

Annex C: Standard Reporting Template

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

Practice Name: Mill Road Surgery

Practice Code: F81636

Practice website address: <http://www.millroad-surgery.co.uk/>

Signed on behalf of practice: Andy Leonard

Date: 19/02/2015

Signed on behalf of PPG: Brain Drury (Chairman)

Date: 09/03/2015

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, Email, Other (please specify) Face to face
Number of members of PPG: 14

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	2 (14%)	1 (7%)
PRG	5 (36%)	6 (43%)

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	0	0	0	1 (7%)	2 (14%)	0	0	0
PRG	0	0	0	1 (7%)	2 (14%)	1 (7%)	5 (36%)	2 (14%)

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	2	0	0	1	0	0	0	0
PRG	11	0	0	0	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	0	0	0	0	0	0
PRG	0	0	0	0	0	0	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:

As our patient participation group has been up and running for the past few years we decided again for this year to continue with a 'real' group rather than creating a 'virtual' group. We continue to promote the group in surgery via various mediums to a) heightened awareness and b) recruit new members. In addition to the newly created PPG specific notice board we also publicise on our electronic calling board. These are additional message to the already in place posters, word of mouth, target groups like mums and toddlers, smoking cessation, consultations and occasional mail shots.

N.B. Ethnicity is not recorded on all patients' records, mainly historical patients – all new patients have ethnicity recorded.

As in previous years the surgery has promoted and pushed for new PPG members and the list below details methodology used. I would add at this point that we have recruited new members this year but also lost a couple of members due to their commitments taking The group is now well established and maintains a high profile in the surgery and assists in decision making and communicating with patients..

- + Discussed with patients when attending Surgery
- + Discussed with patients in consultations
- + Posters in waiting room
- + A5 flyers in reception and dispensary counter
- + Advertised/communicated via electronic calling system
- + Advertised in local parish magazine - Mylander
- + Information in surgery booklet
- + Information on Surgery web-site
- + Dedicated PPG notice board
- + In surgery – In person by PPG members *

*PPG members, via the surgery subscribe to the NAPP web-site (national association for patient participations). In this bulletin are details of dedicated PPG awareness weeks. For this report the awareness week was 1st week in June and again for 2015 (1st – 6th June). During this week members rotated in taking time to be in surgery to promote the PPG group, its function and objectives whilst canvassing for new members.

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? NO

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

The demographics of the surgery are such that there are no specific groups that should be targeted for representation such as students, jobseekers, nursing homes etc. A detailed listing of surgery demographic profile is appended below.

Capitation Report

Age Range	Male	Female	Total
0 - 15	1411	1372	2783
16 - 25	547	562	1109
26 - 35	837	990	1827
36 - 45	1100	1079	2179
46 - 55	810	829	1639
56 - 65	496	516	1012
66 - 75	357	394	751
76 - 85	164	211	375
86+	44	86	130
Total	5766	6039	11805

2. Review of patient feedback

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

1. MORI GP Survey results – July – September 2014 (detailed listing of areas as below)

65% find it easy to get through to this surgery by phone

89% find the receptionists at this surgery helpful

50% with a preferred GP usually get to see or speak to that GP

90% were able to get an appointment to see or speak to someone the last time they tried

98% say the last appointment they got was convenient

73% describe their experience of making an appointment as good

82% usually wait 15 minutes or less after their appointment time to be seen

64% feel they don't normally have to wait too long to be seen

86% say the last GP they saw or spoke to was good at giving them enough time

88% say the last GP they saw or spoke to was good at listening to them

87% say the last GP they saw or spoke to was good at explaining tests and treatments

81% say the last GP they saw or spoke to was good at involving them in decisions about their care

82% say the last GP they saw or spoke to was good at treating them with care and concern

96% had confidence and trust in the last GP they saw or spoke to

94% say the last nurse they saw or spoke to was good at giving them enough time

93% say the last nurse they saw or spoke to was good at listening to them

88% say the last nurse they saw or spoke to was good at explaining tests and treatments

87% say the last nurse they saw or spoke to was good at involving them in decisions about their care

91% say the last nurse they saw or spoke to was good at treating them with care and concern

98% had confidence and trust in the last nurse they saw or spoke to

84% are satisfied with the surgery's opening hours

90% describe their overall experience of this surgery as good

85% would recommend this surgery to someone new to the area



90% say it's easy to telephone the out-of-hours service



77% feel they received out-of-hours care quickly



86% had confidence and trust in the out-of-hours clinician they saw or spoke to



77% describe their out-of-hours experience as good

2. Feedback from the introduction of the PPG Suggestion Box – this was devised and suggested in previous years report and installed by the surgery. The box is sealed and controlled by PPG members who report feedback at meetings. Discussion on the merits of the points raised are then undertaken .

