

# Annex D: Standard Reporting Template

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

Practice Name: FLEET MEDICAL CENTRE

Practice Code: J82110

Signed on behalf of practice: JAMES PERRIN, PRACTICE & BUSINESS MANAGER      Date: 18<sup>TH</sup> MARCH 2015

Signed on behalf of PPG: ROBIN DAVIS, PPG CHAIRMAN, FLEET MEDICAL CENTRE      Date: 18<sup>TH</sup> 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, Email, Other (please specify)  6-weekly face to face meetings with 9 members of the PPG Regular email contact with PPG email circulations Patient Reference Group with 211 members for surveys and email communications
Number of members of PPG:  9 in PPG and 211 in PRG

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	7321	7422
PRG	9	3

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	3186	1137	1447	2450	2352	1545	1373	1253
PRG	0	1	0	0	3	2	2	1

Detail the ethnic background of your practice population and PRG:

**Many of our patients are not keen to provide their ethnic background. The majority are White British and have historically refused to answer the ethnicity question on registration and on request retrospectively to gain information on this subject.**

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	89							2
PRG	9							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	5		2							17
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:

The PPG takes this matter very seriously. In 2014 an additional effort was made to recruit new PPG members from within a wider group of the practice patient population and we were able to secure membership of a 16 year old student who has added a new view and wider perspective for the group at face to face meetings. Others efforts made to ensure our PPG is representative of our patient community include:

1. All of our patients are welcome to give feedback via the PPG group and we consider all of our patients to already be members of the PRG as they are able to sign up and give feedback or complete a survey manually or electronically as they are offered
2. Practice website PPG widget providing detailed overview of the group and detail how patients can become involved and complete the latest surveys
3. Patient information screen and electronic call board in the practice waiting room
4. Practice newsletters issued every quarter
5. GPs used sign up forms and information leaflets to target patients in clinic and at home visits
6. Waiting room leaflets
7. Waiting room posters
8. Sending information and sign up forms out to patients alongside other practice communications
9. Forms and leaflets in the waiting room
10. Notes on the bottom of repeat prescriptions at times throughout the year
11. All new patients registering at the practice are given a leaflet and form with advice on how to join the PRG and PPG as part of their “new patient welcome pack”
12. Forms and leaflets shared with DN Team, midwifery, practice nurses and the GP Team to encourage all patients when seen in clinic to read through the information and consider taking part in the group
13. All patients are considered to be members of the PRG with everyone welcome to take part in practice surveys

These methods of invitation and communication have continued throughout this project over a three year period, although posters in the waiting room are circulated by season and have been refreshed and removed/replaced over time.

The PPG also arranged a clinical speaker to meet with patients suffering with diabetes and other related health problems. Health-checks were offered and several of our GP team attended for further clinical advice. This was the first meeting of its kind to try and engage with “at risk” groups or those patients who may feel isolated or worried by their condition and for those who may need lifestyle advice or a bit more help and support in the community than is usually available by health and social care services. These meetings will help patients meet others with the same condition and we hope, will lead to community support and better education about their conditions and how to live with them and cope with them more effectively.

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/NO

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

Fleet Medical Centre has a very consistent patient population of largely white British origin. We have a much larger than average number of patients aged over 55 and over 65 and these groups are well represented in the PPG and PRG. We now have a younger member of the PPG aged 16 and we have two members of the PPG who are of working age are in full time employment. Some of our members are retired and although this is a common age range of our patient community, they do however represent this large cohort of patients with their viewpoint and ideas from their own experience of life and attendance of the practice over the years.

One of our PPG members is a retired hospital consultant and with this wealth of experience he brings clinical ideas, GP support and a medical perspective to the group regarding expectations and realistic plans for ideas.

We do service a large nursing home of 90 residents, all of whom are registered patients with us. The practice, and indeed indirectly the PPG, engage with these patients as the practice manager meets with the residence manager approximately every 6 months and feedback from patients and their relatives and the visiting GP is shared to ensure good clinical practice and patient engagement with the services provided.

