

Patient Participation Group DES Year 1

31.8.11

PROCEDURE FOR FORMING A PATIENT PARTICIPATION GROUP

31ST August 2011

PATIENT EXPERIENCE

Following the introduction of a new Patient Participation Group LES we agreed we would look into forming a new Group and present the last patient survey.

On the advice of other Practice Managers we contacted Hannah Price of the PCT who came with two colleagues to meet with Dr. Ford to discuss forming this group to meet the terms of the LES.

Information from this meeting was passed to Annette Silk, Practice Manager and it was agreed we would use the list from previous patient group which was reviewed. We would also include a parent of a disabled child.

We were asked to send along a patient representative to the Deal Group meeting at St. Richards Road and rang patients from this list to achieve this and a copy of the Agenda was sent to patient requesting him to also attend our next meeting to provide feedback from this meeting.

Date was set for the next meeting on Wednesday 28th September at 7 p.m. M.F. & A.S. to attend. Letters were sent out to all 19 patients inviting them to this meeting on 28th September 11 (Copy attached)

A notice has been displayed in the waiting room asking patients if they wish to attend the meeting or if they have any comments or suggestions they advise the Receptionist on duty. We have a box for these comments displayed.

Cards to reach out to patients who do not wish to attend but would be happy for us to contact them by e-mail are being prepared by Hannah, together with a colour poster.

Receptionists are instructed that if patients wish to attend to take their name and address/tel number. If they wish to put their comments forward they are to place these in the box or alternatively if they wish us to e-mail them to take their e-mail address (leaflets on Reception desk for this).

22.3.12

DIRECT ENHANCED SERVICE

FOR PATIENT PARTICIPATION

1/5/11 – 31/3/13 – Year 1

Component 1

DES Component

Our Patient Reference Group (PRG) was continued from an original search of all our currently registered patients. With the help of Hannah Price from the PCT this was developed to ensure the group was representative of the practice population.

Component Requirements

This was a properly constituted structure gaining the views and reflecting those of cross section of the practice population this reached out to all patients and in the past has resulted in a larger proportion of elderly patients completing the Practice Surveys. This time, on the advice of Hannah, we structured our survey to reach out to specific groups e.g. parents with children under 5, carer's of patients, those with Learning Disabilities and younger families. We also looked at those with Drug addiction problems. We propose to reach out in Year 2 of the DES to a middle section of age ranges of our patients. Surveys were still issued to those patients included in our original patient participation group of varying age ranges.

Action/Evidence Required

PRG is that of previous years which we find of a varied age range and we have formed a close working relationship at meetings with these patients and wish to continue this. We did however have a new patient attend and were advised by e-mail that other patients were unable to attend as well by use of the reply slip on our letters issued. (Copy of letter already supplied together with virtual panel leaflet). Dr. Ford has endeavoured to engage with under-represented groups by going and talking to the Deal Football Club young members which was a result of one of our patients who runs the group attending the PRG. These are

young people who would probably not come to the Surgery with their problems. A further visit has also been offered. Mrs. Silk also attended the Blossom Nursery which opened last year to the opening event and left information from the Surgery for parents.

Example of Evidence Meeting Component Requirements

As stated above the profile was from a search of our all patients on our clinical system, covering age/sex/ethnicity & disability. I have already submitted the patient letter sent out inviting patients to the group and original poster displayed in the waiting room, together with posters and leaflets provided by Heather Price. These posters were displayed at Playgroup, Deal Community Clinic (where young families/children go to see Health Visitors, Midwives etc.) and the Local Football Group and the www.nhs.choices Choices website for Dr. Ford's Surgery together with our Practice website accessed by www.doctors-surgery-deal-kent.co.uk for any new patients looking for a G.P. in the area and our website through www.manorroadsurgery.co.uk Booklets are also clearly displayed at the Surgery for the Local Involvement networks (LINK). One parent of a disabled child has agreed to provide us with feedback of her experiences of the Surgery and comments/suggestions by virtual panel. Leaflets for the virtual panel are displayed on our main reception desk and any one advising they could not attend the meeting was sent an e-mail by the Practice Manager advising them they could send her their comments/suggestions /complaints/feedback by e-mail.

When new patients register they are issued with a Practice leaflet and on the form to complete for patient questionnaire there is a reference to whether they wish to join our PRG.

Minutes of PRG meetings have been posted on the websites advising we are keen to seek patient views and opinions and also listing aims and objectives (action plans) formed from these meetings. At the end of each meeting those present are advised we will be holding a further meeting in approx. 6 months time. We plan to continue to expand the group if possible by any means available to us.

Patient Participation DES – Component 2

DES Component

We agreed with the PRG which issues were a priority and all those present were provided with a copy of the proposed Practice Survey to see if they were happy with the questions asked or wished to add or amend. Some amendments were made and the Survey then printed and issued.

Component Requirements

The PRG and practice identified the questions to cover in the local practice survey.

Patients were happy except for question on possibility of holding unbooked appointments with the G.P. and felt this was a step back to times when things did not run well.

We had not received any formal complaints but discussed any issues that had been raised for minor/normal unreasonable requests.

Dr. Ford advised that she had decided to amend the Late night openings from alternating a Tuesday evening one week and Thursday the next to on a Tuesday each week unless of course she was on holiday or had any meetings she needed to attend. Permission was sought from PCT to agree to this.

Care Quality Commission was discussed and the changes and work entailed for this by the Practice some of which had already been instigated although Registration is April 2013 now.

We discussed with them the practice results for the National Patient Survey which we advised was on the Choices website and offered to show patients how to view this, however they declined.

Posters were displayed and PRG asked for items to focus on e.g. clinical care, getting an appointment, reception issues, opening times, parking etc.

Action/Evidence Required

Minutes are provided on the websites and have been provided to PCT, as evidence of discussions and priorities and requirements.

No formal complaints had been received for discussion. Odd verbal dissatisfaction was discussed, most of which were considered unreasonable or were a lack of communication.

We aim to improve by meeting the action plan agreed at the meeting by investigating a Physiotherapy service to be held at the Practice, Change radio station to BBC Kent, Dr. Ford making a further visit to the Football group of young people, publishing minutes of meetings which has been completed, targeting younger age range of patients and commissioning a further survey next year with the same questions as PRG happy with these.

Example of Evidence4 Meeting Component Requirements

Evidence of discussions is priorities set as above as action plan agreed. If any complaints are received before the next local practice survey these will be reported. We provide feedback from the previous meeting to each new meeting held – see Minutes from previous meeting. Priorities agreed at the PRG were set and typed up in the minutes of the meeting to ensure these have been met by the following PRG. We agreed to ask patients registering to provide details of how they would like to be involved in PRG (e.g. attending the meeting or virtual panel).

Evidence Submitted for verification

Minutes of discussions of PRG and e-mails for virtual panel members. No complaints made but discussions over this matter. Priorities information listed above and in PPG further information report and areas to be included in survey. Local patient survey reviewed by PRG at meeting on 8.3.12 for next survey & meeting to be held.

Patient Participation DES – Component 3

DES Component

Views collated through local practice survey and PRG informed in the meeting by providing members with a pack of information and Report on the Practice Survey (already supplied to PCT)

Component Requirements

We have carried out our local practice survey for this year and already viewed with the PRG the survey for next year.

Patients were happy with the format of the Surgery and felt it covered all items. We added a note for patients to leave their name at Reception if they wished to be part of the PRG. We collated and analysed the survey at the practice. We provided paper copies of the survey to in excess of 50 patients – some were posted and some were given out at the Surgery. A copy of the survey does appear on the website so any patients who prefer to use the web are at liberty to complete and send in a copy of this at any time. As we have a mainly older age range of patients most seem to prefer to complete this in paper format. Having discussed this with our patients and the PRG and staff at the practice we feel the criteria for obtaining views and analysing are credible. These were also viewed by the Appraiser at Dr. Ford's appraisal this year.

