

**EVIDENCE SUBMISSION FOR
PATIENT PARTICIPATION DIRECTED ENHANCED SERVICE
2013/2014**

Appendix No.	Document
1	Copy of New Patient Registration form & leaflet
2	Copy of Agenda (5/8/13)
3	Extract from Minutes (5/8/13)
4	Copy of email sent to vPRG members
5	Copy of letter handed out to patients
6	Copy of sample questions
7	Copy of email sent to vPRG
8	Copy of Agenda (11/9/13)
9	Extract from Minutes (11/9/13)
10	Copy of finalised Survey
11	Copy of email and article sent to Parish Magazines
12	Copy email sent to vPRG
13	Patient Survey results
14	Copy of Agenda (13/11/13)
15	Copy of Agenda (3/2/14)

Dr Hayward & Partners

Today's Date:

New Patient Registration Form

Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice)

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

Please complete a separate form for each family member to be registered.

Full Name:				Telephone Number:			
Mr/ Mrs / Miss / Ms / Other				Work Number:			
Address & Postcode:				Mobile Number:			
				E-mail Address:			
				Next of Kin:			
				Next of kin Contact Number:			
Date of Birth: / /		Previous/Mother's surname if different:		Town & County of Birth:			
Marital Status:		Gender:	Male	Female	NHS Number (if known):		
Previous address:				Previous Doctor Details:			
Previous Postcode:				Previous Doctor Telephone No:			
If returning from Armed Forces:			Your Service or Personnel Number:		Your Enlistment Date:		
Your Height:	Feet/inches		cm	Your weight:	Stones/lbs.		kg
Your Religion:	C of E	Catholic	Other Christian (state)		Buddhist	Hindu	Muslim
	Sikh	Jewish	Jehovah's Witness		No religion	Other Religion (state)	

Your Ethnic Origin (select one)	White (UK)	White (Irish)	White (Other)
Caribbean	African	Asian	Other Mixed Background
Indian/ Brit Indian	Pakistani/ Brit Pakistani	Bangladeshi/ Brit Bangladeshi	Other Asian Background
Other Black Background	Chinese	Other	Ethnic Category not stated

Your main or 1 st language spoken/ understood: (select one)	English	Hindu	Gujurati	Urdu	Bengali/ Sytheti	Punjabi
Polish	French	German	Spanish	Other: (Please specify)		
Ukrainian						

Smoking, Alcohol Consumption and Exercise:					
Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No
If so, how many cigarettes/cigars/ tobacco do you smoke in a week?			How much alcohol do you drink in a week (units)?		
<i>If you are a smoker and want to stop, please ask for information about our smoking cessation services</i>			<i>(One unit = 1 small glass of wine, a single measure of spirits, or ½ a pint of beer)</i>		
How often do you exercise?	No. of times per week:		Type(s) of exercise:		

Your Medical Background:	
What illnesses have you had, and when?	
What operations have you had, and when?	
Do you have any medical Problems at present?	
Please list any tablets, medicines or other treatments you are currently taking (incl. dose + frequency)	
Are you able to administer your own medicines?	Yes No; please detail specific issues (eg. swallowing, opening containers)

Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer
	Breast Cancer	High Blood Pressure	Asthma	Stroke
	Thyroid Disorder	Any other important Family Illness?		

What immunisations have you had? (Please tick all that apply)	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough		Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis) – 3 doses		

Specific Needs:
Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:

Please state any sensory impairment you have (ie. speech, hearing, sight):	
Are you an 'Assistance Dog' user	
Please state any physical disabilities you have:	
Please state any mental disabilities you have:	
Please state any requirements you have to be able to access the Practice premises:	
Please state any religious or cultural needs:	
Do you require the help of a Translator/interpreter?	
Please state any specific nutritional requirements you have:	
Please state any allergies and sensitivities you have:	
Please state any phobias you have:	

If you are a Carer, please state the name/address/phone number of the person you care for:	Person Cared for Contact Details:
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If you have a Carer, please state their name/address/phone number and sign here if you wish us to disclose information about your health to your Carer:	Carer Contact Details:
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Signed: **Date:**/...../.....

