

## Annex D: Standard Reporting Template

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

### 2014/15 Patient Participation Enhanced Service Reporting Template

**Practice Name:** The New Queen Street Surgery

**Practice Code:** D81046

Signed on behalf of practice:

Date:

Signed on behalf of PPG/PRG:

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, Email, Other (please specify)	Regular meetings with the group, email contact
Number of members of PPG:	34 regular attending and engaged members 18 New Queen Street and 16 Stanground Surgery PRG who also receive information and meeting minutes etc.

<p>Detail the gender mix of practice population and PPG:</p> <table border="0"> <tr> <td>%</td> <td>Male</td> <td>Female</td> </tr> <tr> <td>Practice</td> <td>8,224</td> <td>8,542</td> </tr> <tr> <td>PPG</td> <td>13</td> <td>21</td> </tr> </table>			%	Male	Female	Practice	8,224	8,542	PPG	13	21	<p>Detail of age mix of practice population and PPG:</p> <table border="0"> <tr> <td>%</td> <td>&lt;16</td> <td>17-24</td> <td>25-34</td> <td>35-44</td> <td>45-54</td> <td>55-64</td> <td>65-74</td> <td>&gt;75</td> <td></td> <td></td> </tr> <tr> <td>Practice</td> <td>3,376</td> <td>1,414</td> <td>2,370</td> <td>2,185</td> <td>2,350</td> <td>2,001</td> <td>1,693</td> <td>1,377</td> <td></td> <td></td> </tr> <tr> <td>PPG</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>5</td> <td>25</td> <td>4</td> <td></td> <td></td> </tr> </table>										%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75			Practice	3,376	1,414	2,370	2,185	2,350	2,001	1,693	1,377			PPG	0	0	0	0	0	5	25	4																																																																																						
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**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:**

**Details of activities undertaken this year:**

1. Our Practice Reference Group (PRG) Information and contact form which is available both in the surgery and on the practice website. A Copy of this form is embedded here:



H:\Patient  
Participation Group\PI

2. Patient Reference Group (PRG) - we utilise the Waiting List function within SystemOne to keep a track of the patients who are on the patient reference group, and we have added their email addresses with their consent and we email them from time to time with different questions or information or meeting reminders.



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I emailed patients who are members of the Patient Reference Group with a copy of this year's patient questionnaire to ask for feedback on the questions to include requesting their input in filling in the questionnaire. I have attached a copy of the email I sent requesting their input:



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3. Patient Participation Group (PPG), we put up Posters in Practice to inform and attract patients. Here are copies of two posters, advertising impending patient group meetings, used a least once during the last year for each surgery are embedded here:

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? NO

**What steps they have taken to understand any changes to their own demographics in order to ensure the PRG is a representative sample of the population.**

The practice list size as of March 2015 is 16,766

**Both our New Queen Street and Stanground Surgery populations are growing with a brand new housing estate, Cardea on the doorstep at Stanground.**

Whilst every effort is made to engage patients of different ages and ethnic backgrounds it is much more evident to us that patients of a certain age are more likely to 'give' up their time to engage with a PPG.

Having said that our PRG has a much wider age range with patients who are under 55 and who work being the larger proportion of the reference group.

We encouraged our Health Visitors, Midwives, Practice Nurses and Doctors to talk to patients of all ages about the groups as and when they saw patients opportunistically to try to raise awareness amongst different groups of patients with different ages and social backgrounds.

### **GP Capitation Report** Period Ending 12 Mar 2015

**GP:** Totals    **Health Authority:** Cambridgeshire  
**Practice:** The New Queen Street Surgery

			<b>Age Range</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
0 - 5	693	654		1347		
6 - 17	1111	1093		2204		
18 - 65	5085	5244		10329		
66 - 113		1335		1551	2886	
114+	0	0		0		
Total	8224	8542		16766		

**Prepared on:** 12 Mar 2015

## 2. Review of patient feedback

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

We have regular PPG meetings.

We started to discuss the survey with the PPG in July 2014. We started collecting the surveys from patients during October and continued up to the end of October 2014, when the survey was stopped so we could start to analyse the data and results.

The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs and building on last years 2013-14 survey and results, including the identification of:

- Patients' priorities and issues included:
  - A car parking survey carried out by the PPG to establish the scale of the problems we have with people using the car park and then there are not enough spaces for the patients themselves. The patients did the survey over two dates and logged car number plates for cars that were there for a length of time. The practice then crosschecked that list to exclude any staff - a small number were then identified as not staff and in the car park for a long time.
  - Increased data onto the practice website and increased services available on line. The practice now offers appointment bookings and cancellation, repeat medication ordering, the facility to message the practice via the online services and to see their summary medical record.
  - Weighing scales at Queen Street to compliment the waiting room blood pressure machine.
- Practice priorities and issues including themes from complaints:
  - Appointment bookings and the provision of online appointment booking became live during the year with an addition now of some blood test appointments that can be booked on line. The numbers of doctor's appointments available to book on line has also been increased. The numbers of patients using the online services has also increased during the year.
  - Practice review of receptionists' time and shift patterns to ensure we are covering the busiest times of the day with the maximum staff we are able to.
  - I have an open door policy with members of the PPG and an offer for them to come and spend some time in the practice, meeting the different staff and getting to understand the jobs each of them do and what that entails so that the PPG members have a greater and more informed understanding of what we do and perhaps why we do things a certain way. This has been really popular and very well received and I feel that those PPG members who have taken up our offer and have spent time in the practice with us have a much better awareness of the work we do and the pressures we face.
- Planned Practice changes:

