

Annex D: Standard Reporting Template

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

Practice Name: **The Sandringham Practice**

Practice Code: **C86022**

Signed on behalf of practice: **Richard Langthorp**

Date: **23 March 2015**

Signed on behalf of PPG: **XXX**

Date: **27 March 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 and Email																																					
Number of members of PPG: 11																																					
Detail the gender mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 15%;">%</th> <th style="width: 35%;">Male</th> <th style="width: 35%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">49</td> <td style="text-align: center;">51</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">50</td> <td style="text-align: center;">50</td> </tr> </tbody> </table>	%	Male	Female	Practice	49	51	PRG	50	50	Detail of age mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">25</td> <td style="text-align: center;">12</td> <td style="text-align: center;">13</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> <td style="text-align: center;">10</td> <td style="text-align: center;">7</td> <td style="text-align: center;">6</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">9</td> <td style="text-align: center;">46</td> <td style="text-align: center;">36</td> <td style="text-align: center;">9</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	25	12	13	13	14	10	7	6	PRG	0	0	0	0	9	46	36	9
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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	6494	13	0	412	15	3	9	18
PRG	10	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	67	44	2	28	324	63	9	12	0	133
PRG	0	1	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:-

We recognise that our practice population is predominantly white, with a good age mix. We have number of Asian patients (a number of whom are connected with NHS Healthcare as the closest GP Practice to Doncaster Royal Infirmary, and have clusters of polish workers and members of the Nepalese community.

We have targeted the younger practice population with families and non-white British patients in Newsletters, Patient TV display in our waiting room together with word of mouth.

Success has been limited though we have attracted a further patient during the year due to word of mouth who has in turn invited a non-white British patient (who is not yet reflected in these figures).

We have also just started including a Patient Group invitation as part of our new patient joining pack.

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:

2. Review of patient feedback

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

During the year we have reflected on the following with our Patient Group:

- **NHS changes including CQC, Patient Choice, Friends and Family Test, patient feedback including complaints.**
- **We have reviewed the operation of Practice appointments including general provision and release as well as the best methodology for Internet booked appointments.**
- **Telephone system review – this was flagged in 2014 as a target area and have further reflected on patient and PPG feedback.**
- **DNAs – This continues to be a source of irritation for members of the Patient Group and we now have identified a proposal for dedicated staff member to take this forward, having collated statistics over the last 12 months in order to identify key contributors to enable patients to be better understood and targeted.**
- **Communication – Consistent delivery of information has been carried over from last year's patients discussions and have focused this year in providing patients with clear and regular information on Practice systems and changes. This has been primarily through our Newsletters though through other means such as flyers, notices, website or Patient display screen where appropriate.**

How frequently were these reviewed with the PRG?

These have been reviewed twice during the last year.

Action plan priority areas and implementation

Priority area 1
<p data-bbox="203 360 589 395">Description of priority area:</p> <p data-bbox="203 435 448 470">Communication</p>
<p data-bbox="203 547 889 582">What actions were taken to address the priority?</p> <p data-bbox="203 622 2033 802">The Practice Newsletter has been completely redesigned and issued more frequently, distribution widened using other local centres visited by patient including pharmacies. The content of Newsletters has also included common themes (incl. information on our appointment system, how to cancel appointments if they cannot be kept x3, repeat medication x3 and sicknote ordering systems x2 and Patient Group recruitment x2; these have been carried as standing items) and changes, (incl. Friends & Family Test, Electronic Prescribing, On-line appointment booking and Baby Clinic changes).</p> <p data-bbox="203 826 2033 1077">Telephone system – identified as an issue over telephone answering and flexibility. Our staffing rota has been heavily revised to improve responsiveness and increase staff availability. As part of these changes we now open the telephone lines 30 minutes earlier for appointment booking. The Practice has made enquiries in obtaining a new telephone system and advised Doncaster CCG of our desire to take control over the telecom system with a view to installing a new system. Have entered into various discussions with an alternative Telecom provider in August and later with the CCG who are currently the local contract holder and Telecom Consultants appointed by the CCG. We remain in the hands of the CCG though continue to actively pursue change of supplier and telecom hardware and software.</p>
<p data-bbox="203 1197 1317 1232">Result of actions and impact on patients and carers (including how publicised):</p> <p data-bbox="203 1272 1937 1343">Newsletter – general low level patient complaints have reduced over appointments, medication ordering and sick note ordering. Friends and Family responses have been pleasing high (by number) and positive in responses.</p> <p data-bbox="203 1367 2042 1431">Listening to patients and Patient group we have now established a 100% release of Routine GP appointments by way of a trial for some GPs which will be reviewed in April to confirm there are no patient related service issues prior to full roll out to all GPs.</p>

Priority area 2

Description of priority area:

Appointments -

What actions were taken to address the priority?