Action/Evidence Required

Copy of local practice survey form already sent to Enhanced Services.

Copy of letter sent out with Survey supplied to Enhanced Services.

Minutes of meetings of PRG already supplied.

Pack of items supplied to PRG in very clear print with coloured items and pictures in a publisher format to enable easy to follow format for any with learning disabilities already sent to you.

Evidence is attached of collation of the surveys issued and answers supplied to the local practice survey attached.

Example of Evidence Meeting Component Requirements

We demonstrated the method used – i.e. paper survey as shown on-line on practice website (details of website provided above).

Minutes of previous meeting supplied and last meeting of 8.3.12 attached showing methods.

Copy of survey already sent.

50+ copies of survey were returned for our G.P. – Dr. M. Ford. – see collated sheet/analysis showing results.

Evidence submitted for verification

As listed in previous components we have provided information on how survey was distributed – by mail and by hand at the Reception desk.

50+ responses as above (see collation sheet)

Minutes of meeting supporting distribution by paper.

Copy of survey sent but further copy attached.

Patient Participation DES – Component 4

DES Component

We provided our PRG at two meetings on 28th September 2011 and 8th March 2012 adequate opportunity to discuss the findings our local practice survey. The attached pack of information for them to view before the commencement of the meeting is attached. We do not feel we need any more significant changes than those agreed at these meetings and printed in our action plans. Any further issues will be discussed at the next meeting in six months time.

Component Requirements

Results of this survey were discussed with the PRG as the G.P. and Staff are very happy with these results. Patients feel they are extremely lucky to be at this Surgery and feel it is in one patients words “unique” in providing such a personal service in such a happy, friendly and helpful way. The new patient expressed how happy he was at the welcome received for the meeting and on visiting the Surgery which had not been his previous experience before registering here.

Action/Evidence Required

Evidence provided of discussion with PRG.

Discussions were entered into concerning the action plan and this was set out to PRG at the meeting and will be discussed on how this has been carried out at the next PRG meeting.

We contacted the PCT team concerning the amendment of days from alternate Tuesdays and Thursdays each week to just Tuesdays each week in future (except for holidays/meeting cover) for the late evening openings.

The fact that patients unable to attend meeting for various reasons was discussed and we advised the group that they have been offered opportunity to send in their views, suggestions etc., by e-mail. any agreed changes as above.

We have no disagreements and resolutions to contact the PCT concerning.

Patient Participation DES – Component 5

DES Component

Action plan agreed with the PRG setting out priorities and proposals arising from the local survey and PRG views to implement any changes where necessary – e.g. Look into Physiotherapist at Surgery.

Component Requirements

Action plan agreed as in component four with the PRG – see minutes of this, which will be discussed again on our actions at the next PRG meeting. PCT would be informed if we wished to make any changes – as in the case of the change in days for the late evening openings.

Action/Evidence Required

The input is solely from discussions at the PRG therefore listed in the Minutes of each meeting.

As we are a small surgery the Leads for such action will fall to the G.P. and supported by the Practice Manager whenever possible – e.g. change of radio station, minutes onto website, preparation of next survey, plans to target different age range. Obviously the G.P. would look into Physiotherapy service as this is a clinical decision which would be submitted to the PCT for approval.

Example of Evidence Meeting Component Requirements

Action plan from 28th September 2011 meeting already sent to Enhanced Services, action plan of meeting on 8th March 2012 enclosed. The identified leads as specified above for action of items. As advised the PCT would be informed of any changes as a result of the survey.

Evidence Submitted for Verification

The bulk of evidence prior to the meeting of 8th March 2012 had already been submitted to the Enhanced Services team but attached are copy of

minutes of latest meeting including action plan agreed with PRG, copies of e-mails sent out to patients unable to attend the meeting requesting their opinions/suggestions etc.

Any changes will be agreed in the future with the PCT of any relevant items from future surveys.

Patient Participation DES – Component 6

DES Component

The local Patient Participation report has been published on the practice website and Dr. Ford's nhs choices website and this website will be updated regularly as required.

Component Requirements

The local Patient Participation report has been published already on the website.

This includes the following:

- a) a description of the profile of the members of the PRG*
- b) a description of the steps taken by the Surgery to ensure the PRG is representative of its registered practice population and the steps we took to be representative of various additional respective groups – agreed with Hannah Price PCT representative.*
- c) Minutes and details of setting up the PRG on how we reached agreement on issues the patients at this meeting and survey felt were a priority.*
- d) Reports show the manner in which we sought to obtain views of our patients.*
- e) The minutes of meetings showing that we had sought and obtained our patient views at the PRG on the agreed action plan.*
- f) Copy of the action plans from both meetings held showing findings from the local practice survey and how they had been implemented.*
- g) The booklet displaying summary of statistical evidence relating to the findings.*
- h) Details of the action taken by the Surgery*
 - (i) As a consequence of discussions with the PRG concerning the results, findings and proposals from the local practice survey.*
 - (ii) Evidence shows where we have participated in the scheme for one year ending 31.3.12 and have taken any issues and*

priorities seriously as set out in our local Patient Participation report.

- i) the opening hours of the practice premises are displayed on the Surgery main entrance, in our Practice leaflet and on the relevant websites. Advice for Out of Hours is also displayed.*
- j) The extended hours scheme the G.P has entered into for the Surgery is also displayed in the same manner.*

This report is supplied to Enhanced Services at the PCT and the Extended Hours have been approved by the Team recently for the changes made and this has been amended in the Practice leaflet and on the websites.

There is no ongoing disagreement with the PRG on these actions and this was discussed at the most recent meeting and in minutes.

Action Evidence Required

This report to satisfy all requirements listed above. This report will be circulated to the PRG and PCT and placed in the booklet in our waiting room for the registered patients and on the website.

Component 6 – Evidence submitted for verification

Report published on the website and will be verified by the PCT on 31.3.12.

This report sent to you in time for the deadline of 31.3.12.

Circulated to PRG and publicized in the Surgery in the booklet held in our waiting room.

FURTHER INFORMATION REGARDING ORGANISING

PATIENT PARTICIPATION GROUP

Following on from the results of our Patient Survey we have now printed full details on our Practice Choices Website & Practice website showing the results. This information has also been displayed in a folder in our waiting room for patients to view and the website fully updated.

We targeted patients advised by Hannah Price of the PCT to be representative of this Practice in our patient profile. This survey was reaching out to specific groups not covered in previous surveys, by sending out invitations to Carer's, those with Learning Disabilities, the younger age group of patients including parents of under 5's by handing surveys out to those attending our Baby Clinic. We also looked into those using drugs who are reviewed regularly by Dr. Ford, although we have only 3 main problematic patients.

We also sent letters out following a request from Hannah to attend the meeting recently held at the Ark in Dover and were advised some of our patients did attend this meeting, they did provide feedback from this at the Patient Participation meeting on 8th March. We have today had a newly registered patient who has asked to be part of the Patient Participation Group and we have sent out a letter inviting him to the meeting next week, this is following posters displayed in our waiting room showing our contact with LINK, together with leaflets for being part of the virtual panel using their e-mail. We are very happy with the response we have had from our patients as this group is expanding and we feel we are reaching out to all patients by all the methods available to us. Dr. Ford has visited a local Football Club to speak to young people there many of whom would not visit the Surgery. Mrs. Silk visited a newly opened Playcentre leaving information on the Practice meetings there. We do comply with the Equality Act by welcoming and including all patients in this group.

