

# Annex D: Standard Reporting Template

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

Practice Name: The Datchet Health Centre

Practice Code: K81021

Signed on behalf of practice: Graham Box, Practice Manager      Date: 16/3/15

Signed on behalf of PPG: Michael Shefras MBE, PPG chairman      Date: 16/3/15

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 and email											
Number of members of PPG: 12 members, of which one is a GP and one the practice manager plus a PRG (email database) with 827 members.											
Detail the gender mix of practice population and PPG/PRG:				Detail of age mix of practice population and PPG/PRG: (Note that we							
%	Male	Female									
Practice	5177	5245	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PPG	3	6	Practice	1845	962	1364	1509	1610	1256	985	835
PRG	Not recorded	Not recorded	PPG (est.)					3	2	2	2
			PRG	Not recorded							

Detail the ethnic background of your practice population and PPG/PRG: (note that we do not have data on the ethnicity of all of our patients and the declared ages and ethnicity for our PPG committee may not be fully accurate as not all wished to give their details.)

	White				Mixed/ multiple ethnic groups					
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed		
Practice	5098	66	7	632	16	21	67	37		
PPG	7									
PRG	Not recorded									
	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	978	184	18	45	41	46	22	6	2	3
PPG	3									
PRG	Not recorded									

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:

Throughout the year, the PPG has promoted the Group through its quarterly newsletters. This has been both to recruit new members to the committee (with an interested individual joining the March meeting) and to grow the email membership. The email members make up the PRG and this provided a vital source of feedback as they were responsible for the majority of responses to the annual survey (which the PPG chose to maintain). At its peak this year, the PRG numbered 827 members and a target has been agreed between practice and PPG to grow this number to 1000 in 2015.

The PPG is conscious of the importance of reaching out to other members of the practice population and is now working with the practice to raise the profile of carers. This approach will encourage carers to register with the practice and will improve the signposting that is available to carers. Over time, these carers will provide an additional source of valuable feedback for the PPG as it will allow them to communicate with carers through the practice register.

It is challenging to grow the number of young people but the practice manager is keen to build links with the local secondary schools. The aim is that they receive information about how to access the NHS and, at the same time, provide feedback on their experiences of the practice and how it can improve its services. Already, the practice has made links to Family Action, a charity that provides specific support to young carers, and hopes to raise awareness of the support available to this group throughout the next year.

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 (but see below)

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

In the coming year, the practice aims to establish a scheme that will build a link with the Samaritans so that they can support patients through times of difficulty (especially during the period while they are waiting for a service to start). We are currently discussing with the Samaritans how we can gather feedback on this service (which will also generate insights into other areas of what we do). This approach was discussed with, and approved by, the PPG at its March 2015 meeting. There is a large 'static' traveller community but they do not self-identify as travellers (see information above).

## 2. Review of patient feedback

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

The main source of feedback for the PPG was the Annual Survey that the PPG devised and oversaw. This was made available in December and January, was distributed through the PRG email list, the practice website and by placing hard copies in the practice. The results were collected using SurveyMonkey, generating a full report that was initially reviewed by two members of the PPG with the practice manager and then with the full PPG on 4th March 2015. A total of 232 responses were received and the PPG discussed how to increase this number in future years. Their suggestions included halving the number of questions so that the survey is less time-consuming, finding ways to post it direct to (a sample of) those who are not on email and rarely visit the surgery, and growing the PRG by promoting the option of submitting email addresses to the practice.

The practice also shared the latest findings of the Ipsos Mori GPPS Survey which reported in January 2015. Their findings were very

similar to those gathered by the PPG (though with a much smaller sample size of 114). The practice also shared the Friends and Family Test scores for February at its March meeting. At that meeting, it was agreed that the practice would prepare a full report on all of the Friends and Family Test scores since the new survey began. This would include the numerical scores as well as an analysis of the free text comments received. By the end of February, the practice had received a total of 280 Friends and Family feedback scores. The majority of these result from the text reminders that are sent after appointments, with relatively few coming from the hard copies left at reception and only one response received directly through the website.

The PPG has also alerted the practice to particular issues raised by patients as and when this has occurred. For example, the PPG alerted the practice to criticisms and misunderstandings that were circulating in Wraysbury and supported the practice in writing to Wraysbury patients to ensure that they understood the current position.

Feedback was also obtained from 20 of the 60 patients who attended the health education evening in June 2014.

How frequently were these reviewed with the PRG?

The PPG committee met as a full committee on six occasions in 2014/15, namely 30 April, 11 June, 8 September, 5 November, 14 January, and 4 March. Patient feedback featured in some form in each of these meetings, with the last meeting used to review the findings from the survey and agree the PPG's recommended Action Plan for the practice.