### How frequently were these reviewed with the PPG?

We have regular meetings which either I or one of the doctors attends - we have a regular agenda slot for feedback from the practice and a discussion about any relevant topics each time. We have a very open relationship with the group.

### 3. Action plan priority areas and implementation

#### Priority area 1

Description of priority area:

**Review of appointments** - how many offered and the times of these appointments and how easy it was for patients to book them.

What actions were taken to address the priority?

I undertook a review of staff availability at the busiest phone times of the day and we reworked some of the reception staff rotas to maximise the busy times of the day. We now operate at an agreed minimum if we have to, which is one whole staff member more than it used to be. Therefore increasing the capacity for talking phone calls.

We have new software now with the new phone system called mycalls which give us daily statistics about the numbers of incoming and outgoing calls and the number of calls that 'drop out'. These statistics have helped us to understand the rise and fall and peaks and troughs of the daily incoming phone calls and try to match that with available staff. We now have more appointments available to book on line and also blood test appointments, which is brand new to the patients.

We have four salaried doctors now who work a different shift pattern to the partners; this means that we offer a wider range of appointment times through the day for patients to be seen.

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

This is discussed with the patient group at the meetings and the bookings and appointment times are on the website.

## Priority area 2

Description of priority area:

**Attempt to increase the age diversity of the PPG members.**



What actions were taken to address the priority?

We have attempted through updates on the website and the PPG notice board and local advertising to increase the numbers on the PPG.

We have previously visited the local comprehensive school and two golden age fayres to try to raise awareness of the PPG and its function.

Raise awareness through local media and at such events like the annual flu clinic dates.

Keep reminding all staff to discuss the group with patients to raise awareness.

Result of actions and impact on patients and carers (including how publicised): Website, Notice board, word of mouth, getting out and about in the community at different events raising general awareness, local press releases.

### Priority area 3

Description of priority area:

**To discuss with the Boots Chemists manager problems patients have using their service. Length of wait for medication etc.**

What actions were taken to address the priority?

A small working party from the PPG and me had an initial meeting with Boots Chemist Manager to raise the issues and listen to any issues or feedback the chemist had themselves. Meeting took place at New Queen street.

Result of actions and impact on patients and carers (including how publicised): Will be shared once a conclusion is reached may result in some patient education leaflet produced by the PPG.

Very useful meeting which resulted in a much better understanding of each sides particular issues and problems. A better understanding of the whole electronic prescribing from the chemists own side which helps.

The promise of a second meeting with the Boots manager and his boss to take the discussions further.

Raised awareness amongst the PPG of the issues faced by both the practice and Boots and seems to have had a positive effect. Patient education and managing their expectations around turn around times are key really too.

#### **Priority area 4 - Stanground Surgery only**

Description of priority area:

To get the planned extension built to ensure we can continue to meet the demands placed on our service for appointments and indeed extended services at our branch site.

What actions were taken to address the priority?

Help and active support from the Stanground PPG, in the form of the PPG instigating letters in support of the extension plans, preparing and supporting a media campaign in support which concluded in a published piece in the local press, article embedded earlier in this document.

Continuing to work positively with the practice in the face of growing pressure for our services.

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

Actual practical support in terms of raising awareness of the blocks faced by the practice to date that have so far prevented the extension from taking place.

### **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):

1. Telephone system completely upgraded to new system with new features following sustained feedback on problems and issues with the old system we had. We liaised with the PPG throughout the whole tender process.
2. Car parking survey undertaken by PPG following unhappiness at abuse of the car park by non patients and people not using the surgery or chemist. Survey done and awareness of the issue has been highlighted.
3. New dedicated PPG notice board now updated completely by two members of the PPG, they now manage the content of the board themselves.
4. Generally much better attendance at PPG meetings with now a core group of committed and active members who have a very good understanding of the surgery and how and why it works as it does.
5. Blood pressure machine and weighing scales now in place in the Queen Street waiting room.
6. Very up to date website with regular feedback from the group on its content which the practice find very helpful.
7. Continued support from Stanground PPG for the extension plans for the branch site which to date has been vital and unfortunately is still ongoing.

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

Report signed off by PPG: **YES**

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?

Yes afternoon talks

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

Yes regular meetings and consultations

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

Yes to a considerable degree

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

Yes more publicity and involvement

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

No