

12. SIGNATORIES

Patient Participation Enhanced Services 1st April 2014 to 31st March 2015

By signing this agreement, the Provider confirms that they wish to participate fully and delivery the activity detailed above and accept remuneration in accordance with the Directed Enhanced Services Directions.

Practice Name: East Harling & Kenninghall

Practice Code: D82042

For and on behalf of the provider:

Signature	Name and Practice Stamp	Date

For GMS Contracts, one partner may sign on behalf of the Practice but for PMS Agreements, all signatories to the PMS Agreement must sign above.

For and on behalf of the Commissioner:

Signature	Name and Job Title	Date

To participate in this scheme, please return this signature sheet no later than 30th June 2015 to the England.ea.pdes@nhs.net

Annex D: Standard Reporting Template

**East Of England Area Team
2014/15 Patient Participation Enhanced Service Reporting Template**

Practice Name: East Harling & Kenninghall Medical Practice

Practice Code: D82042

Signed on behalf of Practice:

Date:

Signed on behalf of PPG/PRG:

Date:

1. Pre-requisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG):

Does the Practice have a PPG Yes/No	Yes
Method of engagement with PPG: Face to face, Email, Other (please specify)	Regular face to face meetings with PPG Email contact with our virtual Patient Reference Group
Number of members of the PPG:	Ten

Detail the gender mix of Practice Population and PPG:			Detail of age mix of Practice Population and PPG:							
%	Male	Female	%	<19	20-29	30-39	40-49	50-59	60-69	>70
Practice	3818	3894	Practice	1610	703	735	1157	1126	1212	1169
PPG	3	7	PPG	0	0	0	0	2	4	4

Ethnicity

We have the ethnicity status recorded for 3033 of our 7,680 patients registered with the Practice.

The following table gives the distribution of ethnicity recorded within the Practice:

White British	White Other	Asian
3028	1	4

All members of our Patient Participation Group are recorded as being White British.

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:

- Posters up in each waiting room
- Information and a sign up form available on the Practice Website
- Information included on New Patient Registration forms
- Periodical advertisements placed in local village magazines
- The Practice does not discriminate and membership of the PPG is open to all registered patients regardless of gender, age and ethnic background.
- We had recruited a member who was 17 years of age – unfortunately he has now gone to university.

Are there any specific characteristics of your Practice Population which means that other groups should be included in the PPG?

e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT (Lesbian Gay Bisexual Transgender) community? Yes/No

- No

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

- n/a

2. Review of patient feedback

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

- We have a suggestions box at both sites for use by anyone and everyone visiting the surgery but to date no feedback received via this method
- As a consequence of this, at a PPG meeting held 21st July 2014 the PPG suggested adding a question to the Family & Friends Test when it is released. Suggestions to be discussed at meeting scheduled for 1st September 2014
- At the PPG meeting held on 1st September 2014 suggestions for the supplementary questions to be added to the FFT questionnaires were discussed and agreed as follows:
 - 'Were you happy with the staff and facilities during your visit to the Surgery today?' Yes/No.
 - If 'no', how can we improve?

How frequently were these reviewed with the PPG:

- It was agreed that we would review the FFT results together with responses to the supplementary questions as a regular PPG Agenda Item, with effect from March 2015, there being no meeting in February. However at our January meeting the PPG agreed the priority areas and Action Plan as detailed below.

3. Action plan priority areas and implementation

Priority Area 1
Description of priority area: <ul style="list-style-type: none">• Telephone access to the Practice has been an area of frustration to patients despite our very best efforts to ensure calls are answered promptly and handled effectively. The subject of telephone access has formed part of our Practice Survey over the past 2 years and is an area we have struggled to make any real impact on due to lack of resources.
What actions were taken to address the priority? <ul style="list-style-type: none">• Due to the increasing workload the Practice has taken the decision to employ an additional member of staff which in turn has enabled us to provide telephone cover for an additional phone line at East Harling. This phone line has very recently been installed.
Results of actions and impact on patients and carers (including how publicised): <ul style="list-style-type: none">• The additional telephone line has increased call capacity into the Practice and as a consequence patients are experiencing shorter waiting times getting through using this method of communication. This has been extremely beneficial especially during peak periods.
Priority Area 2
Description of priority area: <ul style="list-style-type: none">• The results of the recent Family & Friends Test highlighted a perceived lack of availability of appointments.• We acknowledge that in recent times patients have had to wait longer than we would ideally like to book a routine appointment. There have been a number of mitigating factors:<ol style="list-style-type: none">a) We have been a full time GP down due to an extended period of illness for 3 months.B) We have struggled to cover sessions lost through sickness as there is a lack of locum doctor availability locally.c) We lost a full time GP through retirement.d) We had to absorb close on 200 patients from a neighbouring Practice who changed their boundary area.
What actions were taken to address the priority? <ul style="list-style-type: none">• The Practice undertook an appointment audit and it was apparent that the demand for Monday and Friday appointments was greater than on other days with the exception of a Tuesday following a Bank Holiday. We determined that a weighting should be applied to these days with the allocation of more same day appointments.