Do you have a 'Living Will' (a statement explaining what medical treatment you would not want in the future)?	Yes/No	<i>If 'Yes', can you please bring a written copy of it to your New Patient Consultation.</i>
Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)?	Yes/No	<i>If 'Yes', please state their name/address/phone number:</i>

Women Only:				
When was your last smear done?	Date?	Was this at your GP's Surgery	Yes	No
What was the result of the smear?				
Date of last mammogram (if applicable)	Date	Method of Contraception (if used)		

<u>Summary Care Record</u>			
<p>The NHS are changing the way your health information is stored and managed. The NHS summary Care Record is an electronic record of important information about your health. It will be available to health care staff providing your NHS care. An information pack has been provided.</p>			
Are you happy to have a Summary Care Record	Yes	No	More time required to decide:

<u>Patient Participation Group</u>	
<p>The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views and ideas for making services better.</p> <p>By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.</p> <p>If you are interested in getting involved, please tick the box below and we will arrange for a member of the Practice Management Team to contact you.</p>	
Yes I am interested in becoming involved in the Practice Patient Group (please tick the 'Yes' box)	Yes

Patient Signature:		Signature on behalf of Patient:	
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<u>New Patient Consultation</u>
<p><i>Your physical examination will include having your height, weight and blood pressure taken, and a specimen of urine for testing (it would be helpful if you would bring a specimen with you when coming to the Practice).</i></p> <p><i>The consultation will also establish relevant past medical and family history, including:</i></p> <ul style="list-style-type: none"> • <i>Medical factors - illnesses, immunisations, allergies, hereditary factors, screening tests, current health</i> • <i>Social factors - employment, family circumstances</i> • <i>Lifestyle factors - diet and exercise, smoking, alcohol and drug abuse</i>

Thank you for completing this form.
For more information about the services we offer, please refer to your new patient pack or see our Website: www.eh-khsurgery.co.uk

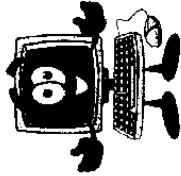
Dr Hayward & Partners

**The Surgery, Market Street, East Harling,
Norwich, NR16 2AD**

and

**King's Ride Surgery, Quidenham Road,
Kenninghall, Norwich, NR16 2EF**

www.eh-khsurgery.co.uk



How to join the Virtual Patient Participation Group

If you would like to become a member of the Virtual Patients Group Scheme, use any of the following methods:

Visit the Dr Hayward & Partners Website at www.eh-khsurgery.co.uk and follow the link

OR

Visit the Practice or Phone on 01953 717204/887208 and request a Contact Form – please return it to the Practice when you have completed it.

Dr Hayward & Partners

PATIENT PARTICIPATION GROUP



We want to hear from you

**You can have your say on
health matters**

APPENDIX 1
(Leaflet)

The information you supply will be used to contact you by email for your opinion on a range of topics.

This facility is intended for this purpose only and not for personal medical issues or complaints for which there are procedures already in place

What is the role of the Patient Participation Group?

At its simplest, patient participation refers to patients such as you who are interested in taking an active interest in healthcare services we provide.

It gives you, the patient, a say in how our services are planned, developed and evaluated, by developing a good working relationship with the Practice staff and GPs.

To date we have taken on the job of maintaining the notice boards in an effort to provide you, the patient, with information about health issues and details of where you can find help and support

We carry out surveys seeking your opinion on various matters. From this, we consider changes that you feel are needed to improve the services and then implement them wherever possible.

Do you have something to say, but don't have the time to attend meetings?

Do you have ideas about how to improve your local Practice?

Do you have ideas about how to improve your local health service?

If so,

then why not join the "Virtual Patient Participation Group"

What is the Virtual Patient Participation Group?

This is a group which has been set up in response to patients who have said they would like to be involved in the Patient Participation Group but are unable to attend meetings.