We have started to release on-line appointments and following consultation with the Patient group are committed to releasing 100% of routine GP and Advanced Nurse Practitioner appointments and expect that if no underlying issues arise, this will be rolled out fully to all GPs in early May.

In addition we are recruiting a further Practice Nurse to enable more routine nurse and Advanced Nurse Practitioner appointments to be provided which will provide patients with greater routine appointment access.

The new nurse will also enable other experienced Nurses to provide a more personalised care to patients with greater clinical needs which in turn should reduce the need for some acute appointments.

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

This is advertised through our patient TV screen and followed up with our forthcoming Newsletter and ,

Provides patients with the ability to book all routine GP & Advanced Nurse Practitioner Appointments on-line, with parity with all other means of appointment booking.

Priority area 3

Description of priority area:

Patients failing to attend appointment DNA's

What actions were taken to address the priority?

Reviewed policy in our 2014 survey and further with our Patient Group.

Practice policy has been refined with new patient letters.

We have devised an internal monitoring system which identifies patients who frequently fail to attend appointments to target regular offenders.

Implementation of our revised plans has been delayed due to staff issues though this will be in place by the end of April.

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

We publish monthly figures on our Patient DNAs on our TV monitors.

Our DNA level statistics provide us with a clear record of missed appointments over the last 12 months and improved attendance rates will be easy to identify though as yet we have not been able to implement our changes.

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):

The issues raised in previous years are common points so continue to be focused on around communication, DNAs telephones and appointments.

Summary

Communication – we have now established a more effective communication system for regular updates of existing and new information for our patients. We are of the opinion that Communication will remain of high priority in a changing environment though emphasis will evolve to meet patient and wider NHS needs.

Appointments – A number of changes have been made over recent months including on-line booking, increased number of GP and Advanced Nurse Practitioner appointments. Monitoring of urgent capacity continues on a daily basis and this continues to be a focus for future changes. We are mindful that working patients may have greater difficulty in obtaining suitable appointments and will continue to review for the coming year.

DNA's – We have yet to see any significant improvement in reducing DNA numbers though now have excellent statistics with which to assess the impact of future changes. The increasing numbers of appointments has contributed to potentially higher actual DNAs (i.e. more appointments same DNA % = more lost appointments).

3. PPG Sign Off

4.

Report signed off by PPG: **YES**

Date of sign off: **27/3/15**

How has the practice engaged with the PPG:

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

Our patient cohort is broadly reflected in group members, though we have used word of mouth with some success to attract two new members. Our biggest issue remains working patient with young families. Responses have been limited and we have now just started to invite as part of new patient member packs.

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

We remain flexible with feedback is taken from any reliable and meaningful sources whether complaints, Patient Group, Patient suggestions, informal face to face or telephone and more recently through the Friends and Family test.

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

Our patient group has been involved in identifying initial priorities which have continued as common themes. None of the key areas identified have quick fixes and have involved Staffing Changes, Patient Education and hardware charges to the telecom system for which the contract holders are the local CCG (they key reason why the Practice have requested taking full control of all telecom matters for the Practice) though is currently undergoing a central consultant led review. Our action plan has been updated and amended to reflect changes and achievements during the year.

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

- **Patient communication has improved following better use of and wider distribution of our new Practice Newsletter. This is supported by the reduced low level patient gripes received verbally. The on-line appointment provision has also changed (increased) as a result.**
- **The telephones are now answered from 8.00 rather than 8.30 am daily.**
- **We have more staff to answer the telephones throughout the day.**
- **Our text messaging service has been more widely advertised to best ensure improved availability of text reminders being sent to patients to reduce DNA rates and reduce wasted appointments.**
- **Suggestion box is to be remounted in more prominent position in waiting room (awaiting Facilities Management Company to relocate).**

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

Engaging with an increasing number of patients remains a challenge and in particular with working population with families; will be seeking further patient views in 2015. We are hopeful that the new patient flyers will bring in new patients to the group and we are targeting increasing membership in the current year to 15-20. The Practice is committed to increasing Patient Group involvement over the coming year