

## 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: **Great Staughton Surgery**

Practice Code: **D81081**

Signed on behalf of practice: **Loraine Harris (Assistant Practice Manager)** Date: **12.2.2015**

Signed on behalf of PPG/PRG: **Pam Ward (Chair of PPG)** Date: **6.2.2015**

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

|  |  |
|--|--|
| Does the Practice have a PPG? YES / NO                                     | <b>Yes</b>   |
| Method of engagement with PPG: Face to face, Email, Other (please specify) | <b>Face to Face with Care Homes Managers<br/>Survey Monkey sent by email link<br/>Surveys distributed by reception in waiting room<br/>Phone calls to patients unable to read<br/>Patient Participation Group Meetings<br/>Annual Flu Clinic Stands with Healthwatch Representatives</b> |
| Number of members of PPG:  | <b>235 Online Patient Group members (January 2015) including<br/>16 Patient Participation Group (January 2015)<br/><br/>3184 Total Patient List Size (January 2015)</b>  |

|   |             |             |   |            |            |            |            |            |            |            |            |
|---|-------------|-------------|---|------------|------------|------------|------------|------------|------------|------------|------------|
| 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  | <b>1584</b> | <b>1600</b> | Practice  | <b>463</b> | <b>235</b> | <b>270</b> | <b>378</b> | <b>533</b> | <b>509</b> | <b>500</b> | <b>296</b> |
| PPG   | <b>98</b>   | <b>137</b>  | PPG   | <b>4</b>   | <b>8</b>   | <b>7</b>   | <b>13</b>  | <b>29</b>  | <b>52</b>  | <b>64</b>  | <b>58</b>  |

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 | 3117    | 5     | 0                        | 31          | 0                             | 0                     | 0             | 3           |
| PPG      | 226     | 0     | 0                        | 7           | 0                             | 0                     | 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 | 0                    | 0         | 0           | 0       | 17          | 0                                      | 1         | 2           | 0     | 8         |
| PPG      | 0                    | 0         | 0           | 0       | 0           | 0                                      | 0         | 1           | 0     | 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 Assistant Practice Manager contacted patients using the following methods of communication:

- survey monkey link emailed to patients who were members of the Patient Reference Group, including Patient Participation group members.
- paper copies of the survey were distributed to patients visiting the surgery for appointments and to collect medication.
- a website link was added to the front page of Great Staughton surgery website for patients to complete the survey online.
- telephone discussions for patients with disabilities, such as patients unable to read due to strokes side effects and patients who are unable to read.
- Attends all of the Patient Participation Group meetings as a Surgery Patient Champion.
- a telephone survey with care home Manager, and previously for 2012 and 2013, the Assistant Practice Manager visited the care home to complete the survey for patients in their care. The patients in residential care are vulnerable and elderly patients, with dementia (mental health problems).

These methods were used as they have previously proved to be a most effective method of contact across our rural area.

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 – extremely rural area with large population of elderly retired patients (796 patients are aged 65 years and over). This includes care home residents cared for by the Surgery.

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

Due to the number of elderly patients registered at the Surgery, phone calls and care home visits were found to be effective methods to collect responses from patients who may have been excluded from providing their views on Surgery services and improvements. Lack of public transport meant phone calls were also a productive way to collect patient views due to the demographics of the Surgery.

## 2. Review of patient feedback

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

The DES Action Plan was summarised and put into the Surgery newsletter to outline how feedback and suggestions had been / would be implemented. The Action Plan has also been used by GP's within their annual appraisals as there were specific questioning on services and their treatment.

Following on from the survey in January 2014, the Assistant Practice Manager invited the area Healthwatch Team to attend the Seasonal Flu Clinic event held at Great Staughton Village Hall each October. The team surveyed patients and their carers as they arrived for flu vaccines to ask for their views on the surgery and services provided, and received extremely positive feedback. They were questioned about availability of Clinician appointments and services at the Surgery, and patients were keen to give the group their opinions, unfortunately we were unable to use the results as the team took their survey back to their office.

The Healthwatch Team were extremely complimentary and said the only improvement received reflected the need for additional handrails along the corridor wall at the Surgery, which was passed on to the Assistant Practice Manager. *This will be discussed at a future Patient Group meeting when further funds are available.*

The Surgery Patient Participation Group (PPG) meet quarterly to discuss issues and review suggestions. During 2014 Healthwatch representatives attended their meetings, and the PPG now have a Healthwatch representative permanently within the team.