As a member of the Virtual Participation Patient Group we will send you emails asking you for your opinion on a range of topics.

You decide how often and when you would like to answer.

Benefits of becoming a Member

You can provide information about your own personal experiences.

This will help your GPs to provide an accessible and responsive service and you will be amongst the first to hear about news and updates.

How to join the Virtual Patient Participation Group

If you would like to become a member of the Virtual Patients Group Scheme, use any of the following methods:

Visit the Dr Hayward & Partners Website at www.eh-khsurgery.co.uk and follow the link

OR

Visit the Practice or Phone on 01953 717204/887208 and request a Contact Form – please return it to the Practice when you have completed it.

EAST HARLING & KENNINGHALL MEDICAL PRACTICE

Patient Participation Group Meeting

5th August 2013

AGENDA

1. Apologies for absence: P S
MC
CL

2. Matters arising:
 - i) Hospital Transport
 - ii) EMIS Access

3. New Items:
 - i) Car park at East Harling (LM)
 - ii) Magazines/Leaflets (LM)
 - iii) DNA Figures of last 3 months
 - iv) New GP started - Dr. Jenny Schram
 - v) PPG DES - Survey discussion/questions

4. Any other business

Date for next meeting:

PATIENT PARTICIPATION GROUP MEETING**Monday 5th August 2013**

Present: R L
P K
L M (minute taker)
R V
W R
J R

Apologies: C L
P S
M C
R W
J C

Extract from minutes:**Practice Survey questionnaire 2013:**

- There are between 80 and 90 patients who have signed up for our (virtual) Patient Reference Group and agreed to be contacted periodically by email and canvassed for their views and suggestions on the Practice and the service we provide.
- Following a recent email to the members of the PRG requesting suggestions for areas we should focus on for annual Survey, only 2 responses were received!
- Letters were also handed out to all patients attending both surgeries over a 2 week period asking the same question. The response was more encouraging and most were very happy with the Practice; waiting time for appointments and communication were raised as issues. As agreed at last PPG meeting we run a 4 week rolling appointment book so that advanced bookings can only be made within a 4 week period as it was felt that appointments made beyond this time scale would potentially result in more DNA's.
- The DNA rate for the Practice is high; if patients contacted the surgery to cancel appointments the waiting period could be shorter.
- Questions for this year's survey were discussed in full and Rebecca to compile a questionnaire based on all the suggestions received from patients and members of the PPG/PRG and email round for comment.

APPENDIX 4

East Harling & Kenninghall Medical Practice - Patient Reference Group

Kh-Prg EH and (NHS SOUTH NORFOLK CCG)

Sent: 01 August 2013 15:20

Dear Patient,

You may recall signing up to our Patient Reference Group and agreeing to be contacted by the Surgery periodically.

As you may be aware, we undertake an annual Survey relating to the Practice and the services we provide, and will shortly be planning the questions for inclusion this year.

We want our patients to be involved in this process; to ensure we ask the right questions we are seeking your views on any target areas you feel we should focus on for the Survey; it might be access to the Surgery, our dispensing services, Surgery premises, provision of services etc. etc.

I would like to thank you in advance for your time in responding; your views are important in helping us to ensure we continue to provide a quality service but also give us an opportunity to identify and address any areas of concern.

Yours faithfully,

Mrs. R.A. Leech
Assistant Practice Manager

EAST HARLING & KENNINGHALL MEDICAL PRACTICE

PARTNERS: GMC No:
DR. A.P. HAYWARD 2804127
DR. N.W. HAZELL 4533467
DR. M. SRI-GANESHAN 6076404

KING'S RIDE SURGERY
QUIDENHAM ROAD
KENNINGHALL
NORWICH
NORFOLK
NR16 2EF

DR. J.E. SCHRAM 3082551

ASSOCIATE:

Tel: (01953) 887208
Fax: (01953) 887515

PRACTICE MANAGER:
MR. W.A. RAWLINGS

August 2013

Dear Patient,

As you may be aware, we undertake an annual Survey relating to the Practice and the services we provide, and will shortly be planning the questions for inclusion this year.