The practice is also very aware of new local housing developments and engages with our local community by attending developer residence meetings and engaging with those who attend to ensure local patients and residents feel supported by their local GP practice.

## 2. Review of patient feedback

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

1. A survey was circulated via email in early 2014 via our website and on email to the PRG as well as using paper copies held at the practice, with promotional information regarding the survey included in the patient newsletter. Survey feedback was reviewed by the PPG with a list of 4 core plans identified as an outcome (communicated later in this document)
2. A patient educational event was held and the feedback from the day from patients and PPG/GP attenders was discussed at a PPG meeting
3. Relevant patient complaints about services and administrative ideas – one of these communications that was originally a complaint, led to the recruitment of a new PPG member to help the practice resolve the matter and for new ideas going forward
4. Discussion of feedback from online “Friends and family test” results at PPG meetings from February 2015 onwards
5. The results of the GP patient survey were discussed with the PPG when data was made available as a learning exercise
6. Patient “comments book” reviewed periodically to ensure all feedback, not only complaints, were discussed and utilised
7. Feedback from staff meetings about pressure-points and concerns about funding, training and patient expectation

How frequently were these reviewed with the PPG/PRG?

These items are reviewed as part of a standardised agenda at PPG meetings that are held approximately every 6 weeks. The items raised from the survey and all of the areas highlighted above, have been discussed with the PPG as when data is available. The discussion with the PPG during meetings held in January and March 2014 addressed four main priority areas which were highlighted from the results of the survey that need further discussion and evaluation. 3 of these are covered in the priority areas below.

The other sources of feedback were discussed at the frequent 6-weekly PPG meetings (and at ad-hoc meetings where the PPG have met with GPs) and in cases of priority or where reflection was needed prior to the PPG meeting, some of the feedback was circulated via email for consideration and discussion both by email and at the next PPG meeting.

The PRG received updates via a “PPG PAGE” in the regular newsletter giving a general update of learning points and outcomes of surveys.

## Action plan priority areas and implementation

### Priority area 1

#### Description of priority area:

##### **Improving communication with reception and secretarial staff**

Patient communications from a variety of formats including the 2014 survey, identified several areas they felt could improve the communication process with reception and secretarial staff. Patients' comments extracted from the survey included:

- I. Email
- II. face to face
- III. use of callboard – could be clearer
- IV. better communications regarding delays to clinic
- V. use the existing callboard to notify patients of delays during the session
- VI. use of email or text to give appointment update/reminders
- VII. busy reception desk, could have more staff at busy times
- VIII. too many adverts displayed on plasma screen

#### What actions were taken to address the priority?

**In response to their comments the following has been updated, improved or added with responses and feedback to changes made included all in this section;**

Overall the patient response was that communications have improved in the past few years using latest technology and also traditional methods with the newsletter being well received as an effective form of regular communication. Changes made from patient feedback via the PPG and PRG include:

- A. The practice produces a regular newsletter every six weeks with historical issues available on the website. The newsletter is distributed to patients within general postal communications, reminders and follow ups. 1,000 copies are placed in the practice waiting area.
- B. Poster boards and leaflet racks providing leaflets and seasonal communications in the patient waiting areas have been installed. Feedback is that

the practice feels more tidy, less cluttered and that leaflets are more considered and relevant than in previous years. Posters are also displayed in practice waiting room and main entrance promoting communications and seasonal items. Items on display are laminated, current and refreshed appropriated to ensure patients feel informed by the information and confident that's its both current and useful, again without walls feeling too cluttered.

- C. The patient electronic information TV screen providing communications to patients in the main waiting area was reviewed, with consideration of reducing the advertising volume however the revenue received for advertising covers the costs for this piece of technology. A review has made the screen less cluttered and more informative with a better feeling of confidence that is both current and reviewed regularly
- D. The practice has an automated call board for patients to be called to relevant treatment rooms. This screen can also be used to communicate about current projects such as information for patients when it is time to book in for flu vaccinations or even to inform the waiting room if a GP is running late. This can become outdated and cluttered and the messages are now reviewed and updated by dedicated staff members as part of their core duties and immediate improvement has since been seen
- E. Regular activity and updates as well as seasonal information is available on the Practice website, this is maintained both internally and externally. The website is designed to be easy to use for all levels of PC user. Archived information is readily available as well as clinical information, forms and instructions. Patients can book, amend and cancel appointments and request repeat prescriptions for medication. Ideas for communication via text message and email were again reviewed and patients have been advised that when Information Governance on this matter is more clear, then the practice will engage in communicating in these ways
- F. Ongoing training takes place to ensure administrative teams provide excellent communication skills in what can sometimes be a challenging role to ensure better face to face communication and increased empathy for those with disabilities, both those that are obvious and others that may be harder to identify. This was completed via safeguarding training and patient awareness communications from senior staff
- G. Telephone queuing system, online appointments and repeat prescriptions using the latest technology to improve patient services; all of these services have received positive feedback from the users
- H. The practice has recruited three new receptionists at times that were identified as very busy to ensure we provide the best possible service within the budget available to us. Funds were obtained from economies in other areas of the business and natural wastage of staff in other administrative teams within the wider practice team

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

Results and impacts have been included as part of the discussion and feedback listed above in parts A-H.

Our newsletter and website are the core practice communication tools and any survey results and the actions taken are always communicated using these tools as well as posters in the waiting room. We also publicised our survey results and action plans on our website and offered paper copies each time the projects were completed.

## Priority area 2

Description of priority area:

### **Reception and Waiting Areas**

**The respondents were asked what areas of improvement can be made to our main reception and waiting areas.**

The survey respondents provided feedback relating to the reception and waiting area within the Practice. Patients' comments, ideas and requests extracted from the survey include;

- i. Bigger (better space in the reception area) and should be more confidential, improve ability to conduct conversations with privacy
- ii. water machine
- iii. reduce queuing near the door
- iv. larger seating and spacing within the waiting area
- v. too many posters in the waiting areas, looks tired and jumbled
- vi. PC or tablet with access to website to complete surveys and read latest information whilst waiting for appointment
- vii. adequate staffing and eliminate queues on reception

What actions were taken to address the priority?

**The actions taken are responded to as per the list that follows, after consultation with the PPG, reception team manager and GP Partners:**

- A. Overall patients feel that the waiting area, reception and services available are acceptable for the size of the building. With a continually increasing number of patients and several clinics running during each session the reception and waiting areas can be extremely busy and congested. Some tables were removed (resulting in less clutter) and extra seating was brought in with all chairs recovered and the carpets cleaned to improve cleanliness and refresh the area. This has been well received.
- B. In order to try and create a visually larger space within the waiting area the seating has been moved and the area redesigned to give easier access for pushchairs and wheelchairs and to generally create a more comfortable feel to the waiting room. Access has been made less congested for pushchairs and wheelchairs with more space to walk through by relocating the repeat prescriptions area and moving the chairs to use the space