3. Feedback as appropriate from any patients given during the annual PPG awareness week (held June every year). All our members take a session (or two) in the surgery to raise awareness of the group, convey any messages that are topical and also receive feedback. This is a national program run by NAPP (National Association of Patient Participation) to which we subscribe annually. Our PPG members also have access to the site and the quarterly bulletins

4. Review of FFT (Friends and Family Test) recently commenced by Mill Road Surgery. This came into force officially from Jan 2015 albeit we commenced from Nov/Dec 2014 to capture some early feedback and ascertain best way to run/promote this new survey. Data from the Nov – Jan period discussed – going forward the data will be reviewed and presented to PPG at each subsequent meeting. See attached FFT document for latest information.



Copy of Friends and
Family Test Simple Da

How frequently were these reviewed with the PRG?

1. Mori national GP survey reviewed 1 or 2 per year depending on when results are published and these coincide with PPG meetings
2. Suggestion Box feedback – discussed at quarterly meetings
3. PPG awareness week – discussed at 1st meeting following the activities of the awareness week.
4. FFT – discussed early doors data in February and will review/present to PPG at subsequent quarterly meetings

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Phone Access to Surgery

In-line with previous comments from PPG group members, patients and other agencies we made our telephone access priority number 1 for this year. This was also borne out in the national Mori survey poll where we only scored 65% for ease of access of reaching the surgery by phone – this compared unfavourably to the local CCG average and also the UK national average. Much of this was driven by the fact the surgery had entered into a 7 year contract with a local telecoms provider to have an 0844 number to contact the surgery rather than a local geographical number – this was in response to previous patient comments around being frustrated by engaged tone at peak times such as 08:00 hrs – the 0844 alleviated this but created unwelcome frustrations for patients which have been previously documented in other years reports.

What actions were taken to address the priority?

In discussion with the PPG group we negotiated with our telecoms provider a deal to minimise the losses the surgery would incur by terminating its existing contract, which still had 16 months to run and therefore 16 months penalty charges to be incurred. The surgery took the decision to 'bight the bullet' so to speak with the losses due to the inconvenience and frustrations the old system was causing the patients and the PPG group and so it went round. It was always the intention of the surgery to revert back to a local geographical number post the contract end as changes in the telecoms industry meant we could now have the functionality we required without the need for an 0844 number. We discussed the proposed changes of phones and to move to a VOIP internet system for speed and clarity which PPG group concurred with. We also sort their views on how they wanted the menus to be presented once they got through on the new number. Taking into account their feedback we devised the new telecoms menu and planned communication and implementation strategy.

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

As a result of the discussions with PPG members and following negotiations with telecoms provider we planned for the switch over to our new local geographical number with effect from 30th October 2014. This was duly published in surgery by way of 'A' frame on entry, electronic notice board, static notice board for PPG, web site and SMS text message to nearly 4,000 patients who were signed up for SMS receiving. Result is new geographical number with local rates with all the same functionality of the old 0844 number. Feedback from patients and PPG is positive and appreciative. We will also be keen to view the next MORI data survey to see if the change results in a positive response to the scores/feedback from patients as locally this is what we have heard. Patients also now do not have to pay any additional costs to phone the surgery.

Priority area 2

Description of priority area:

Access to clinic times

Following feedback from patients and in particular the PPG group it had been suggested that our extended hours could be improved to meet demands of the working population better. Under the terms of the extended hours DES we are contracted to offer 30 minutes of appointment time for every 1000 patients – thus making our requirement 6 hours per week. We were already undertaking more than this with our late night offering on Tuesday and Wednesday between 18.30 and 19.30. patient who work or have diabetes in particular have requested early morning surgery for blood tests and access to diabetes nurse and/or GP.

What actions were taken to address the priority?

The partners recognised this need/request as a priority and took the decision to revamp our clinic times to enable us to meet the patients' demands/expectations as filtered through the PPG. We have now rescheduled our appointments to include an early start every Friday am with clinics commencing at 06:30 (1 ½ hours earlier than normal core clinic times). During this 1 ½ hour period we employ a GP (lead specialist in diabetes), Nurse (diabetes trained) and HCA. Whilst the clinics are not specific for diabetic patients we have the expertise on duty should those patients decide to book early. Equally the slots are also open to any patients to book into. Early Feedback from patients and the PPG is that this is an excellent service and shows our understanding of meeting patients' needs, even more so now that CHUFT no longer take blood samples – this has increased our capacity to meet demand.

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

As a direct result of the early Friday am clinics we have increased our out of core opening hours from 6 to 12 hours, albeit there is no financial payment for this – it is purely a meet the needs operation for patients.

Increased blood slots for patients requiring test following cessation of hospital doing bloods.

Commuters have access to early appointment to enable them to make work on time and not have to look for time off during the day.

We have publicised this in surgery via a medium of mechanisms – notice board, A Frame, PPG board, Electronic calling board, web site and SMS text message to those signed up for this service. We have also added the clinic time changes to the local parish magazines. Safe to say the new service is popular as there is always a rush for these early appointments.