From 1<sup>st</sup> December 2014, the Surgery began surveying patients using the 'Friends and Family Test' (FFT). This was an additional opportunity for patients to provide feedback on the care and treatment received and to help the surgery improve services. The FFT test also asks patients whether they would recommend the Surgery to their friends and family if they needed similar care or treatment. We are promoting this in the Surgery waiting room and submitting the responses, and submitted via CQRS on a monthly basis. We are displaying feedback received each month in the waiting room to ensure the Surgery is open and transparent for patients.

Before FFT was implemented, the surgery also had a suggestion box located in the reception where patients could give feedback on issues, make suggestions and express ideas for improvements. We are awaiting our first Care Quality Commission inspection. Cambridgeshire Practices are due to be inspected from April to June 2015.

How frequently were these reviewed with the PPG?

The Patient Participation Group meet quarterly and due to the nature of the survey feedback, the suggestions were reviewed at the next available date each year where actions and purchases were discussed, proposed and agreed.

At the January 2015 meeting, the Assistant Practice Manager outlined the Friends and Family Test (FFT). Details of the PPG meetings are advertised on the surgery website and in the quarterly newsletters.

The launch of the FFT was also included in the Winter 2014 newsletter and advertised on the Surgery website, with paper copies available in the waiting room. Newsletters are also emailed to the care home Managers supported by the surgery. The newsletter is emailed to all Patient Reference Group members, and is a valuable means of sharing information, and offers the opportunity to ask for ideas and comments. The FFT feedback posters are also changed monthly and are located on the waiting room notice board.

Feedback will be recorded by the Reception team and disseminated to staff and patients. FFT complaints, comments and suggestions will be promoted on the Surgery noticeboard each month. Any changes to services following FFT suggestions will also be promoted in this manner, together with details being added to the quarterly Surgery newsletters and patient group agendas.

### 3. Action plan priority areas and implementation

| Priority area 1  |
|--|
| <p>Description of priority area: 2012 / 2013 / 2014 resolved</p> <p>When Clinicians run late, can patients be informed by Reception on arrival or when delays occur?</p> <p>Can patients have a board indicating the waiting time on arrival?</p> <p>Reception area was too open, particularly when dealing with patients over the phone?</p>  |
| <p>What actions were taken to address the priority?</p> <p>In the first instance the Reception Team began advising patients when Clinicians were running late. Information given by Reception when transferring calls used patient EMIS number to prevent patients overhearing telephone conversations. This was a short term measure.</p>   |
| <p>Result of actions and impact on patients and carers (including how publicised):</p> <p>At the Patient Participation Group meeting on 10<sup>th</sup> September 2014, the group discussed the problems and agreed to fund an automated 'checking in' screen linked to the appointment system. The screen was installed in reception and has reduced patient waiting time at the area, promoting patient confidentiality and reducing patient complaints. Patient's now book into their appointments using the screen, and the screen displays waiting time for clinicians and has improved the patient experience on arrival.</p>  |
| Priority area 2  |
| <p>Description of priority area: 2012 / 2013 / 2014 resolved</p> <p>Patients asked for different extended opening hours to see Clinicians. Patients requested another female Doctor on afternoons and evenings. For those people who commute to London, early appointments and telephone consultations.</p>  |
| <p>What actions were taken to address the priority?</p> <p>Patients were not using the Saturday morning clinics, and there were high levels of DNA's. Both GP and Nurse appointments changes were outlined to the Patient Group, and are now available during the week from 7.30am, enabling commuters and college students to avoid visits impacting on their day. The Surgery female GP now covers two afternoons and also one early morning clinic within the rota.</p>   |
| <p>Result of actions and impact on patients and carers (including how publicised):</p> <p>In October 2013, the Surgery changed Clinician rotas to offer alternate male and female GP's early appointments each week, together with phlebotomy appointments on Tuesday and Thursday mornings from 7.30am. This has been well received by patients at college, patients who commute to work and a number of patients who are farmers in the local community.</p>   |
| Priority area 3  |
| <p>Description of priority area: 2012 / 2013 / 2014 resolved</p> <p>Nurse's rooms seem cluttered - difficult to keep clean and are they hygienic?</p> <p>The Waiting Room is dark, could do with being brightened up / painted in a lighter colour</p> <p>Definitely need more light in waiting room - brighter paintwork</p>  |
| <p>What actions were taken to address the priority?</p> <p>At the January 2014 meeting, the Patient Participation Group agreed to fund improvements to the waiting room lighting, which was duly updated. The Surgery began an extensive re-decoration programme in August 2014, and the waiting room and clinician's treatment rooms have been painted and de-cluttered.</p>  |
| <p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The patient waiting room area and clinical rooms used are much brighter and reflect a more hygienic and restful area for waiting and consultations respectively. The waiting room and treatment rooms have all been de-cluttered and the surgery appearance is much improved. Patients and their carers have noted the improvements and are using the full waiting room area, where previously one corner was rather dark and unpleasant for patients to relax before appointments. This has drastically reduced complaints, improvement suggestions and poor feedback relating to the ambiance of the building.</p> |