Our meeting next week will be held to discuss our most recent local Survey and the results and comments following this. This survey was distributed to in excess of 50 patients and this has been analysed on the choices website and comments published for what patients think. The practice survey is presented on the Surgery section of nhs.Choices website and also the Practice website access by www.doctors-surgery-deal-kent.co.uk or www.manorroadsurgery.co.uk We also discussed the changes we have actioned following the action plan from our last meeting in September. We will also receive feedback from the Deal Group meetings that two of our patients are attending to represent the Surgery. The minutes of last meeting have been updated to show the action plan showing we have met our aims and objectives from the last meeting and our

Constitution and Terms of Reference are shown in this paperwork and reflect what we are told at these meetings from our patients – it is primarily to gain their input.

Following the meeting on Thursday 8th March we have put minutes from this meeting and our action plan to put in force following this meeting. We are also pleased that a patient who was unable to attend this meeting is sending feedback by e-mail as means of the virtual panel which we advertised on our main Reception desk for those not wishing or able to attend meetings. The patient providing feedback has a disabled daughter and is unable to come to meetings in the evenings.

We feel it is essential to reach out to more patients as a permanent strategy and we have now included a question on our newly registered patient form asking if patients wish to be part of this group so that all new patients are all targeted when they register. We plan to proactively engage with more and more patients by varying the category of patients involved with the Surveys. A further patient meeting will be held in six months time and we will actively involve them in CQC related issues and this will be in force then. Although we did not receive any formal complaints during the past year, this will be reviewed again at the further meetings held as patient priorities and issues are of main concern to us at the Practice, these are the main purpose of our meetings with patients and are shown in the minutes from the meetings already held.

We were very happy that the group is expanding by a new patient joining and we plan to target further age groups with our next survey we will commission for next year. Patients at the meeting were happy with the survey format and the results we achieved from this. Each patient handed/posted a survey completed this and returned it to us.

We have now received minutes from the Deal Group meeting held at St. Richards Road and patients will be attending the next meeting planned for 22nd March.

Updated 21.3.12

Patient Participation Group DES Year 2

12.7.12

DEVELOPMENT OF PATIENT PARTICIPATION GROUP

PATIENT EXPERIENCE

Following on from the forming of our Patient Participation Group last year we have now reviewed our Patient Survey with a view to asking further questions to our patients to enhance the feedback we obtain and thereby improve our service options to our patients.

We have made every effort since our last survey to enhance the number of patients attending our Patient Participation Group for Year 2 and thereafter by adding this to our New Patient Questionnaire form to see if new patients wish to be more involved with decisions regarding the Practice they are joining. We also still keep leaflets for patients to leave their e-mail addresses if they wish not to be part of the Group attending meetings but to send in their views and opinions by e-mail (forming a virtual panel of patients – to date only one patient has taken us up on this opportunity), although this is now made available on our website and the Choices website.

We have been sending two representatives from our Patient Participation Group during the last year to the Deal Group meetings with other local Practices held at St. Richards Road Surgery. One of these patients has asked not to attend further meetings, however we have been very lucky to have found a newly registered patient who is happy to attend and provide feedback both ways on our behalf.

We plan to hand out our Patient survey to any patients with Learning Disabilities, Carers of patients (for patient or them to complete as appropriate), patients with any long standing medical conditions, any patients who are dispensed drugs on a weekly basis, to any persons of black or foreign minority and to try to reach out to the next age group from last years survey. (approximately 40 – 55 years of age) thereby meeting equality and diversity for all our patients. We hope to distribute these surveys during the month of July to enable us to collate all information during August and hold our next Patient Participation Group in September, by which time a local group meeting should have been held again at St. Richards road and we can consider any feedback from both sources.

We feel that we try very hard to meet the varying needs of all our patients by providing a list which is open to all and full hours of opening during the weekdays with an extra late night opening on a Tuesday evening. Patients are able to book appointments 6 months

ahead with the Doctor and Nurse. If any clinics are fully booked and a patient wishes to be seen urgently they are offered an appointment for the current surgery that is running.

We provide excellent continuity of care with Dr. Ford and holiday or meeting cover is usually provided by regular Locums at the Surgery. Our telephones are usually answered very promptly and our patients do not normally have any problems getting through to the Surgery.

Following on from the action plan of the last meeting held on 8th March 2012 we provided a clearer notice on the complaints/compliments/comments & suggestion box kept on the main Reception desk and visible to patients.

We have tried to display posters/leaflets more appropriate to young people in the Reception area (although some of these have been hard to obtain – e.g. smoking for under 18's as this is illegal).

We provided a clearer hand gel notice and have sufficient supplies for this dispenser.

Despite toys being stolen from the Surgery we have replaced these and displayed a notice asking parents not to let their children remove these toys as they then deprive other children of playing with them.

The new table for leaflets and magazines has been much better and Annette tries to ensure that magazines are regularly replaced with fresh ones and leaflets also reviewed and replaced as appropriate.

Dr. Ford has also made herself available to visit the local football club to speak with the young people about what they would like in their Surgery. It was our aim at the last practice meeting to try to reach out to a younger range of patients to obtain feedback from them. Although we have a small group, with the feedback from St. Richards road meetings as a Deal Group we have obtained real-time feedback which the Government White Paper set to provide.

This action plan will be discussed and reviewed and hopefully fresh ideas will be presented at our next meeting and a fresh action plan set and agreement sought from the Group to meet any changes for proposals and priorities, seeking agreement from our local Primary Care Trust, and to publicise our achievement on our website and the Choices website for all patients to view, together with any new patients seeking a G.P. in the area.

We hope to meet the needs of the vast majority of our patients taking into consideration the fact that we are in an area where many people work shift patterns. We aim to produce our Practice Profile and to discuss the age, sex, unemployed, carers, black minority and ethnic groups taking into consideration our Links with LINK and the local Healthwatch website and any voluntary organizations enabling us to support vulnerable groups such as those with learning disabilities, the elderly, taking into consideration the local Nursing Homes Dr. Ford attends and any other vulnerable groups of patients.

We aim to provide a pleasant, understanding and comfortable environment for our patients, striving not to keep them waiting too long in our waiting room. Our Receptionists are on hand to provide as much assistance and help as they can and we strive to provide a warm and friendly welcome. Any themes from complaints that are likely to be forthcoming will be looked into. We keep our patients up to date on any planned changes within the Practice – e.g. as discussed at the last group meeting – we are due to have a Physiotherapist visit regularly for our patients to be seen here at the Surgery. Hopefully we will also be able to provide Acupuncture.

We will discuss the National patient survey results and any current changes with particular regard to the Care Quality Commission shortly due to be active in General Practice.

A notice will be displayed prior to the meeting in our waiting room and on our Practice website inviting patients to attend and for them to put suggestions on discussions in our Box kept on Reception.

If our survey shows any desire for changes in our services, we will discuss any findings and if this is formalized at the meeting or taken up, we will seek agreement from the Local Trust to these changes. If for any reason it is not possible to implement any changes sought, reasons will be provided for this.

The patient survey will also be placed on our Practice/Choices website for patients who do not visit the surgery to have the option of completing this together with a list of commonly asked questions and answers that patients may address.

A report on minutes and action plan will be posted onto our Practice website and in the booklet kept in the waiting room. No patient names will be printed as this is kept strictly confidential. A summary of any statistical evidence will be given and a copy sent to the PCT meeting all the relevant components set for us to meet to achieve.