more effectively

- C. Patients are encouraged to arrive 10 minutes before the scheduled appointment to avoid congestion both in the waiting area and car park  
Increased patient tolerance in both the car park and when waiting to speak to a receptionist has been requested. Patients are also encouraged to use the “self-sign in screen” and to manage their appointments and prescription requests using our online services
- D. The carpeting has been professionally cleaned on several occasions to improve the appearance and improve cleanliness
- E. The seating has been refurbished simply with replacement covering
- F. A queue management barrier has now been introduced and is in place to control queuing and detract the queue away from the entrance to the practice, so that patients can easily access the main waiting area without disruption and to improve confidentiality and the reception desk
- G. The blood pressure machine has been moved to provide patients with a more private area to use the facility
- H. Notices are displayed encouraging patients to request to have a private communication with the receptionist should they need to discuss a confidential matter
- I. Touch Screen Check in system in operation for all clinics to eliminate queuing at the desk. Patients are actively encouraged and have readily accepted use of this facility to check in for their appointment. This removes the communication of old in notifying the receptionist that you are attending for an appointment
- J. Patients are actively encouraged to use the online prescriptions service available via the practice website. Repeat prescriptions can be arranged for direct collection at the patient’s local pharmacy to remove the need to collect prescriptions from the desk also
- K. A large amount of options are available for patients on our website including prescriptions, appointments and forms and we actively encourage our patients to seek out information initially from our website before visiting the practice
- L. The reception manager and team actively monitor the display of appropriate posters and leaflets within the waiting area, to ensure that the information is seasonal, up to date, presentable and appropriate to the practice. Other forms of communication are also actively used including newsletters, website and TV screen in order to try and reduce the volume of posters and leaflets present in the waiting areas
- M. Where the equipment in the waiting area sometimes fails due to technical problems, immediate steps are taken to resolve the issues use an effective and efficient alternative to avoid increased delays and disruption to the patients in the practice on these days
- N. As with the previous section, the practice has recruited three new receptionists at times that were identified as very busy to ensure we provide the best possible service within the budget available to us. Funds were obtained from economies in other areas of the business and natural wastage of staff in other administrative teams within the wider practice team
- O. Water is available from behind main reception and if a patient needs a drink of water, they can ask for this at main reception. A water machine available for patients was discussed with the PPG and the GP Partners and was rejected as an idea due to concerns over infection control, patient misuse, where to site it, health and safety and cost and maintenance implications

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

Our newsletter and website are the core practice communication tools and any survey results and the actions taken are always communicated using these tools and on posters in the waiting room. We also publicised our survey results and action plans on our website and offered paper copies each time the projects were completed.

The priority areas identified in section two are all clear for patients and visitors to see on using the premises as there is a clear refreshed feel to the practice with furniture, posters and technology all repositioned to improve access and make the front-of-house area feel less cluttered and more confidential with improved levels of service.

Patient feedback has been very good throughout the change process and patients have been present during some of the physical moves and have given ideas and feedback to make further improvements.

### Priority area 3

Description of priority area:

#### **Communication with Patients**

**The respondents in the 2014 survey were asked, in a free-text format as an optional question, what information would they like included in newsletters and posters and general communication when visiting the practice. Not all respondents completed this question but the results are as follows:**

Clinical info = 14

Staff = 8

Update = 2

**The respondents were asked what methods of communication they preferred and responses were:**

Email = 23

Posters = 2

Text = 2

What actions were taken to address the priority?

The survey respondents provided feedback relating to general communication in the reception and waiting area within the Practice and generally about updates within our service. Patients' comments extracted from the survey included:

- Ensure the leaflets, posters and newsletters are patient specific subjects
- Promote the frequency of newsletter and communicate when next editions are due
- Ensure website up to date with latest newsletters
- Ensure latest newsletters provide information on health improvement measures
- Promote new services offered within the practice
- Advertise clinics running i.e. seasonal flu etc.
- Limit advertising on the newsletter and in waiting areas and focus on practice services

- Preferences for some respondents for reminders & newsletters etc. by email or text
- Email text and social media to promote upcoming clinics, vaccinations, practice
- information, staff news. Website is passive and posters only appropriate to those visiting the practice

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

**In response to their comments the following has been updated, improved or added;**

The practice newsletter is produced internally approximately every 6 to 12 weeks (depending on information due to be shared) and is distributed to patients within general postal communications, reminders and by post. 1,000 copies are placed in the practice waiting area. The latest version of the newsletter is prominently displayed on the home page of the practice website with historical copies available within the archive widget on the website. Selected versions of the newsletter have been bulk emailed to patients with whom an email address is available.