Priority area 3

Description of priority area:

Communication to and from patients

Both the PPG and the surgery recognise the importance of two way communication with the patients to ensure we continue to improve and offer the best service to all 12,000 patients.

What actions were taken to address the priority?

Dedicated PPG notice board where minutes and up to date information are published for patients to read

A Frame introduced in foyer as all patients have to pass on entrance – we have used this as some patients have fed back they feel it easier to read notices on entering as they are conscious of being watched when reading notice boards in surgery.

Introduction of a suggestion box controlled by the PPG members to gain real time feedback from patients and present common themes to surgery via the quarterly meetings

Commencement of a PPG newsletter, written by the member for the patients. Surgery has input only in providing news of up and coming changes etc – please see attached example of newsletter below.

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

Dedicated newsletter produced quarterly for patients to take away and be informed of latest changes in surgery. Copies in surgery for patients to pick up and PPG member promote when they are in surgery undertaking surveys or awareness week.

Greater use of facilities from better communication – e.g early Friday openings

On line forum discussion being discussed to widen the scope of capturing feedback
Opportunity for patients to give anonymous feedback via suggestion box.
All publicised in surgery, on our web site and in local parish magazines.
CCG have been invited to update/discuss issues/changes with PPG



Newsletter - Nov
2014.docx

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):

- Remove 0844 telephone number – Surgery along with PPG help have totally replaced its telephone solution to the surgery and reverted back to its original 01206 845900 number – action completed ahead of schedule
- Customer feedback – dedicated PPG controlled suggestion box in place to capture feedback and present to surgery – completed as planned
- Create on-line forum discussion tool for all members to communicate /comment on issues ahead of waiting for next PPG meeting. Responsibility – Dr de Silva – up and running for existing members only
- PPG Awareness Week – continue to support the NAPP sponsored PPG awareness week in the surgery – aim to promote awareness, recruit new members, seek feedback etc. Responsibility PPG members – date usually June – feedback at subsequent meetings – completed & planned again for 2015
- Recruit new GP to maintain current high level of patient care/continuity of GP – new GP recruited (Dr H Datta) who commenced Nov 2014 – action completed.
- Saturday opening – remain committed to this if funding available. Next scheduled opening Easter Saturday for 3 hours
- Sponsorship – PPG taking lead on raising funds/sponsorship to increase medical equipment in surgery to help us improve care/waiting times. Priority equipment agreed between surgery and PPG as a 2nd coagucheck machine – 2nd machine purchased cost £900 – funds raised in the main by sponsorship from 1 member completing marathon – other member contemplating how they can raise funds for surgery.
- Source company to install TV into waiting room to allow a) patients to be called to appointments and b) offer advice/information on topical health/NHS issues at that moment in time. The PPG have identified this as priority as most patient do not read notice boards. This item remains live as unable at present to source supplier.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 09/03/2015

How has the practice engaged with the PPG:

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

The practice doesn't have any specific groups as such so no target of seldom heard groups applicable. That said we have representation on the group from 5 out of the 8 age ranges declared in the statistics at the front of this report. Reality is the <16 are never going to attend such meeting, and the 17-24 and 25-34 are usually all fit and well and in employment with children as responsibilities so do not want/cannot attend such meetings. The PPG group do target the younger age ranges in their PPG awareness week when in surgery. Their dedicated notice also tries to target the younger population and this will in future be added to the newsletter. Looking at possibility of on-line virtual group to reach younger population?

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

Feedback is received from a variety of sources such as:

- a) Suggestion box introduced by PPG Group
- b) Web page
- c) Letter/verbal communication from patients/carers
- d) Word of Mouth
- e) PPG awareness week
- f) In surgery clinics
- g) CCG and other NHS organisations
- h) CQC comments box

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

PPG involved in plan and actions – all points/actions derive from direct discussion with group.

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

Improvements to patients/carers as follows:

- a) Improved surgery access – early start outside core hrs of 06:30 on Friday. This is up and beyond the extended hrs DES which we receive funding for late nights on Tuesday & Wednesday beyond 18:30. This is in direct recognition and request from patients/PPG members due to working patterns etc.
- b) Improved and easier access to contact surgery with introduction of local 01206 geographical number in replacement of previous non geographical 0844 number. Costs were contentious and system not as reliable as patients would have liked. New phone system is more stable as we have introduced a VOIP hosted system which speeds up processing of calls and allows more calls to be handled simultaneously at peak times. Major benefits – cost reductions/easier to use/contact us and speed.
- c) More medical equipment allowing more clinical procedures to be completed sooner – due to sponsorship monies the surgery has been able to purchase an additional coagucheck machine to enable more INR blood test to be completed sooner. Plus this additional second machine ensures if we have 2 patients booked simultaneously then they can be both dealt with – this wasn't so before where reception had to tray and ensure no overlap in this respect of booking appointments

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

The PPG group should be commended for a) taking an interest in our surgery and trying (with our support) to improve the service patients receive and b) for giving so much time and effort to making the group successful