Our main purpose is to build our G.P. patient relationship to obtain positive feedback to address any issues raised and hopefully be able to address these to the satisfaction of the large proportion of our patients either by use of our comments box/e-mail (virtual panel), Surgery Patient Group or Local Deal Group.

Patient feedback is very important to us.

DIRECT ENHANCED SERVICE REQUIREMENTS – YR 2

1. To gain patient views on Changes to Services – commissioned/provided – Physiotherapist – In House – Has anyone visited the Physiotherapist?

We have been very pleased with the service. This has helped with the long waits previously to see a Physiotherapist and provides valuable feedback directly to the G.P.

2. We are in process of trying to get another In House Counsellor – to replace previous one – awaiting contracts – due to changeover from PCT – CCG.

3. We are trying to meet all requirements by encouraging more patient participation from Patient Surveys, asking if patients wish to be part of the group – List has grown to 32 and we have tried to get 16-34 yr olds to attend tonight's meeting, as a follow on from our last Survey and meeting when patients felt we needed younger people. We also ask all newly registered patients if they wish to be part of the PRG. Our books are still open for patients within the practice area - for easy access also taking into account our late evening opening on a Tuesday evening. – DR. Tapping will be joining us on 3rd April to carry out a couple of sessions per week as locum initially. Many of her patients from previous Surgery are wishing to attend and register here. Our list size is increasing and we are pleased to note many younger age groups have been registering and the practice profile has shifted, we are therefore attracting younger people, which was something Patients had expressed from our Practice Survey and previous PPG meetings we amended the Patient Survey to encourage more feedback. We have also tried to reach out to people to use e-mail also (virtual panel) by means leaflets and posters.

Any issues by patients can be discussed face to face at the desk (if private we try to speak to patients around the corner/or if room available in there. Patients can phone, e-mail or fax. We are in the process of trying to set up our system to make appointment booking available on-line and also to look into EPS, this can be carried out by patients requesting prescriptions on our existing system, however we will be moving towards changing over to Emis Web shortly.

From the survey patients seem happy with the existing system but we are making every effort to keep abreast of the times and to be as flexible as possible in meeting varying needs of patients. If a patient feels they need to be seen urgently that day they are always seen. We offer the facility to book ahead for 6 months, something very few surgeries do. We are still busy working on CQC guidelines to ensure we continue to provide the best possible service of care to all our patients.

We have continuity of care and will provide a second G.P.'s opinion/alternative G.P. to visit with Dr. Tapping coming here.

We offer Choose & Book appointments for all those that can be made – as we feel this is the best option for our patients.

Our Manor Road website is www.doctors-surgery-deal-kent.co.uk & also there is a NHS Choices website which we keep updated.

We are pleased to run the PPGp meetings every 6 months and we are delighted that we have now expanded the group and many more patients have become involved, we have worked very hard to build on this and are very grateful to you all for making the effort to come along. We are anxious to gain your views on anything you would like to discuss. The purpose of these groups is to listen to your views, gain feedback and see if there is anything we can do to improve our service for you – your opinions are very important to us and we like you to feel involved in providing patient views.

The 2 representatives that have kindly attended the Deal Group meetings at St. Richards Road can provide feedback from these meetings. We do receive minutes from these. We would like to see if anyone else would be willing to attend/step in if these people are unable to attend. The next meeting is to be held at 10.00 a.m. tomorrow. They are held on a two monthly basis. We are very appreciative to people attending these meetings and their continued support as this enables us to look at the wider picture of healthcare needs.

We still have our box on the Reception desk & leaflets for e-mailing comments, suggestions, complaints etc. We try to reach out to various ages, unemployed, ethnic minorities and vulnerable groups e.g. learning disabilities, carers, nursing homes shift workers, and anyone in an attempt to meet the Equality & Diversity policy.

The PCT recommended that we look at patient complaints as a possible way of highlighting what patients are unhappy about, however I am pleased to say we have had no complaints from which we could highlight a service we could improve or look at.

We displayed a poster in the waiting room and notice which drew attention to the box for comments and almost 50 letters or e-mails were sent out inviting a cross section of patients. There are postings on our website about the meeting tonight and also a copy of our practice survey which patients can feel free to complete and return at any time.

We have met our previous action plan of reaching out to a younger age range and will collate the information on those attending to provide to our PCT. We need to agree an action plan of further priorities, proposals from patients to comment and discuss in detail to reach agreement. Any changes have to be notified to the PCT and we are then required to publish the report & results of our meetings on the websites meeting all the required criteria to enable us to meet the requirements of the Direct Enhanced Service which we provide to gain agreement from the PCT. It is important that we build on last year's action plan and discussions.

Dr. Ford will provide an update on Deal Hospital – re Podiatry, Orthopaedic & X/Ray - some Clinics are being withdrawn.

We have a booklet in Reception which we keep up to date showing Agenda's, minutes & information from meetings. We also show the Survey we have used and results from this. This is a means of keeping our patients informed of what is happening at the Surgery.

We need to agree a priority and include in the Survey (younger people) last time – 10%

Collate Views from the Survey and inform the Group – 20%

Provide the group with the opportunity to comment and discuss from the survey – to reach agreement on any changes, provision and manner – where we don't agree - to obtain agreement of PCT/CCG – Agree an action plan of priorities and proposals from the survey – 30%

Seek agreement to implement changes and inform PCT – 30%

Publicise report on our website and NHS Choices website by 31.3.13 – confirming each component has been achieved.

Directed Enhanced Service For Patient Participation

**01/04/2012 – 31/03/2013
(Year 2)**

VALIDATION OF ACHIEVEMENT

For full details of DES service specification refer to Enhanced Service for Patient Participation DES 01/05/11 to 31/03/13 Version 1.0

Practices should submit evidence of achievement to the PCT as each component is completed

To receive payment for participating in this DES the Patient Participation Reference Group (PRG) report must be published on the practice website by noon on 29/03/13

Year 2 reports should be built upon Year 1 report, demonstrating how issues in Year 1 have been addressed

Contact for DES queries: Carol Boorman, 01233 618142 carol.boorman1@nhs.net

Prepared and developed by Karen Yates & Ben Keeble
NHS Medway September 2012, Version 2.0

Patient Participation DES – Component 1

DES Component	
Develop a Patient Reference Group (PRG) comprising only of registered patients and use best endeavours to ensure PRG is representative of practice population Weighting of Payment Year 2 – 0%	
Component Requirements	
<ul style="list-style-type: none">• Develop a properly constituted structure that both reflects and gains the views of registered patients to enable the practice to obtain feedback from a cross section of the practice population.• Develop a PRG in the most appropriate way to most effectively reach the broadest cross section of its community – this may be virtual or a face-to-face group or a combination of the two.• Practice has a structure or process in place for regularly engaging with a representative sample of population.• Practice is compliant with the Equality Act	
Action/ Evidence Required	
<p style="text-align: center;">No evidence is required, PRG formed during Year 1</p> <p>We have further developed our PRG of only registered patients by means of targeting them with posters displayed in our waiting room for a considerable time before holding our six monthly PRG meetings. We have also targeted different age ranges each time we carry out our Patient Survey together with asking patients when they register on our Patient Questionnaire, whether they would like to be involved in our PRG. This has resulted in the group growing from 10 in number to us now having 32 names on our list. This time we targeted the largest population group of 40-55 year olds. We also advertised the meeting well in advance to show we were open to patient views and what they considered important issues to raise. We posted up a different notice to also highlight the box held on the reception desk for complaints/compliments/suggestions and comments whilst continuing to display small leaflets for patients to leave their e-mail addresses if they did not wish to, or were unable to attend the Surgery for the meeting. Patients are getting the idea of being able to e-mail the Practice Manager as we sent copies of the Agenda to all those on the list who had provided e-mails, by e-mail this time and if they replied advising they were unable to attend, we made the offer for them to e-mail the Practice Manager any comments or suggestions they may wish to make in an effort to enhance our virtual panel.</p> <p>A copy of the results of our Patient Survey report from this year has been put on our Practice website and is also being added to the Choices website. This is also displayed in a booklet of information from PRG meetings in Reception for patients to pick up to read. We have an ongoing regularly updated structure in place to engage with a representative sample of the practice population and we reach out to all age ranges, abilities and ethnic origins to meet the Equality Act for compliance.</p>	
Signed:	Date:

