone access is important to patients and have therefore increased the number of staff answering phones during early morning and have devised systems to encourage patients to phone later in the morning to book routine appointments, allowing easier access first thing for those patients who need to be seen on the same day. Patients can also book appointments on line if they wish and the on line booking service is actively promoted to new patients. However, existing patients may not be as aware of this facility and the new app which is available. We will therefore promote this in the next 'ezine' which is emailed to all patients and promote it in the waiting room. We do not use a call queuing system as many of our patients only have mobile phones and this would be very expensive for them. We also find they can be aggravating for patients.

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

We hope that patients will find it easier to contact us by telephone and will monitor this with the next survey we do. Many patients are keen that we do not have a hold system, one comment from a PPG member included '*Whatever you do, please don't ever go for an automated switchboard.*'

Priority area 3

Description of priority area:
Urgent doctor clinics

Comments received include:

'Try to find a solution to deal with emergency appointments, without making other patients wait longer than necessary.'

'Have a second emergency doctor'

What actions were taken to address the priority?

We are continually monitoring numbers of patients that are waiting to see the urgent doctor / how many patients are seen in each urgent doctor clinic / how long patients are waiting. We have two urgent doctors on a Monday morning, when demand is at it's highest. We have also started to introduce a system on a Tuesday afternoon (the next busiest urgent doctor clinic) where the 'book on day' doctor has 3 slots reserved in order to use these to take patients from the urgent doctor clinic, to help ease the load. Also if patients have been waiting a long time, or if there are a large number of patients waiting to see the urgent doctor the other doctors who are consulting are asked to see an additional patient from the urgent doctor clinic.

We also find that some patients do use the urgent doctor clinic for 'non-urgent' problems, so patients attending the urgent clinic are given a flyer describing the service, and if they feel they do not fit the criteria for an urgent appointment to re-book with reception.

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

At peak times patients are waiting to be seen less as other doctors are stepping in more to see patients waiting when it is busy.

Comments received from one of the PPG members:

I think you're probably on a hide into nothing on this one. I suspect the more duty doctor slots you provide, the more they'll fill up.

Actually I notice you've stopped calling them 'duty doctors' and I suspect using the term 'emergency doctors' should get the message across eventually. I think the flyer is a very good idea so long as it's kept really brief and to the point.

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):

We have completed the action plans from the previous years – and these actions were agreed with the PPG. See below:

2013-14 Action plan:

Action Plan		Agreed Completion Date	Actual Action Implemented	Actual Completion Date
1	Advertise telephone appointments more effectively using – <ul style="list-style-type: none"> - Website - Jayex board - Receptionists 	ASAP	May 14	May 14
2	Ensure when patients register if they have long standing medical condition they are offered an appointment with one of the doctors that have more session availability. Add information to website regarding the number of sessions each GP works (already have this info on posters in reception).	ASAP	June 2014	June 2014
3	Long term locums Include their pictures and no. of sessions worked on the board in the waiting room	Apr-14	Apr 2014	Apr 2014
4	Length of time spent in waiting area in the practice to see the doctor: <ul style="list-style-type: none"> - Highlight the issue again at the next doctor meeting and ask doctors that do keep to time to advise how they manage this and what others might do differently - Ensure patients are kept informed if a doctor is running late. The receptionist on the front desk needs to monitor the clinics and advise patients if a doctor is running more than 30 minutes late - Reception to advise patients when booking appts the length of the appt (so pts are more aware of consultation time constraints and hopefully resulting in doctors cutting down running late) 	ASAP	<ul style="list-style-type: none"> - Complete - Reception being more proactive in monitoring clinics and informing pts if clinician is running late - Reception started to do this, but do not always remember to highlight the length of time of the appt. Have now added information to our website regarding appt times 	Sept 2014

5	The opportunity to make compliments or complaints Make patients more aware of our 'contact us' page on our website – as we now have the facility where people can submit feedback online via this – whether it be comments, suggestions or complaints.	May-14	May 14	May 14
6	Information provided by the practice on how to prevent illness and stay healthy. - Provide a dedicated notice board in the waiting room with information regarding common conditions - Include in next ezine	Aug-14	On-going rotation on notice board – as lack of space to create new one. Will also include info on minor illness in ezine which is emailed to pts – hayfever in Spring, Autumn included alcohol, chlamydia and Ebola information. Will include info on common minor illnesses and link to website in next ezine	Sept 2014
7	Informing patients of their missed appointment We need to establish a system of informing patients who have missed appointments. Look at emailing those who have missed 3 appointments in a 3 month time frame. Need to be mindful of the reasons a patient may have missed the appointments. Look at reviewing with their usual dr first before sending email.	Aug-14	Clinical system automatically adds an alert to the patient record if they miss 3 appointments in a 2 month period. If a patient then misses another appointment this is then evaluated on a case by case basis - discussion with clinician as required. We have a series of standard letters that are sent to the patient – as agreed with the clinician concerned.	Aug 14
8	Parking Continue to monitor our dedicated spaces and inform UEA security if anyone is parked illegally in these.	On-going	As detailed	On-going
9	Self Check In Machine The contract for the machine runs until September, when we will then review the situation and if necessary obtain a replacement machine.	Oct-14	New software installed on machine	Nov 14
10	Fit coat hooks to the backs of the toilet doors	Aug-14	Aug 14	Aug 14
11	Investigate possibility of having background music in the waiting room.	Aug-14	Aug 14	Aug 14
12	Place a frame stand up board in reception with poster asking pts to ensure we have correct contact details etc (as pts are more likely to note the stand up board rather than a poster)	May-14	May 14	May 14

