

# Annex C: Standard Reporting Template

## Essex Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: THE KNARES MEDICAL PRACTICE

Practice Code: F81029

Practice website address: [www.knaresmedicalpractice.nhs.uk](http://www.knaresmedicalpractice.nhs.uk)

Signed on behalf of practice: Teresa Euston

Date: 13.03.2015

Signed on behalf of PPG:

Date:

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

Does the Practice have a PPG?..... YES
Method of engagement with PPG:..... Face to face, telephone, post.
Number of members of PPG:.....23 patients, 2 GPs, 1 Practice nurse, 1 Nurse practitioner, 1 HCA, 1 Practice Manager, 3 Administration staff.

Detail the gender mix of practice population and PPG:

%	Male ...48.6%	Female ...51.4%
Practice	2860	3022
PRG	11	12

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1159	588	1012	826	803	662	451	381
PRG	0	2	0	0	5	1	11	4

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	5000					50	200	632
PRG	21					2		

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice										
PRG										

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:

Letters have been sent and given to community services through our practice in which we have numerous outside services that use our rooms. Our website is open to all and a PPG sign up form is in prompt view. Information is displayed in the reception area and we have a newsletter which advertises joining the group. The gender mix of the group reflects the patient population. Clinicians are asked to recruit patients in consultations to give them every opportunity to attend. The Knares has a high population of elderly residents and this shows in the lack of certain age groups we have attending the group. We have attached a PPG sign up sheet to every new registration we give out. Therefore, we feel we can catch all new patients.

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 community? YES

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

There is a large amount of elderly residents in which we can feedback by carers and other community organisations and care professionals. We have a physiotherapist that uses our practice together with a Community Diabetic nurse a COPD nurse a midwife and a Health Visitor plus an Ultrasound service. Letters have been given to the midwife to catch new mothers and to the community services in regards to the PPG.

Basildon hospital is also within walking distance of the practice and we have a large base of hospital workers.

Therefore, we use word of mouth and we have noticed that the group that has been attending for the last couple of years are now bringing in other practice patients.

## 2. Review of patient feedback

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

PPG patient survey

GP patient survey in house

FFT – with box in reception

Comments and suggestion box in reception

Individual complaints were discussed but no trends were identified as all were specific personal circumstances.

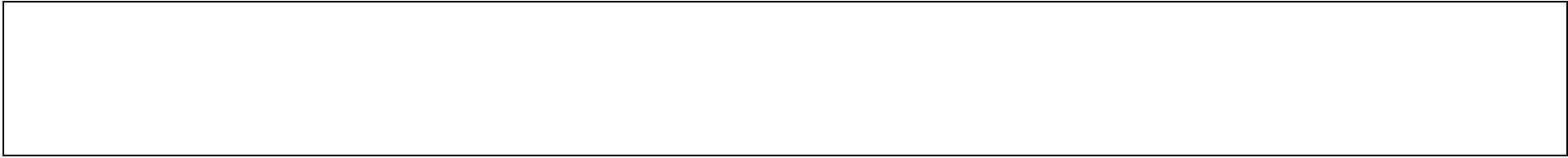
Privacy in reception was an issue but when asked the question most patients were happy.

How frequently were these reviewed with the PRG?

On a quarterly basis. The practice has 4 meetings per year and the previous minutes are always given to the group for discussion.

### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Extended Hours</p>
<p>What actions were taken to address the priority?</p> <p>The practice participated in the previous extended hours DES and found that the hours were accepted but still some call for alate night.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The action resulted in opening on a Saturday morning which was well received. Times were published on the website in the reception area and on a notice board at the front of the building.</p> <p>The times continued to be reviewed by the practice.</p>



## Priority area 2

Description of priority area:

Elderly care and promotion of services.

What actions were taken to address the priority?

In one of the PPG meetings the Alzheimers Society were brought in for a talk with the patient which was well received. A presentation was give and leaflets and telephone numbers were given out to patients.

Lots of questions were asked and answered.

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

This is ongoing and the practice will have another meeting with priority society's as like the Alzheimers. We have been contacted by them already for next years meetings and will book something soon.





### Priority area 3

Description of priority area:

How appointments are booked and the telephone system.

What actions were taken to address the priority?

The practice has a new telephone system and supplier. The patients now have the option to call back and they are given a statement that the receptionist knows they are waiting. Patients are able to book and cancel appointments online. The practice tried to input the texting system but this did not work. We feel because of the elderly patient base in our area.

The practice has a new triage system for appointments in which the patient calls and within the hour they receive a call back from the GP. This stops emergency appointments being used for repeat scripts or sick certificates. The doctor will triage the appointment and make this themselves if they feel the patient needs to be seen. If it is not an immediate emergency they can be booked in the following day or later in the week. This is solely up to the GP. The patients get seen on the day or spoken to for additional advice by a GP. No one is turned away.

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

This has been publicised in the practice and on the website. Notices are in the reception area saying we have a new triage system. When put to the PPG they were happy with the appointment system. This is reviewed by the practice on a regular basis.

### 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 previous years have been parking – This is always an issue but there is ample parking at the surgery and more parking in the immediate vicinity and local shops. Maybe at school times this is more of a problem but otherwise most patients are happy with the situation.
- Getting through on the phone – A new telephone system has been introduced with messages and options.
- Confidentiality in reception – This has only resulted in a very few patients making a point about this but overall patients are happy. We now have notices in the reception area stating that if any patient needs to speak privately please ask at reception and they will be taken into another room or area where they will be able to speak in private.
- Booking appointments – as mentioned a new triage system has been introduced to cut down on unnecessary appointments being made. Patients are now able to speak to a GP any day with the call back service.
- Community services being made local – We have Community services in the practice for the needs of our patients. We host a midwife, health visitor, physiotherapist, COPD nurse, Diabetic nurse and a minor surgery clinic together with a service for contraception whereas the coil or implant can be fitted or removed at surgery level.
- DNA's – We now write to the patients if they do not attend their appointment and do not cancel.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

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?

1. We aim to contact our patients in various ways to ensure we make contact with all group areas. Letters given to community services. Midwife/Community Teams/Letters direct to patients. Sign up sheet attached to the new patient registration.
2. Yes – FFT and patient survey where we targeted 100 people.
3. Yes we discuss all areas of our actions with the PP group for priority and implementing action plans on a quarterly basis with minutes given with the outcomes for discussion.
4. We continually review all areas of priority and other actions to put improvements in place. For instance the appointment triage system. The telephone system has also improved the waiting times.
5. FFT has now been introduced and with the comments box in reception we aim to continue with services and improvements where necessary. This is an ongoing targeted area where improvements will be maintained and monitored.