Patient Participation DES – Component 2

DES Component
Agree with the PRG which issues are a priority and include these in a local practice survey Weighting of Payment Year 2 – 10%
Component Requirements
<ul style="list-style-type: none">• The PRG and practice will identify the areas to be covered by the local practice survey• The areas covered will be jointly agreed based on key priorities:<ul style="list-style-type: none">○ Patients priorities and issues○ Practice priorities and issues including themes from complaints○ Planned practice changes○ Care Quality Commission (CQC) related issues○ National GP patient survey issues• Practices may ask patients in advance of the survey what issues the survey should focus on, i.e. clinical care, getting an appointment, reception issues, opening times, parking, and other issues specific to the practice.
Action/ Evidence Required
<ul style="list-style-type: none">• Evidence of discussions with PRG around priorities including areas from the requirements• Practice to include trends from complaints• Practice to include areas for improvement as a result of GP Patient survey issues from Year 1 <p>The March Patient Representative Group had an Action Plan to set up the services of a Physiotherapist In House and this was set up last July for one day (Thursday) each week. Patients and G.P. are very pleased with this service, it is helpful to patients with Trauma & Orthopaedic problems and is beneficial as the G.P. can speak to the Physiotherapist each week to see how our patients are progressing and to discuss any issues.</p> <p>We changed the radio station as patients did not like classical music playing, they felt it was very dreary.</p> <p>Leaflets and posters targeted at young people have been sourced and displayed and we targeted a younger age range of 40-55 year olds specifically in addition to a cross section of other patients at the Surgery. We plan next year to target the 16-30 year olds. Patients felt we should have a clearer notice concerning the hand gel and this has been done and due to the noro-virus being current at the moment we have also put a notice on the main door encouraging people to use this hand gel.</p> <p>Further toys were purchased and are now available for the children with a clear notice that these are not removed from the premises.</p> <p>A new table was purchased for the display of a wider choice of magazines which are changed regularly each week together with leaflets which we have reduced, currently targeting patients not attending</p> <p>A & E and offering Minor Injuries and other alternative options by use of fridge magnets they can take away, in an effort to reduce A & E attendance and referrals. This has made it much clearer for patients to view these. We have also improved staff training by having a list for our Receptionists of problems and when to contact 999 and when to attend A & E or obtain other medical help e.g. MIU or G.P.</p> <p>Dr. Ford had visited the local Football Club and offered to make further visits if required to speak with young people.</p> <p>We had also agreed to place a clearer notice on the box on the Reception desk for</p>

Comments/Suggestions and Complaints and we have highlighted this to any patients unable to attend meetings together with the option to send in comments by e-mail (for Virtual Panel) if patients unable or do not wish to attend meetings – see evidence attached.

Patients were very concerned about possible reductions in service or closure of Deal Hospital pending the proposed new Hospital at Dover, they were especially concerned about the criteria being used as this was based on a timescale to get to the Hospital in Dover, patients felt this was unrealistic, Dr. Ford discussed all issues that she was aware of with the Group.

We are pleased to have one new member of our PRG becoming a representative for the Deal Group meetings being held and she is happy together with our other Representative who attends whenever possible, to provide feedback to us at this meetings and also feedback on what is happening within the Surgery to the Deal Group meetings. The new member asked about the structure of the reshuffle from PCT to CCG and Dr. Ford explained this as far as she was able to at the time.

On line requests for prescriptions was one item raised by one person on the survey and we advised PRG when a new computer system which is web based (and currently being considered) is installed, this facility will be available and offered to patients at that time. All patients completing surveys and also those attending the PRG felt they were very satisfied with all that is on offer at the Surgery and felt in one person's words "why try to change what is working well". The only suggestion made was to target an even younger age range and this will be done for our next Patient Survey by reaching out to 16-30 year olds, although we have previously targeted young families with young children under 5. We have invited a random selection of this age range to our meeting in March 2013. We aim to and feel we provide a friendly/helpful service by offering advice and a warm greeting to all patients at our Reception desk. Patients at the meeting and those who completed surveys were very happy with the services provided and staff assistance offered, together with the Practice Nurses and G.P. they felt they were supported well by excellent medical and receptive care. The surveys expressed that they felt we had very proficient receptionists and they liked coming to the Surgery as staff are all very helpful and quick with advice and they felt the survey is proof of the care taken to help all patients by all members of the Practice. They said they felt well looked after and supported very ably by Dr. Ford. They asked if Dr. Ford planned to take on another G.P. to assist her whilst expressing that they are very happy with her services and the continuity of care they receive. Dr. Ford said she would like to have an afternoon off each week and not to have to work on a Sunday as she had been. Dr. Ford explained we have a few regular locums we use and this is very helpful as they look at things differently sometimes and are all very good.

We explained that CQC is coming into G.P. surgeries and this was explained to patients and we assured them we are doing all we can to ensure we meet the essential standards for quality and safety at the Surgery and that this is an ongoing process.

We highlighted the box in Reception and invited them to leave their views in the box by displaying a poster prior to meetings to this effect. We have also continued to display leaflets for patients to leave their e-mails for use of the virtual panel means to comment advising the Practice Managers e-mail for this purpose.

One of the 16-30 year olds invited to our March 2013 meeting has become a member of the patient group.

Evidence Submitted for Verification

Using the PRG report from Year 1 PRG and Practice to implement a patient survey, addressing issues raised as a result of Year 1 patient survey

See attached minutes from PRG minutes of meetings held on March and September 2012 and March 2013. We have received only two complaints during the year. One was verbal on the attitude of the Receptionist when patient wished to book a blood test. This was discussed with the patient concerned by the Practice Manager. The patient was very pleased the Practice Manager rang her to discuss the problems she had experienced. The patient was one with a lot of medical problems who admitted to feeling very vulnerable in view of what was happening with her at the time. This was discussed at the Practice meeting with staff and G.P. and we felt the Receptionist had acted appropriately due to our practice policies and we supported her in this.

The second was a written complaint concerning a medical opinion given by the Dr. and the patient had chosen not to return to monitor as discussed, but used alternative therapy creams which had not helped the problem. She had then returned and asked to see a Consultant, to whom she was referred and he felt the diagnosis was different to that which the G.P. had made 2 years previously. An appointment to see the G.P. and Practice Manager was offered to discuss the complaint, however the patient just booked a routine G.P. appointment and the complaint was discussed during this time and this was taken no further, although the patient has since transferred to another Surgery.

The area of improvement has been the setting up of Physiotherapy services In House one day a week.

A copy of the survey template is shown on our website, this can be printed off and completed by the patient if they wish to. The ethnic origins of patients were amended to meet the same requirements as our Practice Computer system Emis LV.

To encourage patients to become involved and be part of our Patient Participation Group, we added a section to our New Patient Questionnaire and our Practice Survey to ask them if they wished to be part of this group, and to leave their names together with e-mails or telephone numbers.

We also included a wider age range of patients in the survey.

