

## Annex C: Standard Reporting Template

Schedule M

Hertfordshire and South Midlands Area Team  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Fernville

Practice Code: E82022

Signed on behalf of practice: Mark W Jones Date: 10 February 2015

Signed on behalf of PPG: John Carlton-Ashton Date: 26 February 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) Members of the PPG meet face to face approximately every two months, with interim communication by email. We also have a larger Patient Reference Group, with whom we communicate primarily by email.
Number of members of PPG: 2321

Detail the gender mix of practice population and PPG:			Detail of age mix of practice population and PPG:								
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	8006	8156	Practice	3379	1417	2608	2446	2309	1598	1200	1205
PPG	1285	1201	PPG	753	217	564	320	180	116	67	104

Detail the ethnic background of your practice population and PPG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	6646	142		690	149	70	79	119
PPG	772	15		190	9	9	18	8

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	417	207	47	103	285	323	149	16	1	404
PPG	72	24	5	18	35	43	10	4		

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 make strenuous efforts to promote the PPG to patients and to seek new members. The PPG is advertised in each quarterly addition of our newsletter Fernville Focus. Both the Chair & Vice Chair of the PPG have written articles for the newsletter. We have set up a new noticeboard for the PPG in the surgery, and we are developing this as an attractive introduction to the group with photographs and other promotional protect materials. There is also an A3 poster advertising the PPG in the waiting room.

To ensure we reach all patients, an invitation to express an interest in the PPG is included with the registration documents.

This year, the carer's lead from the PPG attended our flu clinic in an attempt to recruit carers to the PPG.

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:

We do not have any particularly over-represented groups in our practice population. However, we have taken steps to improve our engagement with the Care Homes we serve – see below.

## 2. Review of patient feedback

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

We have reviewed the following:

- Patients' comments on NHS Choices.
- Results from last year's survey.
- Complaints and complements.
- Statistics from the National Patient Survey.
- The CQC intelligent monitoring report.

How frequently were these reviewed with the PRG?

14 May 2014, 14 July 2014, 3 September 2014, 12 November 2014, 14 January 2015.

### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p><b>1. Communication</b> To improve communication between the practice and its patients in order to make better use of resources and improve outcomes.</p>
<p>What actions were taken to address the priority?</p> <ul style="list-style-type: none"> <li>a) Reintroduce text messaging and assess the impact of this on DNA rates (an improvement would indicate that this is a helpful service for patients)</li> <li>b) Promote increased uptake and better use of online services</li> <li>c) Identify and improve mechanisms for feedback from Nursing / Care Homes</li> <li>d) Investigate options for opening and utilising a Fernville Twitter account.</li> <li>e) Improve our communication regarding the Flu campaign to deliver an improved patient experience</li> </ul>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ul style="list-style-type: none"> <li>a) April May (without text messaging) 393 pts identified with a total of 423 DNAs between them June July (with text messaging) 307 pts identified with a total of 338 DNAs between them Text messaging is associated with a small reduction in the rate of DNAs but these data are not conclusive. Text messaging is currently working well with positive feedback from patients and anecdotal evidence that this has reduced DNA rates.</li> <li>b) Online services are promoted on the Website and the Envisage system. Changes to our GMS contract require us to introduce limited access to medical records online from 31 March 2015. We have established the feasibility of this and are making active plans to deliver it. These plans have been advertised on our website. Additionally, we decided to adopt the electronic prescription service, which was launched on 12 November 2014. This provides a much more convenient system for patients, reducing the number of visits they need to make to the surgery. Online services have been advertised in the newsletter, Fernville Focus, and in handouts and posters in the interim.</li> </ul>

- c) Lead doctors are in place for each the homes. We make regular scheduled visits.  
CH has discussed feedback with the managers and a regular dialogue occurs. This helps us to resolve problems as they arise.
- d) We have not yet agreed how to use social media or whether this would be beneficial for patients. We will continue this in 2015/16.
- e) Flu clinics for 2014 have now been completed. Lessons learned from the 2013 campaign were applied. Changes included:
  - Allocated timings to ensure a more even flow of patients
  - No checking in system (patients go straight to the allocated room)
  - A clinician and administrator in each room to improve throughput

Whilst patient numbers are inevitably high at flu clinics, the surgery was less busy than in previous years and we received good feedback from patients.

Priority area 2

Description of priority area:

**2. Call handling**

Call handling is identified by patients consistently as a necessary improvement area.

Call handling is an essential feature of the service we provide to patients, and we must continue to make efforts this area.

What actions were taken to address the priority?

- a) Re-optimize rotas within the reception team to ensure there is a good call handling service at all times during the working day.
- b) Ensure we make effective use of call handling room we have created on the first floor of the surgery.
- c) Reassess our call handling performance by repeating the survey done last year.