We want our patients to be involved in this process; to ensure we ask the right questions we are seeking your views on any target areas you feel we should focus on for the Survey; it might be access to the Surgery, our dispensing services, Surgery premises, provision of services etc. etc.

I would like to thank you in advance for your time in responding; your views are important in helping us to ensure we continue to provide a quality service but also give us an opportunity to identify and address any areas of concern.

Yours faithfully,

Mrs. R.A. Leech
Assistant Practice Manager

PLEASE WRITE YOUR COMMENTS/SUGGESTIONS BELOW AND HAND BACK TO THE RECEPTIONIST

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.....
.....
.....
.....
.....
.....
.....

SAMPLE SURVEY QUESTIONS 2013/14

COMMUNICATION:

1. Are you aware we have a Practice Website where can you find a wealth of information regarding the Practice and the services we provide?
 - a. Yes
 - b. No

2. If you answered yes above, do you regularly visit the site?
 - a. Yes
 - b. No

3. We want to keep patients up to date with current NHS topics and what is happening in general within the Practice. How would you like to access this information – please tick all that apply:
 - a. By visiting the Practice Website
 - b. Notices in the Surgery
 - c. Articles in local village magazines
 - d. Other – please specify

4. Have you been aware of our various advertising campaigns regarding EMIS Access?
 - a. Yes
 - b. No

5. Are you aware that we now offer the facility to enable you to book a routine 10 minute appointment with a doctor on-line by registering for EMIS Access?
 - a. Yes
 - b. No

6. Would you like to receive text message reminders for your appointment at the Surgery?
 - a. Yes
 - b. No

STAFF & SERVICES:

7. Are you happy with the service you receive from our Receptionists?
 - a. Yes
 - b. No

8. If you answered no above, why?

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9. Do you use our in-house dispensary facilities?
 - a. Yes
 - b. No.

10. If you answered yes above, were you happy with the service you received from the Dispensary?

- a. Yes
- b. No

11. If you answered no above, why?

12. Are you aware of the on-line facility to order your repeat prescription on-line by registering for EMIS Access?

- a. Yes
- b. No

13. How do you usually order your repeat prescriptions?

- a. Using the EMIS Access on-line facility
- b. By telephone
- c. By depositing your repeat slip into the Surgery
- d. In person at reception

14. Are you aware we have Nurse Practitioner who can see and treat 'minor illness'?

- a. Yes
- b. No

15. When appropriate, if offered an appointment with the Nurse Practitioner, usually on the same day, would you be happy to accept this appointment?

- a. Yes
- b. No.

16. If you answered no above, please state your reasons:

ABOUT YOU:

Questions as per previous years.

APPENDIX 7

East Harling & Kenninghall Medical Practice

Kh-Prg EH and (NHS SOUTH NORFOLK CCG)

Sent: 06 September 2013 15:55

Attachments: Possible Survey questions ~1.rtf (41 KB)

Dear Patient,

I refer to my recent email asking for your views on any target areas you felt we should focus on for our Survey this year. The responses received from members of the Patient Reference Group and patients visiting the Practice over a 2 week period were discussed with our Patient Participation Group and the attached list of sample questions formulated. Communication between the Practice and our patients and availability of appointments were identified as the main focus areas for this year. The 'About You' section will contain the usual demographic questions regarding age, gender, and status.

To ensure we are asking the right questions, I would welcome your comments and/or suggestions for additional/ alternative questions for inclusion in our Survey.

Many thanks.