We had also extended our Counselling service to having two Counsellors on a Monday each week to help to improve access for this service. However, one of the counsellors left in January but we are hoping to get another one to replace her which is in the process of being organised.

Practice to provide:

Minutes of discussions (for virtual groups a summary of e-correspondence with members)

See attached evidence.

PCT Confirmation of Achievement

Signed:

Date:

Patient Participation DES – Component 3

DES Component
Collate patient views through local practice survey and inform PRG of the findings Weighting of Payment Year 2 – 20%
Component Requirements
<ul style="list-style-type: none">• Practice to undertake a local practice survey at least once a year• Practice and PRG to agree the number of questions to be asked in the survey• Questions should be based on the priorities identified by the PRG and the practice• Survey to be collated and analysed by practice or outsourced• Survey questions can be asked by paper or electronically, either in the surgery or by mail depending on what is considered the best way to locally canvas the particular population.• Practice responsible for demonstrating to the PRG that the proposed survey or methodology it chooses as the vehicle for the survey is credible.• Practice to provide criteria for assessing the processes used for sampling and analysing are credible• Assessment and other evidence supporting the credibility of the survey process should be included in the report of the practice results• When the survey is complete the practice should inform the PRG of findings.
Action/ Evidence Required
<ul style="list-style-type: none">• Copy of local practice survey form <p>We undertake our Practice Survey once a year and we issued these in August so we had time for them to be returned and collated to discuss at our September 2012 PRG meeting. We reached out to a cross section of our patients but specifically to the 40-55 year olds. All patients surveyed had been into the Practice in the last 6 months and the majority of these felt they preferred to telephone for appointments and almost all were seen the same day and a few the next day. Patients felt the Surgery was excellent or very good and they were happy they got through very easily on the telephone which was very helpful, particularly as most had a long term condition. Patients felt they were very happy with the way the Receptionists dealt with them and the Doctor only kept them waiting between 5-10 minutes. All questions asked regarding the G.P. on listening, put at ease, being involved in decisions regarding their care, explaining problems/treatment and time the G.P. spent came out very highly rated as did our Practice Nurses.</p> <p>We discovered that over half the patients travelled by car to the Surgery and patients said they heard about our services by various means e.g. websites, practice leaflet, receptionist etc. The largest proportion of patients said they would be happy to recommend this Surgery to someone else.</p> <p>The survey is undertaken each year and this is discussed at each PRG to review the Survey and identify any priorities that they wished included. We use paper copies to hand or post to patients and we posted them with a covering letter to those with Learning Disabilities or those who had Carers. The PRG commented that the Survey results reflected the care taken to help all patients by all members of the Practice.</p> <p>The survey results are collated in the Practice by a member of staff adding up the results of each question. This is then produced into a Publisher document for easy reading by the patients and this is displayed in a booklet in the waiting room to view. It is also sent to the PCT to report. We print a copy of this for each patient attending the PRG to read and consider before the meeting commences. This is also available to view on the practice website.</p>

Evidence Submitted for Verification

Practice to provide:

- Copy of survey attached.
- Statement on how survey was distributed see above and how group developed information.
- Number of responses to survey was 50.
- Evidence from PRG to support the distribution method chosen – see minutes of meetings.
- Copy of Survey findings – attached.

Any additional evidence:

PCT Confirmation of Achievement

Signed:

Date:

Patient Participation DES – Component 4

DES Component
Provide PRG with opportunity to comment and discuss findings of local practice survey. Reach agreement with PRG of changes in provision and manner of delivery of service. Where the PRG does not agree significant changes, agree these with the PCT. Weighting of Payment Year 2 – 30%
Component Requirements
<ul style="list-style-type: none">• Practices should respond to the results of the latest local practice survey by providing the PRG with an opportunity to comment on and discuss findings of the survey, along with other relevant information• If survey points to desire for significant change in a service(s) provided, the practice must, before it makes the change, seek the agreement of its PRG to any proposals it makes• If practices propose any significant changes to a service(s) it must obtain the agreement of the PCT (i.e. changes in hours)• Any changes which impact on contractual agreements must be agreed with the PCT
Action/ Evidence Required
<ul style="list-style-type: none">• Evidence that the survey findings have been discussed with the PRG. <p>The survey results are collated in the Practice by a member of staff adding up the results of each question. This is then produced into a Publisher document for easy reading by the patients and this is displayed in a booklet in the waiting room to view. It is also sent to the PCT to report. We print a copy of this for each patient attending the PRG to read and consider before the meeting commences. This is also available to view on the practice website.</p> <p>There were no changes to our hours which are shown In Appendix A component 9. PCT were notified of Physiotherapist service In House and this is something that has been encouraged to reduce referral rates and this has since been the case.</p> <p>All patients surveyed had been into the Practice in the last 6 months and the majority of these felt they preferred to telephone for appointments and almost all were seen the same day and a few the next day. Patients felt the Surgery was excellent or very good and they were happy they got through very easily on the telephone which was very helpful, particularly as most had a long term condition. Patients felt they were very happy with the way the Receptionists dealt with them and the Doctor only kept them waiting between 5-10 minutes. All questions asked regarding the G.P. on listening, put at ease, being involved in decisions regarding their care, explaining problems/treatment and time the G.P. spent came out very highly rated as did our Practice Nurses.</p> <p>We discovered that over half the patients travelled by car to the Surgery and patients said they heard about our services by various means e.g. websites, practice leaflet, receptionist etc. The largest proportion of patients said they would be happy to recommend this Surgery to someone else. The PRG commented that the Survey results reflected the care taken to help all patients by all members of the Practice.</p>

Evidence Submitted for Verification

Practice to provide:

- Minutes of discussions (for virtual groups – a summary of e-correspondence) with PRG around survey findings
- Details of any agreed changes –The only changes are Physiotherapist and Counsellor services.
- Details of any disagreements and resolution, or contact with PCT – no disagreements or resolutions to be sent, no further changes to be made.

PCT Confirmation of Achievement

Signed:

Date:

Patient Participation DES – Component 5

DES Component	
Agree with the PRG an action plan setting out the priorities and proposals arising out of the local practice survey. Seek PRG agreement to implement changes and where necessary inform the PCT. Weighting of Payment Year 2 – 30%	
Component Requirements	
<ul style="list-style-type: none">• Following discussions in component four an action plan will be agreed with the PRG.• Practice to seek agreement with PRG to implement changes• Practice to inform PCT of changes	
Action/ Evidence Required	
<ul style="list-style-type: none">• Provide copy of Action plan, clearly designating leads for each action (see below) <p>All members attending PRG are given a copy of agenda, minutes from previous meeting showing action plan, copy of survey and printed booklet of collated survey results to view prior to the commencement of the meeting – we allow reading time.</p> <p>The outcomes from the latest meeting in September was simply to invite an even younger age group next year to complete surveys and this is something we had planned as we have tried to target specific age groups in addition to a cross section of all patients each year. They also felt that the way we were trying to expand the group would be beneficial and we are very pleased so many patients have expressed an interest in the PRG. The Practice Manager, Mrs. Silk will ensure that we survey an even younger age range for next years surveys as discussed at the meeting.</p> <p>There are no further changes proposed.</p>	
Evidence Submitted for Verification	
Practice to provide: <input type="checkbox"/> Copy of action plan with identified leads for each action – see copy of minutes from 28.9.12. <input type="checkbox"/> Minutes of discussions (for virtual groups – a summary of e-correspondence) with PRG which agree the action plan and any planned actions <input type="checkbox"/> Details of any changes as a result of the survey	
Any additional evidence: See additional evidence enclosed e.g. e-mails, letters, minutes of meetings.	
PCT Confirmation of Achievement	
Signed:	Date:

Patient Participation DES – Component 6

DES Component
Publicise the local Patient Participation Report on the practice website and update the report on subsequent development
Weighting of Payment Year 2 – 10%
Component Requirements
<ul style="list-style-type: none">Practice must publish a Local Patient Participation Report on their website by 31/03/13. The report must include as a minimum (see Appendix A).Copy of report must be supplied to PCT
Action/ Evidence Required
<ul style="list-style-type: none">Produce report, satisfying all requirements listed aboveCirculate report to PRG, PCT and to wider practice populationPublish report on Practice Website by noon on 31/03/13
Component 6 - Evidence Submitted for Verification
<p><i>To ensure consistency in the standard and quality of reports, practices are required to complete Appendix A as evidence for this component.</i></p> <p><i>The report must be completed and publicised on the practice website by no later than 31st March 2012 Failure to publish the report on the practice website by 31st March 2012 deadline date will result in no payment being made to the practice under the terms of this DES for the year concerned</i></p> <p>Practice to confirm:</p> <p><input type="checkbox"/> Report published on the practice website – this will be verified by the PCT on 31.03.13</p> <p><input type="checkbox"/> Report sent to PCT – this must be received by 31.03.13</p> <p><input type="checkbox"/> Report circulated to PRG</p> <p><input type="checkbox"/> Report publicised in surgery</p> <p>Any additional evidence: All patients previously attending the PRG were invited (these were selected by means of a random search of all patients). The profile is a group of patients originally searched by producing a list from the total practice population. This has later been developed by inviting patients attending the Surgery, newly registered patients and by means of targeting specific groups of patients e.g. those with learning disabilities, Carers, those with ethnic origins, unemployed shift workers, elderly etc. All patients attending the Surgery were invited to leave comments in the box on Reception and to join the PRG or leave their e-mail addresses to be contacted for the meetings or to send in their</p>

comments/suggestions. For March 2013 we are specifically targeting a random selection of 16-30yr olds registered at the practice, together with the existing group and anyone else who wishes to attend.

PCT Confirmation of Achievement

Signed:

Date:

APPENDIX A**Patient Participation DES - End of year report**

The following report can be used to complete/assist with the completion of Step 6 of the Patient Participation DES.

The report should be completed and returned to the Enhanced Services team no later than the 3rd Monday of the month following the financial year end i.e. 15th April 2013 and all completed reports should be returned to enhancedservices@nhs.net

The report should be completed by the practice and also publicised on the practice website by noon 31st March 2013. A copy of the completed report should be sent to the Enhanced Services Team using this template, along with any additional supporting evidence requested as this will generate the annual payment under the DES.

Please ensure all areas of the report are completed in full as failure to provide the information requested will delay payment.

Please ensure your report is returned by the 15th April and uploaded to your practice website by the deadline specified in section 13 of the DES specification. Failure to complete all associated tasks by the deadlines specified may result in non-payment.

For further guidance relating to the reporting process or any aspect of the Patient Participation DES, please contact Carol Boorman or e-mail carol.boorman1@nhs.net

Completion of report

Component 6 of the NHS Kent & Medway Patient Participation DES specification states that practices must publicise a Local Patient Participation Report on their website and as a minimum the report should include information relating to several areas (see below).

There are 10 areas for completion by the practice - these should be completed in as much detail as possible:

Requirement 1***Provide a description of the profile of the members of the PRG***

All patients who had previously attended or been invited to attend the Patient Reference Group were invited together with those patients who had Learning Disabilities and/or those with Careers. We included shift workers, unemployed, ethnic minorities and the elderly. We did however target the age range of 40-55 year olds as the group had consisted of older patients in the past. We had previously targeted young families and those with under 5's, so this time we chose a middle age range. We plan to target 16-30 year olds for our March 2013 PRG meeting and for the next Practice Survey that we do. There were however notices inviting all patients to attend or to leave suggestions or comments in the box on the Reception desk. We also display leaflets to enable patients to e-mail any comments/suggestions in to the Surgery on our main Reception desk and for us to send Minutes of the meetings in advance to, thereby enabling them to attend or send suggestions into the meetings.

We have amended our new patient questionnaire for all patients wishing to register to ask if they would like to be part of the Patient Participation Group and we are pleased we now have 32 patients on this list, all of whom were invited to our two meetings either by e-mail or mail. We are very pleased to have received such an encouraging response from our practice population.

One of the 16-30 year olds invited to our March 2013 meeting has become a member of the patient group.

Requirement 2

Detail the steps taken by the contractor to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the contractor took in an attempt to engage that category

All the requirements of the DES were met to ensure that our PRG was representative of a cross section of patients that are registered at the Surgery. Agenda's for the meetings were sent out to all patients who had either been randomly selected, or expressed a wish to be included. We felt we reached out to all patients including the vulnerable or disabled groups or those with long term conditions.

Fresh posters and leaflets are available in the waiting room advertising the group. Anyone viewing our Practice website would also be able to see details of the Group and survey, together with results which are also displayed for all to see in a booklet in the waiting room, and new patients are invited when they register.

Requirement 3

Provide details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey

From our local Practice Survey we discussed with those present the results of the Survey and the only suggestion was one patient asked about on-line prescription requests, we explained when the computer system is changed to a web based system (Emis Web) which we are considering in due course, this will be possible. In the meantime patients can post in, fax or drop in prescription requests.

We tried to ascertain whether patients walked, drove or came by other means e.g. public transport and the majority travelled by car or walked to the surgery.

There were no points of concern in the Patient Surveys completed – all patients seemed happy with the services provided, the Doctor, Nurses and Staff and were happy with the care received so there was no issue raised by comment or any of the questions asked that raised awareness of the need for change or need for us to look into other services. Due to the fact that we are a small surgery with one G.P. providing continuity of care, patients seem to appreciate the personal service they receive, and they know that any suggestions or points raised at any time would be discussed and looked into by the staff.

Requirement 4

Describe the manner in which the contractor sought to obtain the views of its registered patients

By distributing surveys to those patients that would have difficulty attending the Surgery and providing virtual panel posters on the Surgery door together with leaflets on the Reception desk we felt we reached out to those who would be unable or prefer not to attend the Surgery for the PRG. Receptionists were instructed to reach out to specific cross sections of the Practice profile in order to obtain an overall view of all the varying groups e.g. various ages, ethnicity, work ethic – e.g. shift workers, unemployed and those with long term care needs e.g. learning disabilities and those with carers and elderly etc. For the March 2013 PRG meeting 16-30yr olds were targeted by means of a random search of our patient base.

Requirement 5

Detail the steps taken by the contractor to provide an opportunity for the PRG to discuss the contents of the action plan

We gave the following items for consideration at the meeting – e.g. Agenda, Survey and results together with details on how we had developed our PRG and copies of previous group meetings which included the Action Plan set at the previous meeting in March 2012.

Minutes of meetings for 8th March and 26th September 2012 and the 6th March 2013 are enclosed and these show how patients were invited to express their views. One of the patients attending also now attends as a new Representative from our Surgery to the Deal Group meetings, and she talked about discussions from that meeting, providing valuable feedback to us. We now send two patient representatives to the Deal Group meetings from our PRG.

Patients were pleased to hear that all items on the March meeting action plan had been achieved and their only comment was to try to involve younger people, some had expressed a wish to be involved but were unable to attend the meeting. Dr. Ford and the Practice Manager, Mrs. A Silk gave presentations and patients had ample time to informally discuss any items from the action plan that they wished to raise.