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

- a) We have recruited and trained a further two apprentice receptionists.  
Based on the outcome of our survey – see c below – we have adjusted the deployment of staff to provide more consistent cover through the day.
- b) This room allowed more effective deployment of our new apprentice receptionists. It provides a good environment within which staff can work under supervision; and without the distraction of the front desk a high throughput of calls can be achieved.  
Use of this facility is now routine and no further action is needed.
- c) See survey report attached.



Telephone Access  
Survey Report 15010

The number of calls answered within 1 minute has increased from 20% in 2013 to 38% in January 2014 and again to 43% in November 2014. The number of calls answered within 3 minutes has increased from 43% to 67% and then further to 71%. Each of these statistics represents an improvement in service for patients.

Despite this, we still receive some negative comment from patients regarding telephone access. In some cases, expectations may not be realistic. 75% of calls are now answered within 3 ½ minutes, which we could argue is acceptable given the pressure on resources in the modern NHS. However, 10% of callers would still wait over 5 minutes unless they hang up and redial at another time. This still represents an opportunity for improvement.

More detailed evaluation of the data shows that our call handling performance is much better in the mornings than in the afternoons. We will review these data carefully, and re-evaluate our deployment of staff across the working day. We will also assess the various other tasks and priorities assigned to reception staff in order to deliver further improvements in telephone access during 2015.

### Priority area 3

Description of priority area:

#### **3. Accessibility**

Improve access to the surgery and comfort within the surgery for patients with difficulties involving their mobility.

What actions were taken to address the priority?

- a) Short term – install some higher chairs in the waiting areas
- b) Longer term – power assisted door opening (create a costed plan for this).

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

- a) CH has identified suitable suppliers and obtained prices. However, we are concerned about the safety of these with children around. CH will consult managers in the care homes to see if better alternatives are available.
- b) In November 2014 we submitted an application for an improvement grant through the NHSE Capital Programme, which has been endorsed by our locality.  
“Priority one: install DDA compliant automatic doors at the entrance to the building, at the surgery entrance and at the entrance to the reception area. Based on the recent installation at Parkwood Drive Surgery in Hemel Hempstead we estimate the approximate cost this work to be £6,700 per pair of doors: total cost £20,100.”



## 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 main focus of our work with the PPG over the 3 years of this scheme has been to improve telephone call handling. The survey report attached above shows that there has been successive improvements from each year to the next. These improvements have been quantified, and deliver a substantial benefit for patients. Sustained effort is required to maintain the standards achieved and to deliver further progress. Our engagement with the PPG has been invaluable in keeping our focus on this important objective.

As is the case for most practices across the country, access to appointments has come under increasing pressure over the past 3 years. In order to maintain the best possible service, we have made a series of adjustments to our appointments system. This has included the introduction of telephone triage, the deployment of a single doctor with IT support to undertake home visits and visits to the nursing homes, and changes to the way that we process requests for emergency appointments. Our engagement with the PPG has allowed us to understand how these changes may be perceived by patients, and to take the voice of the patient into account as we optimise our service. This important dialogue was not included in an action list at any stage. Nevertheless, it represents one of the most significant outputs from the scheme in terms of its impact on the patient experience.

#### 4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off: 26 February 2015

Has the report been published on the practice website? YES/NO

How has the practice engaged with the PPG:

We have a Patient Participation Group, with whom we meet face to face approximately every two months, with interim communication by email. We also have a larger Patient Reference Group, with whom we communicate primarily by email.

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

Through our engagement with the care homes – see action 1c above; and by working with the carers' lead on the PPG to raise the profile of carers within the voice of the patient.

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

Yes. This has been detailed above.

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

Yes. This was done at the meetings listed above.

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

For many years, telephone call handling has been a weak area for the practice. This has been evident in results from the national patient survey since its inception. The very substantial improvements delivered through implementation of the action plan address the area of greatest concern to

patients.

Whilst this is not specifically addressed in the action plan, we have at the same time developed a carers' lead within the PPG to work with the practice carers lead. This has stimulated us to provide better information for carers, and to redouble our efforts to identify carers within the practice population.

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

Members of the PPG make a significant commitment of time and energy to this project. The ability to make an effective and constructive contribution is not a trivial skill. For these reasons, it has been more difficult than we expected to recruit and retain members of the PPG. Given the considerable value of the PPG to the practice, it is important that we continue to strive for the broadest possible representation.

Please return this completed report template to [england.enhancedservices-athsm@nhs.net](mailto:england.enhancedservices-athsm@nhs.net) no later than 31<sup>st</sup> March 2015. **No payments will be made to a practice under the terms of this DES if the report is not submitted by 31<sup>st</sup> March 2015.**