Note that the Action Plan proposed by the PPG contained 10 points, which have been crystallised into three areas in order to meet the reporting requirements of this DES.

Note further that the practice manager had provided the PPG with a list of items from the previous year's action plan, some of which had already been completed and others that related directly to the findings of the 2014/15 Survey. These were then incorporated into the 10-point Action Plan prepared by the PPG chair and approved by the PPG on 4th March 2015. The practice is committed to addressing each of these points although some (such as commissioning phlebotomy services) are outside its control.

### 3. Action plan priority areas and implementation

#### Priority area 1

Description of priority area: Improve telephone access and the ease of making an appointment.

The PPG has proposed that the practice analyses current demand and looks at different ways of meeting that demand, including changing the role of the duty doctor, changing the balance of same day and advance appointments, making greater use of telephone consultations. The PPG wants to form a small multi-disciplinary group to examine the options.

The PPG has further proposed that the practice investigates how its current telephone system could be improved, reviews the queuing arrangements and investigates what other technical solutions might improve telephone access first thing in the morning.

The PPG supports the recruitment of a nurse practitioner to help address the access challenges.

What actions were taken to address the priority?

With the approval of the PPG at its March meeting, the practice has adjusted its appointments system to introduce 3-day appointments. This means that there are far more appointments available within 3 days of the patient wanting to book an appointment. As a consequence, there are fewer appointments that can be booked for two weeks in advance. The practice and PPG will monitor the impact of the change to see if it represents an improvement.

A nurse practitioner has been recruited who will start in April. The nurse practitioner is expected to relieve some of the pressure on GP appointments and the practice is confident that she will become highly valued by the patients.

The practice manager has contacted the telephone system supplier to see what options are in place to improve telephone access. At the time of writing, their response is still awaited. Equally the practice is raising awareness of online appointment booking to relieve pressure on the telephones first thing in the morning. This is already happening through the PPG newsletter, the

noticeboards and the website.

The practice and the PPG continue to work together to raise awareness of the problem of DNAs, with over 1200 GP appointments lost last year to people who did not show up. As with online booking, this is communicated through newsletter, website and noticeboards.

The partners have convened a single-item Agenda meeting on 17th March 2015 to consider further actions to improve access and the patients' experience of making an appointment. Their proposals will be discussed at the PPG meeting that is scheduled for 20th May.

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

The actions will be evaluated through patient feedback, using the Friends and Family test results (including the free text comments) and the practice will explore with the PPG whether some additional research would be helpful to analyse the impact on patients and carers.

As with everything, the actions will be publicised through the PPG Newsletters (which the PPG has kindly agreed to increase in frequency as necessary), the practice website, the practice noticeboards, and through communication with the PRG email list.

## Priority area 2

Description of priority area: Improve communication between the practice, PPG and patients.

Although the surveys indicate good levels of satisfaction with the attitude and helpfulness of the reception team in general, the survey indicated that some patients have experienced rudeness when contacting the practice by phone or at the reception desk. The PPG recommends formal training to help the reception team to deal with patients in situations that can be highly stressful (ie when patients are worried about their health).

The PPG believes that there is more that can be done to make patients aware of how the practice operates and has recommended growing the email list, better use of the noticeboards and introduction of a TV screen with looped messages. In particular, there is a need to clarify to patients how test results are communicated.

The practice tannoy system is not always clearly understood by patients and the PPG feels that regular reminders to GPs to speak slowly and clearly would be helpful.

What actions were taken to address the priority?

The PPG has kindly agreed that it will produce additional newsletters as and when necessary to help the practice to communicate with its patients. This should include information about how to access test results as this is not well understood by patients.

Customer service training has been booked for 21st April 2015 with a specialist training company called Hamilton Mercer. It is also important that the practice reinforces the message that it values every patient but that it is not acceptable for patients to be rude and aggressive to practice staff.

The proposal for one or more TV screens (one upstairs, one downstairs) will be considered by the partners. The practice manager will include occasional reminders about the use of the tannoy system in his fortnightly 'blogs' that are sent to all staff.

The PPG now has its own noticeboard by reception which is maintained by the PPG.

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

It is hard to measure or quantify the direct impact of improved communication and staff training, but we hope that it will lead to an improved patient experience.

As the practice and PPG seek to find ways to improve access, it will be vital that these are well understood, and supported by patients. Here again, the newsletter, website and noticeboards will be vital and the practice should also look to place articles in local publications to reach a wider audience.

Improving understanding of how test results are communicated will reduce stress for patients and increase the efficiency of the practice.

### Priority area 3

Description of priority area: Provide in-house phlebotomy

What actions were taken to address the priority?