Mrs. R.A. Leech
Assistant Practice Manager
East Harling & Kenninghall Medical Practice

EAST HARLING & KENNINGHALL MEDICAL PRACTICE

Patient Participation Group Meeting

11th September 2013

AGENDA

1. Apologies for absence: W R
 J C

2. Matters arising:
 - i) East Harling Car Park
 - ii) Practice Survey – discuss responses to sample questions and agree final draft ready for circulation to patients
 - iii) Soap dispensers

3. New Items:
 - i) Shingles Vaccine Programme – Chris Knight, Practice Nurse Manager
 - ii) Fluenz vaccination for 2-3 year olds
 - iii) Saturday DNA rates
 - iv) New GP - Dr. Tony Press

4. Any other business

Date for next meeting:

EAST HARLING & KENNINGHALL MEDICAL PRACTICE**MINUTES OF PATIENT PARTICIPATION GROUP MEETING
WEDNESDAY 11TH SEPTEMBER 2013**

Present: R L
P K
L M (minute taker)
R V
J R
P S
C L
C K – Nurse Practitioner
J S

Apologies: M C
R W
J C
W R

Extract from Minutes:**Practice Survey:**

There is now a directive to work to and how it should be used – Rebecca has leaflet about this

- **Issues raised** – making appointments and DNA's
- Patients often refuse to see Chris but then complain at longer wait for GP appointment.
- Chris can deal with minor illness and triage. She is able to prescribe and deal with a wide range of medical needs. If she feels the issue is outside her remit she will immediately contact a GP for advice or refer patient to make appointment to see GP.
- Patients are asked at reception (when phoning for appointment) for a reason appointment needed so they can be referred to Chris or GP whichever is most appropriate

Questions for this years' survey were discussed and agreed.

Questionnaires will be available 14th October and will be available in Reception and on-line until 11th November. A link will be sent to all members of PRG; it will be available on the Practice website and handed out to anyone visiting the surgery between the given dates. An article informing patients that the questionnaire is running and where they can access it will be published in the local village magazines.

PRG: An email was sent out to all members of the PRG (Patient Reference Group) asking for their feedback on the proposed questions. Only 4 responses were received but these were all positive.

EAST HARLING & KENNINGHALL MEDICAL PRACTICEPRACTICE SURVEY – 2013/14

This Survey has been compiled based on feedback received from our Patient Reference Group and in discussions with the Practice Patient Participation Group, Practice Management and the GP's. The questions are based on the priorities identified from patient responses, namely: communication, staff and services.

Note: Where the word EMIS is referred to, this is the clinical computer system we use.

COMMUNICATION:

1. Are you aware we have a Practice Website where can you find a wealth of information regarding the Practice and the services we provide?

- Yes
 No

2. If you answered 'Yes' above, do you regularly visit the site?

- Yes
 No

3. We want to keep patients up to date with current NHS topics and what is happening in general within the Practice. How would you like to access this information – please tick all that apply:

- By visiting the Practice Website
 Notices in the Surgery
 Articles in local village magazines
 Other – please specify :

.....

4. Have you been aware of our various advertising campaigns regarding EMIS Access?

- Yes
 No

5. Are you aware that we now offer the facility to enable you to book a routine 10 minute appointment with a doctor on-line by registering for EMIS Access?

- Yes
 No

6. Would you like to receive text message reminders for your appointment at the Surgery?

- Yes
 No

STAFF & SERVICES:

7. Are you happy with the service you receive from our Receptionists?

- Yes
 No

8. If you answered 'No' above, why?

9. Do you use our in-house dispensary facilities?

- Yes
 No

10. If you answered 'Yes' above, were you happy with the service you received from the Dispensary?

- Yes
 No

11. If you answered no above, why?

12. Are you aware of the on-line facility to order your repeat prescription on-line by registering for EMIS Access?

- Yes
 No

13. How do you usually order your repeat prescriptions?

- Using the EMIS Access on-line facility
 By telephone
 By depositing your repeat slip into the Surgery
 In person at reception

14. Are you aware we have Nurse Practitioner who can see and treat 'minor illness'?

- Yes
 No

15. When appropriate, if offered an appointment with the Nurse Practitioner, usually on the same day, would you be happy to accept this appointment?