The newsletter content focuses on key information that needs to be communicated to the patients and seasonal information such as surgery opening hours, treatment updates, key clinics and even local information from councils, NHS England and from the CCG. It is an opportunity for us to inform patients about upcoming projects which may be of interest or even affect them. The newsletter avoids large outside advertising where possible (as occasional sponsorship to cover printing costs is always welcome) and focuses on the key information over a number of pages that we feel appropriate and relevant to our patients. A GP and the PPG oversee parts of the newsletter to comment on design and content.

Overall the response regarding the posters displayed ranged from Good to Excellent in earlier quantifiable questions in the survey. There was little negative feedback. The Reception Manager maintains and monitors all posters and leaflets displayed in the reception and waiting areas and on the doors and windows. It is important to ensure that a mix of both informative and imperative key information is displayed within the practice to capture people's attention. Some such posters need to be displayed in several positions and prominently to ensure maximum exposure. A more detailed comment was raised regarding posters their content and appropriateness in the practice. The practice and PPG agree to be selective on the posters used, ensuring they are seasonal, current, tidy and of interest regarding current clinical guidelines and communications only.

The reception manager has been tasked to maintain higher standards of posters and leaflets in the waiting room – regarding areas such as: condition, position, volume and relevance and ensuring they are laminated where possible.

As with previous feedback, although email is sometimes used, text message communication remains and information governance problems and the practice awaits further guidance regarding this matter.

## 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):

This year, as with previous years, we have always carried out an annual survey as well as other ways of gaining patient feedback and involvement. The practice responds to these surveys with action plans that are published on our websites with paper copies available on request. From the action plans, we ensure that the actions are discussed with the GP Partners and the PPG and we respond with changes to resources or aim investment to respond as best we can to patient ideas to provide the best possible service.

Examples and actions from previous years include:

1. A review of nursing and administrative teams. Extra funds put into the se staff budgets with an extra nurse recruited, a nurse practitioner recruited and nurses involved in extended hours opening each Monday evening and on Saturday mornings
2. Car parking was extended on three occasions using help from the CPPG regarding design and physical support to help reclaim space from garden areas as well as changing the layout of the car park to improve access, safety and turning
3. Recruited more reception staff and introduced a new telephone queue management system, online appointment booking services and improvements to our website
4. Reviewed our waiting room seating and confidentiality at the main reception desk. Changes to protocols, improved and refreshed patient communications and design of furniture
5. Extra GP capacity in extended hours and a review of our overflow clinic and telephone appointments system

### **Care Quality Commission (CQC) inspection Autumn 2014**

The practice had a CQC inspection in Autumn 2014 and the PPG played an important part in this activity. The PPG were notified of the inspection and they gave support by offering feedback to the inspectors both as part of written evidence documents but also our PPG secretary agreed to meet with the inspector independently to give both patient and PPG feedback and comments. Feedback from all aspects of the CQC inspection were shared with the PPG at their next meeting and as soon as results were available these were also discussed with action points agreed with a plan on how to communicate the CQC findings with the wider patient community. As a result of the CQC visit, 2 projects were created for the PPG to work on with the practice: one was increased awareness of patient complaints and communications and the other was a wider understanding of practice finances and financial protocols and workstreams. The outcome of these projects is described below.

### **PPG VISIT TO THE PRACTICE FOR FINANCIAL DISCUSSION**

Two members of the PPG met with the practice manager for a discussion about practice finances, NHS resources and protocols about use of NHS funds. The outcome of this meeting was communicated back to the wider PPG where limitations and concerns around patient expectation were discussed. Due to the confidential nature and discretion needed regarding this subject, the information was communicated to patients via our newsletter in a format discussing resources and managing patient expectation rather than communicating financial detail. This meeting has however helped the PPG to work with the practice better by understanding the rules around funding and expenditure.