The practice is not commissioned to provide phlebotomy but we do provide a service to those who find it most difficult to access a hospital setting. In response to the views of the PPG, the practice phlebotomist has rearranged her sessions and is able to provide more appointments.

However, the PPG is looking for something more substantial that can benefit a far larger number of patients. This will require lobbying of the CCG by the PPG.

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

This has been an ongoing discussion and the PPG will receive the full support of the practice manager in understanding the current apparent anomalies in the way that the service is delivered across the CCG area.

## 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 PPG Action Plan starts with a review of the Actions from the previous Action Plan. Some of these have now been addressed (recruiting a nurse practitioner, training for reception staff in customer service), some require ongoing attention (tidying up the noticeboards, clearer tannoy announcements, improved communication including communicating test results) and some have not been resolved and are important priorities for the practice and PPG in the coming months (improving telephone access, increasing availability of appointments, lobbying for a commissioned phlebotomy service).

For more information, please visit:

[http://www.datchetdoctor.co.uk/Patient\\_Group.php](http://www.datchetdoctor.co.uk/Patient_Group.php)

and

[http://www.datchetdoctor.co.uk/Latest\\_News.php](http://www.datchetdoctor.co.uk/Latest_News.php)

#### 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 16 March 2015

**How has the practice engaged with the PPG?** – I am the fourth chair of the DHC PPG and I understand that from the start under previous partners there has always been a very good relationship between PPG and the Practice. Since I have been the chair, PPG has had a very good working relationship with the partners.

**How has the practice made efforts to engage with seldom heard groups in the practice population?** It was an agenda item at our last meeting and as the seldom heard groups surface or are sought out PPG will engage as necessary. It must be remembered PPG are volunteers, are not funded and find their own expenses when having to travel!

**Has the practice received patient and carer feedback from a variety of sources?** Of course – it is a continual moving feast and we work with as many bodies as we get involved with them. There is always representation at the PPG annual health evening and through the WAM PPG Network learn about more options.

**Was the PPG involved in the agreement of priority areas and the resulting action plan?** To the contrary – PPG actually developed the survey leading to an agreed action plan. A partner was present when the 2015/16 Action Plan was launched in March 2015.

**How has the service offered to patients and carers improved as a result of the implementation of the action plan?** It is hard to say as it is difficult to measure. However my feeling is that we are moving in the correct direction – in the end it relies upon more funding as well as the measures in PPG Action Plan!

**Do you have any other comments about the PPG or practice in relation to this area of work?** This question raises a dichotomy of understanding! I believe that PPG working closely with the Practice Manager and the Partners are making a difference in understanding where there are challenges. It is understood that already from the proposals in the action plan the partners are having a meeting to consider what the PPG is recommending – this has to be very good.

## Appendix One: The Datchet Health Centre Action Plan Based on recommendations from its Patient Participation Group

The Datchet Health Centre has had an active Patient Participation Group since 2006. The PPG is run by a committee of nine patients (with the active involvement of a GP and the practice manager) and is supported by an email reference group with more than 800 registered patients.

The objectives of the PPG are to (i) promote health awareness (ii) provide an effective grass-roots forum (iii) work with the practice, the Friends of Datchet Health Centre and other local organisations to benefit all members of the practice community (iv) provide channels of communication and (v) influence positively the services provided by and commissioned for the practice.

Each year the Patient Participation Group develops an Action Plan based on feedback received from patients throughout the year.

Particular importance is attached to the annual survey that the PPG members themselves devise, though it is administered by the practice. The Action Plan for 2015 is summarised below, together with the anticipated steps that are required for its implementation and associated timescales.

Priority	Actions	Timescales
Review the appointment system	Analyse demand, explore options, consult with PPG on solutions	Proposals for action agreed by June 2015.
Improve telephone access	Review best practice, promote alternatives to telephoning	Review complete by June 2015
Customer service training	To support administrative team in a stressful role	Initial training by end of April 2015
Improve communication	Help patients to understand better how the practice works	Ongoing
Make case for in-house phlebotomy	Analyse provision across the local area and then lobby CCG	Plan of action by Sep 2015.
Clarify how test results are communicated	Prepare and disseminate a clear statement	By end of May 2015.
Introduce a nurse practitioner	Already recruited	Starts in April 2015
Investigate TV screens in waiting rooms	Evaluate options and how screens could be used	Decision by end of July 2015
Clearer tannoy announcements	Remind GPs regularly to speak slowly and clearly	Ongoing
Tidy up the noticeboards	Think about key messages that need to be conveyed	First remodeling by end of March 2015.

**The practice will provide progress reports on these Actions to each 6-weekly meeting of the PPG.**