- Yes
 No

16. If you answered no above, please state your reasons:

17. Are there any problems/issues you would like to bring to our attention? *Please comment in the box below:*

18. Taking into account the constraints of our Practice buildings, what improvements do you think could be made to the waiting area of the Surgery you use most often? Please specify:

- East Harling Kenninghall

ABOUT YOU:

18. Please indicate your sex

- Male
 Female

19. Please indicate your age group

- Under 18
 18 - 30
 31 - 45
 46 - 60
 61 - 74
 75 and over

Thank you for taking the time to complete and return our Survey. Your feedback and comments are invaluable in ensuring that, to the best of our ability, we are offering the best possible service and facilities to our Patients.

APPENDIX 11

East Harling & Kenninghall Medical Practice - article

Leech Rebecca (NHS SOUTH NORFOLK CCG)

Sent: 11 September 2013 17:22

Attachments: Magazine Article for Octob~1.rtf (39 KB)

Dear Editor,

Space and time permitting, I wonder if the enclosed article could be considered for inclusion in the October issue of your Parish magazine?

With many thanks.

Rebecca Leech
Assistant Practice Manager
East Harling & Kenninghall Medical Practice

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EAST HARLING & KENNINGHALL MEDICAL PRACTICE

OCTOBER NEWS

PRACTICE SURVEY:

On Monday 14th October we will be publishing our Patient Practice Survey for this year which will be available for a of 3 week period. Please visit our website at: www.eh-khsurgery.co.uk where you will be able to access, complete and return the Survey via a direct link.

We would appreciate your feedback to enable us to review the services we provide on behalf of all patients.

For anyone who does not have access to a computer, paper copies will also be available for the same 3 week period at both Surgeries so please ask for a copy when you visit.

HGV MEDICALS:

Recent changes by the DVLA for HGV Medicals now necessitate a visual assessment to be undertaken by an Optometrist/Optician.

With immediate effect, if you require an HGV Medical, please ensure that this has been carried out and the relevant section of the form completed by an Optometrist/Optician before attending the GP Surgery for your HGV Medical.

APPENDIX 12

East Harling & Kenninghall Medical Practice - Patient Survey

Kh-Prg EH and (NHS SOUTH NORFOLK CCG)

Sent: 17 October 2013 14:20

Dear Patient,

You may recall kindly signing up to our Patient Reference Group and agreeing to be contacted by the Practice periodically to be canvassed for your thoughts and suggestions regarding the Surgery and the services we provide.

Please see below a direct link to our Patient Survey for this year, which has been compiled in consultation with our Patient Participation Group, Patient Reference Group and patients visiting the Surgery; I would be most grateful if you could spare a few minutes to complete this.

<http://www.mysurgeryoffice.co.uk/psurvey.aspx?p=171860&a=D82042>

Your views are important and I would like to thank you in advance for your time.

Many thanks.

Mrs. R.A. Leech
Assistant Practice Manager
East Harling & Kenninghall Medical Practice

APPENDIX 13: PRACTICE SURVEY RESULTS CAN BE ACCESSED AT:

<http://www.mysurgeryoffice.co.uk/psurvey.aspx?p=171860&v=D82042>

Patient Participation Group Meeting

13th November 2013

AGENDA

1. Apologies for absence: W R
 C L

2. Matters arising:
 - i) East Harling Car Park

3. New Items:
 - i) GP on long term sick
 - ii) Refurbishment of clinical room
 - iii) CQC - volunteers
 - iv) DNA rates
 - v) Volunteering Priorities for the South Norfolk area
 - vi) 2013/14 Survey results
 - vii) Care.data

4. Any other business

EAST HARLING & KENNINGHALL MEDICAL PRACTICE

Patient Participation Group Meeting

3rd February 2014

AGENDA

1. Apologies for absence: P K
J C
R W
L M

2. Matters arising:
 - i) East Harling Car Park
 - ii) GP long term sick
 - iii) CQC update
 - iv) Discuss and agree Action Plan resulting from Patient Survey

3. New Items:
 - i) New member
 - ii) New Apprentice
 - iii) Summary Care Record upload
 - iv) Care.data – speaker in?

4. Any other business

Date for next meeting: