

## Annex D: Standard Reporting Template

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

Practice Name: [Forestside Medical Practice](#)

Practice Code: [J82072](#)

Signed on behalf of practice: [\*Julie Stewart\*](#) Date:

Signed on behalf of PPG: Date:

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

|  |      |        |       |   |       |        |          |      |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |
|--|------|--------|-------|---|-------|--------|----------|------|------|-----|---|---|--|--|--|--|--|---|-----|-------|-------|-------|-------|-------|-------|------|----------|------|-----|------|------|------|------|------|-----|-----|--|--|--|--|---|--|---|---|
| Does the Practice have a PPG? <b>YES</b>   |      |        |       |   |       |        |          |      |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |
| Method of engagement with PPG: Face to face, Email, Other (please specify) <b>Face to face, &amp; Email to our virtual group</b>   |      |        |       |   |       |        |          |      |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |
| Number of members of PPG: <b>9</b>   |      |        |       |   |       |        |          |      |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |
| Detail the gender mix of practice population and PPG:  |      |        |       | Detail of age mix of practice population and PPG: |       |        |          |      |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">%</td><td style="width: 40%;">Male</td><td style="width: 40%;">Female</td></tr><tr><td>Practice</td><td>5288</td><td>5623</td></tr><tr><td>PRG</td><td>5</td><td>3</td></tr></table> |      |        |       | %   | Male  | Female | Practice | 5288 | 5623 | PRG | 5 | 3 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">%</td><td style="width: 10%;">&lt;16</td><td style="width: 10%;">17-24</td><td style="width: 10%;">25-34</td><td style="width: 10%;">35-44</td><td style="width: 10%;">45-54</td><td style="width: 10%;">55-64</td><td style="width: 10%;">65-74</td><td style="width: 10%;">&gt; 75</td></tr><tr><td>Practice</td><td>2321</td><td>900</td><td>1303</td><td>1341</td><td>1687</td><td>1294</td><td>1094</td><td>971</td></tr><tr><td>PRG</td><td></td><td></td><td></td><td></td><td>2</td><td></td><td>5</td><td>2</td></tr></table> |  |  |  |  | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | Practice | 2321 | 900 | 1303 | 1341 | 1687 | 1294 | 1094 | 971 | PRG |  |  |  |  | 2 |  | 5 | 2 |
| %  | Male | Female |       |   |       |        |          |      |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |
| Practice   | 5288 | 5623   |       |   |       |        |          |      |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |
| PRG  | 5    | 3      |       |   |       |        |          |      |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |
| %  | <16  | 17-24  | 25-34 | 35-44   | 45-54 | 55-64  | 65-74    | > 75 |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |
| Practice   | 2321 | 900    | 1303  | 1341  | 1687  | 1294   | 1094     | 971  |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |
| PRG  |      |        |       |   | 2     |        | 5        | 2    |      |     |   |   |  |  |  |  |  |   |     |       |       |       |       |       |       |      |          |      |     |      |      |      |      |      |     |     |  |  |  |  |   |  |   |   |

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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 | 3581    | 13    | 6                        | 46          | 12                            | 15                   | 12           | 10          |
| PRG      |         |       |                          |             |                               |                      |              |             |

|          | Asian/Asian British |           |             |         |             | Black/African/Caribbean/Black British |           |             | Other |           |
|----------|---------------------|-----------|-------------|---------|-------------|---------------------------------------|-----------|-------------|-------|-----------|
|          | Indian              | Pakistani | Bangladeshi | Chinese | Other Asian | African                               | Caribbean | Other Black | Arab  | Any other |
| Practice | 10                  | 2         | 0           | 13      | 19          | 25                                    | 13        | 23          | 0     | 7111      |
| 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:

- **We put notices up within our receptions areas inviting patients to join our group or our virtual group**
- **Clinicians ask patients if they would be interested in joining the group**
- **We advertise on our website**
- **We gave out leaflets to all patients over the age of 16 attending surgery for a flu vaccination to encourage them to join**
- **PPG members helped out within our flu clinics in order that they could make patients aware of the group and encourage new members.**
- **We advertise in the local parish council magazine**

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:

- **We encourage all patients to join**
- **We offer within the at risk Chronic Disease Groups, diabetic Group, Asthma and COPD learning disability groups, Carers and those being cared for, baby clinics and across the board for any patient walking in to the practice.**

## 2. Review of patient feedback

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

- **Appointments system - this has been an on-going review**
- **Blood Test**
- **Results**
- **Continuity of Care and seeing the same doctor**
- **Friends and family test**

How frequently were these reviewed with the PRG?

- **We started bi-monthly with our meetings and ended up quarterly due to the volume of work on a day to day basis and long term sickness within the team**

### 3. Action plan priority areas and implementation

#### Priority area 1

Description of priority area: Lack of Clinicians

- **long Term Sick leave of a partner followed by retirement**
- **Maternity leave of another Partner which led to full retirement**
- **Maternity leave of a Salaried Doctor**
- **Loss of another salaried GP who was taking up a partnership**

What actions were taken to address the priority?

- **GP's met and agreed to cross cover where they could**
- **We employed long term locums rather than ad hoc locums to help keep continuity and to mop up any short falls where possible**
- **We put notices at the front desk, within the waiting room and on the website to keep patients informed**
- **Staff were also informing patients at the point of booking an appointment over the phone to keep patients fully informed**

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

- **Impact on QOF having locums was high as they do not use the templates in the same way as a partner or salaried GP which affects the partners and patients alike. GPs then had to do extra to try and catch up.**
- **We interviewed and agreed to take on two new partners one in October 2014 and another from the 1.4.2015. This would help stabilize the practice and encourage continuity of care. This then brought a spark back into the team**
- **This was beneficial to the patients and practice with continuity of care, new blood in the business, fresh eyes, also one new partner was able to re-introduce full minor surgery back into the practice whilst the other was a GP trainer, Diabetic specialist and the IT lead which would enhance our in-house services and get our clinical systems up-to-date where appropriate which in turn benefits the partners, patients and staff alike.**
- **We did our best under very difficult circumstances to keep patients fully informed via our web site and within the surgery.**
- **The remaining team pulled together keeping the surgery running we feel well.**

## Priority area 2

Description of priority area:

- **Appointments System**

What actions were taken to address the priority?

- **We Contacted Simon Wilkinson to keep the Wessex Area Team fully informed.**
- **We discussed our appointments system with our PPG members throughout the year**
- **We discussed rotas with the partners, nurses and secretarial team trying to prevent problems**
- **We sought to get the rota's done earlier and longer in the hope of securing GP Locum cover sooner**
- **We looked ahead and discussed our appointments system within our weekly partners meeting and on a daily basis looking a week ahead to try and iron out any problems. The practice Manager adjusted appointments during difficult periods**
- **We took on long term locums to try and keep continuity of care**
- **We tried to keep regular doctors who knew our patients over the years which also helped staff and patients alike**
- **We run routine, 48, 72 hour and urgent appointments each day/week – we tweaked them to cater for difficult periods or to meet patient needs.**
- **We moved a couple of the extended hour's sessions into another week as additional sessions when we could not secure locum cover.**
- **We wrote to Dr Wilsons and Dr Arnolds Patients informing them of the planned changes**
- **Dr Joseph put together a news-letter keeping patients informed – which was displayed in-house and on our website.**
- **We are also in the process of up-grading our telephone system in the hope that it will benefit patients even further with better access into the surgery.**
- **We have also set up patients booking appointments on-line**

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

- **Shortage of clinicians did have an impact on continuity of care but the practice managed it well and patients were on the whole happy that we were planning ahead both short and long term**
- **Taking on two new partners gave the practice more stability and a plan for the future**
- **On the whole we were able to manage the practice well given the pressure we were all under**

### Priority area 3

Description of priority area:

- Reporting Blood Test Results

What actions were taken to address the priority?

- **Patients raised the point of being able to get their blood test results sooner and staff being able to assist the patient informing them of the result.**
- **The practice started using the ICE system whereby they have an electronic referral for a blood test and an electronic result back from the lab.**
- **GP's started commenting within the EMIS system on every electronic result so that the staff could see and give out normal results without the patient having to wait to speak to a GP. Other results were booked into telephone consultations or booked appointments at the doctors request**
- **We were able to log into patient report lists within Emis which showed hospital pathology results – reducing the time spent phoning the lab and any delays waiting for the paper copies to arrive.**
- **The Practice also signed up to HHR which allows them to see hospital letters, scan and procedure/outpatient reports at a click of a button – GP's can now see the results sooner.**

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

- **We did up a crib sheet detailing were to have blood tests done and when to contact the surgery for results**
- **Patients did not have to wait as long for their results and when they phoned in staff were allowed to pass across normal results under clear guidelines from the GP**
- **We had our paper pathology copies switched off which meant less work and less post for the secretaries**
- **Less calls to the lab as staff could see if a result had been processed**

- **Doctors being able to action results within the clinical system rather than scanning paper copies into patient records**
- **Patients seemed happier with the service**

#### Priority Area 4

Description of priority area:

- **PPG & the Friends and Family Test (FFT)**

What actions were taken to address the problem?

- **Firstly we met with our PPG to decide what would be the best way to reach a diverse range of patients to raise awareness of the PPG and encourage new members to join the group.**
- **It was agreed by all at the August meeting that as we were coming into the flu season that would provide a good opportunity to advertise the group**
- **It enabled us to target a good percentage of patients in a short space of time and to have members of the group available to answer any questions, offer their contact details and raise awareness that they are working on behalf of the patients.**
- **As the FFT was due to go live on the 1<sup>st</sup> January it also provided the opportunity to pilot it prior to the go live date**

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

- **We spoke to patients and handed out leaflets during the flu clinic**
- **We put message on our prescriptions**
- **We did up a display and had the forms available within our waiting rooms**



- **We advertised both the PPG and FFT within our websites**
- **Our Patient Participation group helped out within the clinics**
- **Both GP's and Nurses ran extra clinics on two Saturday mornings to accommodate those patients who could not attend surgery in the week.**

#### Priority Area 5

Description of priority area: NFHC won the contract to provide a phlebotomy service across SW Hampshire

- **We then received the - Offer to provide a Phlebotomy Service through NFHC ( New Forest Healthcare) Limited Company - within Primary Care**

What actions were taken to address the problem?

- **We liaised with NFHC and the other practices within our locality decide whether it was a viable project that primary care could cover to ensure quality and an adequate service across our (LOT)**
- **We agreed to have TUPE staff moved across into the practice 5 sessions per week offering blood tests to our patients.**
- **We set up surgeries and had the TUPE staff in for fully induction and training on our computer system**
- **We ordered addition stock in advance of the start date.**
- **We did a letter to the patients and put this in the waiting room for all to see.**
- **Clinicians then sent patients to the desk if they needed a blood test to book their appointments.**
- **Administrative staff recorded data for any patient booking who was not registered with the practice**
- **A separate member of the team then collated the information for the monthly reports**

Result of actions and impact on patients and practice:-

- **The service moved from Hythe Hospital to the surgery which was a benefit to the patient**
- **The surgery changed from a walk-in service to booked appointments with a limited number of walk-in slots at the beginning of each session – this worked well and all patients like it.**
- **The TUPE staff like working in the practices and being part of a team**
- **If The TUPE staff go sick then the practice have the additional headache of trying to find cover or contacting the patients for (NFHC) to cancel the appointments and taking any complaints**
- **Long term it will be better for the practices and the patients**

- **The practice has had a member of its team trained up to assist covering sickness**
- **At the moment the services is actually costing the practice so we are working at a loss to get it off of the ground – long term this could be unsustainable we have to wait and see.**

## 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):

- **In 2011** – We advertised the patient participation group with very little effect 4 people enquired
- **Within years 1-3.** We piloted our appointments system between April 2011 to 2012 rolling it on into 2013, 2014 to March 2015. Offering appointments through GP triage within our Branch surgery works well because it has a younger population. Operating more urgent on the day slots and 48/72 hour release slots with 4-6 weeks bookable works well at our Dibden Purlieu surgery as we have 70% of our chronic disease management within the main site.
- **Phlebotomy in practice.** This has been requested many times by patients and is now up and running thanks to New Forest Healthcare winning the contract across our locality.
- **Within Year 2.** We set up a practice website which is working well and very popular with the patients. We set up our virtual group on line within our website and ran the first audits and discussed the outcomes within the group and again separately within our all practice meeting
- **Within year 3.** As an outcome from year 2, the request was made by the PPG to do separate audits for the nursing team and the doctors and following on from the results the group requested that we do not re-run these audits again in year 3-4 as on the whole the patients seemed quite happy with the practice and the PPG members felt we could not gain anything further from them at this time.
- **Within year 3-4.** We looked at our DNA's appointments - patients who (Did Not Arrive for their appointment) and did not contact the surgery to let us know they were unable to attend. We started putting notices up in practice making patients aware of how many wasted appointments. We added this also to our newsletter.
- **Saturday Working.** Our PPG endorsed that in an ideal world it would be nice to open Saturday mornings however; financially and based on patient wants/likes not patient needs it was agreed by all not a viable option
- **Saturday Flu clinics were set up within 2013-2014 and 2014-2015.** We ran a session at our main site with 6 separate clinicians and 6 administrative staff and a further session at our branch surgery with 4 clinicians and 4 administrative staff to help meet the winter demands. We also had PPG members directing patients. This proved very successful and we will look to continue this on each year.

#### 4. PPG Sign Off

Report signed off by PPG:

Date of sign off:

How has the practice engaged with the PPG:

- **We have met with the members and fully discussed issues, options and outcomes and made adjustments where possible**

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

- **We advertised within the waiting room and on our website using posters and leaflets**
- **Emailed out to our virtual group**
- **Hard copies placed within our waiting room**
- **Clinicians have raised awareness within the following clinics**
- **Diabetic, Baby imm's, learning disability clinics for patient and carers, within new patient health checks**
- **We advertised within our registration packs**
- **Raised awareness within flu clinics**
- **Posters have been displayed in chemists**
- **We have advertised within the parish magazine**
- **By our self-check-in system**

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

- **Yes through Patient questionnaire – hard copies and through the virtual group**
- **Through the friends and family test packs**
- **Via our PPG**

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

**Yes**

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

- **We offer the same service to all of our patients in the hope of promoting quality of care**
- **Our aim is trying to get a good cross section**
- **Highlight the PPG to carers/cared for patients gives them a contact, sense of direction external to the practice**
- **Any service we can offer the patients is always an improvement to what may have previously been available**
- **It encourages patients to take an interest not just in their care but in practices issues and helping to support others or improve services.**

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

- **The PPG are very supportive of the practice giving up their free time to assist the patients and practice alike.**
- **PPG meetings help them to understand the workings/priorities of the practice and help the practice understand patient's requests.**
- **They help to sort out the reasonable from the unreasonable from both sides**
- **Encourages working as a team on behalf of the patients**

#### **PPG Meetings Took Place**

- **28<sup>th</sup> January 2014 – PPG Meeting**
- **3<sup>rd</sup> March 2014 – PPG Group Contact via Emails**
- **20<sup>th</sup> March 2014 spring leaflet sent out to Group for discussion**
- **24<sup>th</sup> March 2014 final PPG Audit sent out to the group and placed on Website**
- **29<sup>th</sup> July 2014**
- **8<sup>th</sup> October 2014 PPG Members working with staff and doctors within the flu clinics – promoting the group**
- **11<sup>th</sup> October PPG Members working with staff and doctors within the flu clinics –promoting the group**
- **12<sup>th</sup> January 2015 PPG Meeting**
- **10<sup>th</sup> March 2015 – PPG Group about PPG Audit - Contact via Emails**

#### **Planned PPG Changes for 2015-2016**

- PPG Members to take control and develop the group set against patient needs
- Look at promoting dementia Services
- Pre-book meeting dates further in advance.

#### **OPENING TIMES**

The Practice is open for making appointments and general enquiries at the following times:

##### **Dibden Purlieu**

**Monday – Friday**                      **8.00am – 6.30pm**

##### **Marchwood**

**Monday Thursday**                      **8.30am – 6.30pm**

**Tuesday**                                      **8.30am – 6.30pm**

**Wednesday**                                **8.30am – 6.30pm**

**Friday**                                        **8.30am – 6.30pm**

##### **Extended Hours Evening Surgeries**

**Thursday Evenings**                      **6.30pm – 9.15pm Alternating between both  
Surgeries' every other week.**

**Marchwood surgery close at lunchtime 1 – 2pm – If you require a Doctor urgently during that time please telephone 02380 877900**

**Adult Phlebotomy Appointments are available within our Dibden Purlieu surgery between 12-4pm Monday to Friday**