### **PPG VISIT FOR PATIENT COMPLAINTS AND FEEDBACK REVIEW**

This year, in response to the 2014 survey, the practice has concentrated on “customer service” and managing patient expectations. As the PPG have become more involved in supporting the practice with complaints and patient feedback, in addition to the evaluation of three key questions from the surveys, representatives from our PPG group were invited to attend the practice and observe several anonymised customer recorded calls which had been followed up with customer complaints. IG protocols and information security was observed at all times.

Two representatives from the PPG attended the meeting at the practice to engage their involvement in how the practice manage complaints and help the group and practice improve the customer experience and expectation in relation to the services provided by the practice. An example of 3 very different calls were replayed to the two PPG members and a small discussion was had as a group after each call. The notes from the meeting were taken to a PPG meeting and the PPG were asked to consider what appropriate action should be taken following the calls from the patients. They considered the actions by the reception team and the practice to be acceptable. Additional ideas about how to handle patient expectation were shared as it was believed that this was the core to the problems that arose. The practice and PPG feel they make steady progress and work well together in making improvements that directly respond to patient feedback and this relationship continues to achieve results for the practice and the patients year on year.

### **In response to their comments the following has been updated, improved or added;**

The PPG representative overall agreed that the reception teams were well trained and approached each difficult situation as calmly as possible and giving appropriate responses and actions. The PPG representatives agreed that there is an expectation by the patients to be able to see their registered GP as soon as possible, have access to medication, treatments and clinics in unacceptable time frames. The PPG accept that it is an extremely busy practice in a highly populated area with the public expectations of what is delivered and is acceptable by a practice is far from what is achievable in the current climate with ever increasing patient numbers and decreasing NHS funds. In two of the circumstances the patient made assumption and had expectations that their needs could be delivered which would breach protocols and national guidelines.

As a result of their visit and subsequent discussion the practice have included, in the latest newsletter, a feature explaining the variety of appointments available to patients. The team reported that patients feel frustrated by the protocols in place by detailing the rules of the appointment structure it is hoped patients will less confused. The reception team do their utmost to ensure the most appropriate appointment is allocated to each patient this often means gathering information during the call to ascertain the appropriate clinician and appointment urgency and time.

### 3. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 18<sup>th</sup> March 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 has undertaken the following projects and communications: PPG and PRG recruitment processes and regular reminders via our website, newsletter and waiting room posters, community-based health and wellbeing educational sessions for “at risk” group patients, writing to patients with long-term conditions for appointment reminders taking the opportunity to include copies of newsletters with clinical vaccination reminders, copies of newsletters given to DN team and midwives to hand to their patient groups, internet-based newsletter library and website homepage headlines of information

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

Yes. Information has been received via: comments book, patient complaints process, survey feedback, regular scheduled DN Team/MDT Quality Meetings (incorporating midwifery, child health surveillance and hospice care), pharmacy manager meetings, practice manager meetings, PPG meetings

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

Yes. At a couple of meetings in January and April 2014, the PPG meeting agendas were purely about survey results and patient group feedback as well as regular updates and discussions at other regular scheduled PPG meetings and emails within the group over time. The outcomes and action plans are listed in previously submitted PPG reports that are also historically held on our website for reference year on year

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

More staff have been recruited, staff job descriptions have been updated so that particular staff members are accountable for areas of the business such as front-of-house standards, better use of technology, improved patient confidentiality, refreshed waiting area with new equipment including chairs and a blood pressure self-monitoring machine

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

The PPG and PRG have been running for 5 years now. The group and its work have evolved over time and communications with the practice are now

easier and more frequent. The practice manager and GPs engage with the PPG and it has been an education for the PPG to understand the economics and bureaucracy involved in both the NHS and the running of general practice – this has improved empathy for the practice team and has helped guide feedback on areas such as patient expectation back to the patient community.

This report will be made available via our website with communication about its availability shared in our newsletter, for:

- PPG and PRG members and the wider patient community and website visitors
- The Care Quality Commission for inspection and audit purposes
- The Clinical Commissioning Group
- Healthwatch and local voluntary groups
- Any relevant party to whom the information will be of constructive use

***Report ends***