2012-13 Action plan:

	Action Plan	Agreed Completion Date	Actual Action Implemented	Actual Completion Date
1	Monitor patient satisfaction with improvements made to privacy settings on the Jayex board	Sept 13	<i>Clinics no longer shown, just room number. 2 comments from patients on this years survey regarding their full name being shown on the board, but due to many international patients names being so similar, we can not change this.</i>	<i>Feb 13</i>
2	Reception privacy: - Install a black line on the floor, away from the reception desk - Ensure reception continue to use the laminated nurse card to show patients when asking what the problem is so patient can point to problem without being heard and receptionist can then book patient in the correct clinic. - Advertise more clearly there is a reception interview room available if the patient requires more privacy.	June 13	<i>Implemented as detailed</i>	<i>June 13</i>
3	Urgent Doctor Clinic - Ask doctor to inform patient if it wasn't appropriate to attend the urgent clinic. - Reception to hand out the 'urgent doctor information leaflets' to all patients who ask to see the urgent doctor. - Discuss at doctor nurse meeting using a clinician to triage calls for the urgent doctor clinic and feasibility.	ASAP	<i>Implemented.</i> The feasibility of a doctor or nurse triaging patients for the urgent doctor clinic was discussed. Firstly, as many of our patients walk in for these appointments a telephone triage system would therefore not be appropriate, and secondly the majority of patients that call would actually need to be seen to be properly assessed. From past experience in other practices, the doctors felt a triage system only worked well when there were a lot more urgent patients with a predominantly elderly population and we have the opposite - a young demographic.	<i>March 13</i>
4	Extended hours - Need to further advertise extended access by emails/posters in waiting room. - Ensure reception offer to all patients when they are available. - We will also continue to advertise this in our practice leaflet, on our website, jayex and termly newsletter (ezine).	May 13	<i>Next ezine issue Summer term</i>	<i>May 13</i>

2011-12 Action plan:

Action Plan		Agreed Completion Date	Actual Action Implemented	Actual Completion Date
1	Change layout of the waiting room seating area	Jun-11	<i>Seating layout changed</i>	<i>Jun-11</i>
2	Look ways to enhance privacy for patients when presenting at the reception desk & implement the changes	Sep-11	<i>Privacy wall inserted in-between reception desk and the waiting area</i>	<i>Jun-11</i>
3	Improve privacy settings on the Jayex board	ASAP	<i>Clinics no longer shown, just the room number – this was only possible by an update download to our clinical system</i>	<i>Jan-12</i>
4	Put up artwork in and around the building	Sep-11	<i>Artwork has been put up in the doctor and nurse corridors. Posters have been reviewed in the waiting area</i>	<i>Jul-11</i>
5	Invest in more children's toys for the waiting area	Mar-12	<i>Purchase of bead table and more books</i>	<i>Mar-12</i>
6	Improve staff communication methods with patients whose first language is not English	Mar-12	<i>Training session for all staff arranged for March-2012 with an external trainer who specialises in this field</i>	<i>Mar-12</i>
7	Advertise and explain NHS services better for international patients to understand	Mar-12	<i>Organise & continue educational talks to new international students to provide them with an insight in how to access NHS care, their entitlements, when to access A&E etc...</i>	<i>Jan- 12 Ongoing</i>
8	Improve registration paperwork for international patients	Sept-12	<i>In coordination with INTO, we are looking at registration paperwork to be included with INTO paperwork so it can be complete accurately in students home countries</i>	<i>Meeting Feb 12 - ongoing</i>
9	Obtain popular NHS leaflets in most common foreign languages	Mar-12	<i>Leaflets in various languages available to download from our website. Links to patient leaflets in different languages accessible to clinicians via our intranet to print and hand out as and when required</i>	<i>Mar-12 & ongoing</i>
10	Improve telephone access in the mornings	Sept-11	<i>We have employed an trainee apprentice in Office Administration who covers 8.30am phone lines – this has improved telephone access greatly</i>	<i>Aug-11</i>

PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 20.03.15

How has the practice engaged with the PPG: via emails

How has the practice made efforts to engage with seldom heard groups in the practice population? ✓ - see report

Has the practice received patient and carer feedback from a variety of sources? ✓ - see report

Was the PPG involved in the agreement of priority areas and the resulting action plan? Yes – emailed and agreed with whole PPG.

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

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