- We have identified that our list size has grown significantly and recognising the demand for appointments was outstripping availability have increased availability by 5% to help with demand.
- We have successfully recruited 2 new GP's to the Practice, both of whom are now working within the GP rota this should have a significant impact on the availability of appointments.
- In addition we have changed GP working schedules to minimise appointments lost to meetings and management sessions. This has generated an additional 60 appointments per month which again will improve availability to a GP appointment.

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

- This information has been promulgated to the PPG and the revised schedules are detailed in the Practice Leaflet and posted on the Practice Website.
- We have seen a reduction in waiting times for routine appointments – we are continuously monitoring the situation and a repeat audit will be carried out in July 2015.

Priority Area 3

Description of priority area:

- Car parking at East Harling Surgery
- There have been many occasions when patients have complained about lack of parking spaces at East Harling.
- The car park spaces located at the front of the building were previously unmarked and also had developed some raised kerb areas giving rise to a potential trip hazard.
- The rear car park, which is laid to gravel is prone to potholes and surface water collection during periods of prolonged wet weather. Furthermore, the spaces are not marked and the area is also compromised by large trees.

What actions were taken to address the priority?

- Remedial work to the front car park was authorised, funded and carried out at the end of 2014. Tarmacadam was laid and white line spacer lines added.
- Rear car park – an application has been submitted to NHS England for an improvement grant to help fund necessary improvements.

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

- The Partners have authorised the removal of the large trees and this will create an additional four parking spaces. This will be actioned when we have news from our Improvement Grant submission.
- The work undertaken at the front of the Surgery has improved the parking facilities. It is now safer for patients to use and we have identified disabled parking bays. We await the outcome of our submission for an improvement grant from NHS England.

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):

Telephone access to the Practice has always been raised as an area where patients felt improvement was required. Until now we have not had the resources to be able to proactively make an impact. However, as detailed in Priority Area 1 above, the provision of an additional phone line and a member of staff to man this phone should lead to improved access.

Other areas identified for improvement in previous years have been:

DNA Rate: The PPG were quite alarmed at the high numbers of DNA's and were keen to see any measures put in place which may reduce this.

SMS Text messaging was introduced in June last year which has proved beneficial; DNA rates have fallen although they are still higher than we would ideally like.

An article was placed in the local parish magazines on this subject and quarterly DNA rates are also published in the Surgery. The magazine article proved very thought provoking and was a topic of conversation for many who were appalled at the figures.

Patient (EMIS) Access: It was disappointing that less than a 3rd of respondents to last years' survey were aware of our endeavours to promote the online facilities available to all patients with internet access of appointment booking and repeat prescription ordering.

Following further publicity campaigns and the addition of information in all new patient registration packs and information being added to the blank side of repeat prescriptions, the number of registrations has almost doubled in the last year. Success! This should further improve telephone access as patients who previously used the telephone as their method of contacting the Practice are now using the computer.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 24th March 2015

How has the Practice engaged with the PPG:

The Practice meets regularly with the PPG, approximately every 6/8 weeks, to discuss issues pertinent to the Practice and any issues they may have or anything brought to their attention by other patients. It is an open discussion and the meetings are all minuted. We are lucky in that we have a pro-active group of 10 members who are keen to know what is happening in the NHS and how it will affect the Practice and our patients.

We also have a Patient Reference Group of approximately 103 patients who have agreed to be contacted by the Practice via email and canvassed for their views. Whilst the response from this group is limited it does enable us to engage with a group of patients who have a completely different set of demographics to the members of our PPG.

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

Being a rural Practice in the heart of Norfolk the demographics of our Practice Population are stereotypical of village life. We have one care home which cares for dementia patients and whilst we engage with the management on a regular basis, feedback from the residents is by nature limited. There is a Care Group in East Harling and a member of this Group is on our PPG, they regularly feed back into meetings and we have attended their monthly meetings on occasion. Both parties feel this is a valuable line of communication between the Practice and members of the Group.

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

Our main feedback this year has been via the Family & Friends Test, both electronically and by patients completing forms in the Surgery. The addition of two extra questions, set by the PPG has enabled patients to give more detail as to their experience on the day and detail any problems they may have encountered. On the whole, feedback has been extremely positive and we are very keen to maintain our standards by listening to what our patients say and acting on their comments.

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

As detailed above, the Practice meets with the PPG on a 6/8 weekly basis to discuss any topical issues we or they may have. Telephone access, our DNA rate and car parking at East Harling have been 'hot topics' on the Agenda of the PPG and it was therefore their decision that these issues formed our action plan.

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

By reducing our DNA rate through the implementation of SMS Text Message reminders and overhauling our appointment system patient access to appointments has improved.

Our focus is now the car park area to the rear of the East Harling premises. We have recently had the area at the front re-surfaced and parking bays clearly marked to maximise the space we do have. A bid has been submitted to NHS England for an Improvement Grant to help fund this expense.

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

Following attendance at recent South Norfolk CCG PPG Events our PPG have recently formalised themselves by producing their own Terms of Reference and appointing a Chair and a Secretary. They feel the events have given them the confidence and knowledge to move the Group forward and be more proactive in their interaction with the Practice which we have always been keen to promote at every level. They would like to produce their own quarterly Newsletter based on topical items in the NHS and what's happening within the Practice and we will give them all the help and support they need bring this to fruition.