## 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 years:

*Outlined below is a selection of the patient feedback received each year (marked in black) and the response / progress made by the surgery (marked in blue). Priority Areas 1-3 information has been removed to avoid duplication.*

### **Progress and Feedback from 2012**

Suggestion for appointment reminders sent by mobile phone or email would be useful.

The surgery now has an MJOG text reminder system in place for all patient appointment with clinicians.

Coffee break reminders and staff cover during this time.

The Dispensers have statutory breaks between 10.15am and 10.30am each day. There is now a sign noting the break time and when the dispenser will return. Rotas have also been changed in late 2014 and more cover is provided during morning breaks.

Patients requested more use of email.

With the launch of the new website, the surgery is trying to increase and promote online services, which are available to our patients with computers access. Patients with online access can book appointments, order repeat medication and since January 2015, patients can also review blood test results.

Interested in contact with Physio Direct.

The contact information is now available from the Surgery website or from Reception staff.

Residential Care Home staff would like option to have supply of urine sample bottles for dipping, to enable them to diagnose suspected urinary tract infections as short notice.

This service has been coordinated by the Assistant Practice Manager at the Surgery at the Care Home.

### **Progress and Feedback from 2013**

When the dispenser is on a coffee break, it would be helpful if cover could be provided as I have had to wait until the dispenser returns and having to hang round or come back later is not always convenient.

The statutory morning break is between 10am and 10.30am each morning. We are a small surgery and only have one dispenser on duty at a time. Apologies if this causes any inconvenience, however we ensure our staff have comfort breaks. The 2014/2015 rotas have now been updated to provide cover during some mornings, which should improve access to the dispensary.

Care Home staff outlined service improvements made recently, as they changed their medication provider. Dispensers work closely with their new chemist, providing a faster and efficient service.

Availability to chip & pin to make payment.

The Surgery is currently looking at options available since updating to EMIS WEB, and will hopefully be implementing a chip and pin payment system during 2015.

Drinking water dispenser for staff and patients.

We have limited space in the waiting room and are unable to install a water dispenser, however drinking water is available for patients on request from the dispensary hatch.

Personally I receive excellent service with staff and appointments, but can't do online service I have much difficulty accessing EMIS since its change, not the periodic one which is rarely available.

Please contact Reception to obtain a new password, you may need to register as an EMIS new user.

Provide a short leaflet in reception of the services mentioned in the previous question to take away and use for future reference. I was surprised to see that so many services available! Would be worth making clearer that they're available in the waiting room for infrequent visitors, will not visit website TV screen highlighting services and practice information

The Surgery has an 'Information Leaflet' available highlighting our services, please ask reception for a copy at your convenience or download the leaflet from the website. There is also a dedicated carer page.

#### **Progress and Feedback from 2014**

I still think patients need more information on where to go for various treatments. People need more information and reinforcement of information they have already been told. Where do I go for a very bad graze? Pharmacist, Walk in centre, Surgery, Out Patients and when. Perhaps more services for home-care or after-care from hospital. Small trauma treatment, cuts / stitches etc. or advice on A&E requirement

The Surgery GP's and Nurses can help provide *information* regarding treatments of your conditions, however there is also information available on the website: <http://www.patient.co.uk/>. The surgery Health Care Assistant is first point of contact for any patient carers, and is able to signpost patients to the most appropriate organisation for support.

The Nurse Practitioner can assess patients, offer advice and refer to secondary care. She can prescribe medication if necessary. Minor illnesses or minor injuries can be booked directly into her clinics; these include colds, ear pain, bad backs, twisted ankles, eye problems, bad grazes etc. If the Nurse Practitioner has concerns, she will always ask the doctor to assess the patient. The Duty Doctor will also book patients in with her if it is more appropriate.

With regard to the home-care or after care services, Great Staughton Surgery has a dedicated notice board for care information in the reception area. All of the nurses are able to provide treatment for removal of sutures and to dress cuts and grazes.

A full list of Surgery services, together with a dedicated carer information page, is now available from our website: <http://www.great-staughton-surgery.co.uk/>. The Surgery Newsletter regularly updates all of the patients on the circulation list, and those who collect a copy from the waiting room, on the way the priorities from the surveys have been actioned. The Action Plans are also available on the website for each year.

I understand the removal of the toys but some children's books would be appreciated. Or even some interesting pictures on the wall which I could distract my toddler daughter with for a few minutes would be appreciated. We never have to wait long but she finds all the leaflets on the low table rather tempting! A huge thank you to all the clinicians and reception (and anyone else) I'm so grateful for the fantastic service you provide.

Due to stringent risk assessment protocols, the Surgery has made the difficult decision to remove the waiting room toys due to infection risk, however we may add some slightly higher leaflet racks, thank you.

#### **4. PPG Sign Off**

Report signed off by PPG: **YES**

Date of sign off: **6 February 2015**

How has the practice engaged with the PPG:

The Surgery engages effectively by using a number of methods:

The surgery hold quarterly Patient Group meetings, which are held at the surgery and we are currently experiencing an increase in membership. Each meeting has a specific agenda and function:

- **January** – the Chair of Hunts Patient Congress attends to update on news from Hinchingsbrooke, the Cambridgeshire Commissioning Group and the Local Commissioning Groups.
- **March** - this meeting is an information sharing event, with groups such as Healthwatch and the Cinnamon Trust attending to give an outline of the services they provide.
- **May** – this is the Annual General Meeting, Surgery GP's attend to outline of news directly associated with the Surgery and also a lunch is provided to promote the group to the wider patient list. This annual event reflects on the surgery improvements, future plans and challenges and is open to all patients at the surgery.
- **September** – this meeting primarily is a planning event for our Annual Flu Clinic held at the Village Hall. The group arrange raffles, cake stalls and refreshments and invited local support groups such as Healthwatch, Cambs Hearing Helps, Alzheimer's Society, Parkinsons Team, Crime Reduction.

The Surgery sends out quarterly newsletters by email and also uploads the document to the website. These are also distributed in the waiting room for patients to collect when visiting for medication and appointments.

We have now launched the Friends and Family Test (FFT) within the waiting room, feeding back the suggestions and recommendations received on posters, together with our patient ratings.

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

The Assistant Practice Manager ensured inclusion the Care Homes and vulnerable patients on the newsletter distribution list each quarter. The Care Home Managers are in regular telephone contact with the Surgery and Reception, and is able to engage effectively and promptly to raise any concerns. Patient Participation Group numbers continue to increase, both online and at quarterly meetings. As an under-represented group, we are proposing a dedicated page targeting inclusion of young people on our website going forward in 2015.

The Surgery continues to closely monitor patient feedback from national surveys websites, such as NHS Choices: <http://www.nhs.uk/Services/GP/ReviewsAndRatings/DefaultView.aspx?id=38304>, together with feedback from the GP National Survey: <http://results.gp-patient.co.uk/report/10/Topline.aspx>.

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

The Surgery give patients the opportunity to feedback using the following sources:

- By email links from the website and newsletter links
- Using the Friends and Family Test feedback cards located in the waiting room
- From patients attending the Patient Participation Group meetings
- From letters of complaint and from lessons learned resulting from significant events
- From groups such as Healthwatch attending the Annual Flu Clinic in October 2014

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

The Patient Participation Group (PPG) meeting have discussed the action plans each year and agreed the priorities to take forward. The PPG also helped by funding equipment to improve services following the feedback received, such as the booking in screen in reception and new lighting in the waiting room.

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

After reviewing complaints, ideas and suggestions made throughout the surveys, services have improved, together with the décor of the Surgery. The main improvement for the Surgery has been the installation of the automated booking in screen in reception, the redecoration of the building and more variety for patient appointments.

Following implementation of the Friends and Family Test, patients have more options to provide feedback on services received and these are actioned at the end of each month, rather than in an annual action plan.

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

The Action Plans have been a useful tool to gauge patient services, and improvements they would like to see. With the implementation of the Friends and Family Test, we continue to have an easy and prompt method of collecting feedback, suggestions and issues as they arise. This report is available to be reviewed by the Patients, Clinical Commissioning Groups, Healthwatch and the Care Quality Commission by checking our patient page on the Surgery website, and by selecting the patient group page from the menu: <http://www.great-staughton-surgery.co.uk/index.php/patient-group>.