Requirement 6

Provide details of the action plan setting out how the findings or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented

The action plan from the March 2012 meeting was:-

- 1) To investigate a new Physiotherapy service – this is now provided once a week on a Thursday at the Surgery and PCT notified.
- 2) To try BBC Radio Kent on the radio – however patients seem to prefer radio 2 so this has been changed back.
- 3) Dr. Ford expressed the opinion she was happy to attend a further meeting at the Local Football Club to talk to young members if the leader of the group, who runs the Club and is a member of the PRG would like her to. We have also, at his request, sourced posters and leaflets aimed at young people as requested and these are displayed in the waiting room.
- 4) We have uploaded the minutes of all the Patient meetings to the Practice website.
- 5) We agreed to commission a further survey next year, although those present were happy with the information we obtained and the results we did later make some amendments we felt beneficial.
- 5) We plan to target a different younger age range next time.

Action plan from the September 2013 meeting was:-

- 1) To target a different age range to try to get younger members to join the patient participation group. Invites were sent out to 16-30 yr olds for the March 2013 meeting, which has shown to be successful as one of these invited has joined the group.

The group felt no other actions were required.

Requirement 7

Provide a summary of the evidence, including any statistical evidence, relating to the findings or basis of proposals arising out of the local practice survey

A summary of evidence from the Patient Survey carried out in 2012 has been collated and this shows the Survey results, these are also enclosed for evidence. These views were from the 50 patients surveyed.

Requirement 8

Confirm details of the action which the contractor,

i. and, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local practice survey

ii. where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2013, has taken on issues and priorities as set out in the Local Patient Participation Report

i) No changes were needed as a result from the September 2012 meeting, however we are holding a further meeting on Wednesday 6th March with the PRG to ask for further feedback.

ii) It was commented on at the last meeting that we may wish to target a younger age range so our March 2013 meeting reaches out to 16 – 30 year olds as well as the existing PRG members and others who express an interest by means of posters in our waiting room and leaflets for the virtual panel.

iii) Outcome from meeting held on 6.3.2013. We agreed we will prepare an action plan from the points raised that we have agreed to address e.g. :-

- 1) Late night surgeries
- 2) Under 5's advice for when to stay away from school.
- 3) Further visit to Football Club to speak to young people.
- 4) More involvement in decisions and accountability/transparency of CCG to be raised at the Deal Group meetings by our Representative.
- 5) Second Counsellor available.

Requirement 9

Detail the opening hours of the practice premises and the method of obtaining access to services throughout the core hours

PREMISES OPENING HOURS

**Monday - Friday 8.00 am - 6.30 pm.
Saturday/Sunday – CLOSED**

DOCTOR SURGERY TIMES

**Monday 8.40 am – 12.00 am
3.50 pm – 5.20 pm**

**Tuesday 8.40 am – 10.50 am
3.50 pm – 5.20 pm
6.30 pm – 7.10 pm Late Night**

Wednesday 8.40 am – 10.50 am

One day of the month the surgery closes at 1pm. A list of the dates we are closed can be found on the surgery entrance door.

**Thursday 8.40 am – 12.00 am
3.50 pm – 5.20 pm**

**Friday 8.40 am – 10.50 am
3.50 pm – 5.20 pm**

Saturday/Sunday - CLOSED

NURSE SURGERY TIMES

Monday 9.10am – 12.30pm (Usually Mrs Frances Finch)

Monday 2.10pm – 5.30pm (Usually Mrs Frances Finch)

Tuesday 9.10am – 12.30pm (Usually Mrs Frances Finch)

Wednesday 9.10am – 12.30pm (Usually Mrs Frances Finch)

Thursday 11.00am – 12.30pm (Usually Mrs Geraldine Martin)

Thursday 2.00pm – 5.30pm (Usually Mrs Geraldine Martin)

Friday 9.10am – 12.30pm (Usually Mrs M-T O'Hare)

This is also published on the Practice websites and the Practice Leaflet, a copy of which is kept in a folder in the waiting room for all patients to access. Patients can obtain access to these services by way of telephoning in or visiting the surgery, from 08.00hrs to 18.30hrs and 19.30hrs on our late night opening.

Requirement 10

Clarify where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients

Dr. Ford operates a late night surgery once a week on a Tuesday evening. The Doctor is available and accessible to patients between the hours of 8.00 a.m. and 6.30 p.m. and late night on Tuesdays until 7.30 p.m.

Patient Participation Group DES Report 13-14 Year 3

Component 1 Please answer all bullet points, giving full details
<ul style="list-style-type: none">• Please provide a demographic/ethnicity description of the profile of the members of the PRG <p>Component 1 does not need to be completed as we are in Year 3 of the Patient Participation DES. Full details of Component 1 can be found on the Year 1 completed PPG report on the practice websites.</p>
<ul style="list-style-type: none">• What is the demographic/ethnicity profile of your registered patients?
<ul style="list-style-type: none">• Is the PRG profile similar to the registered patient profile? <p>YES / NO</p>
<ul style="list-style-type: none">• If No, then what actions have the practice taken to recruit a group that reflects the profile of the practice? Please list everything the practice has done to recruit a PRG which reflects the profile of the patients.
<ul style="list-style-type: none">• Are all members of the PRG (including committee members) registered patients of the practice? <p>YES / NO</p>
<ul style="list-style-type: none">• What steps has the practice taken to recruit members to its PRG? Please list all forms of communication the practice has used?
<ul style="list-style-type: none">• How many members do you have in your PRG? <p>Actual –</p> <p>Virtual -</p>
<ul style="list-style-type: none">• What is the Committee structure of your PRG?

Component 2 Please answer all bullet points giving full details

- What were the patient's priorities and issues that were identified by the PRG?

One patient who completed a survey requested a higher chair for the waiting room. This was discussed at the PPG meeting and all present felt it wasn't practical as this may not be free for this patient to use when she visited the surgery. All the waiting room chairs have arms on them, which are helpful if there are patients who may struggle to get up.

All present at the PPG are very happy with all aspects of the surgery.

- What were the practice priorities and issues including themes from complaints?

Due to an influx of patients in 2013 we felt we needed to monitor the appointments to make sure there were enough to enable patients to still be seen quickly.

Also, to enable online booking of appointments and ordering of prescriptions.

We have only had two verbal complaints. One was concerning social networking and the implications of this have been fully discussed bearing in mind this can be by association only and this was discussed at some length. Mrs. Silk advised all new staff contracts will have a social networking protocol included when recruitment takes place. The only other complaint was concerning a prescription request, which was fully discussed and dealt with.

- What are / were the planned practice changes?

We have added 20 extra appointments to the doctors clinics spread out over the week. We continue to monitor this to ensure availability of appointments.

We now have the online ordering and booking of appointments up and running and so far 100 patients have joined up to use this service which is 5% of the practice population.

We have managed to obtain a second in house counsellor, which has helped reduce the waiting list for counselling.

We went live on the 16th January with a new web based clinical computer system to bring the practice more up to date to meet the more advanced technical demands.

- Are / were there any CQC related issues, and if so what were they?

We do not feel we have any CQC related issues as we have worked very hard on this, purchasing a toolkit to help us make sure we are CQC compliant.

- Are / were there any national GP patient survey issues, and if so what were they?

We do not feel that they were any issues. 83% of patients surveyed stated the overall experience of our surgery was very good, 14% stated it was fairly good and 4% stated it was neither good nor poor, fairly poor was 0% and very poor was 0%.

Component 3 Please answer all bullet points giving full details

- Has the Practice undertaken a local practice survey during 13/14?

YES

- What questions were used that were based on the priorities identified by the PRG and the practice?

2 extra questions were added to the patient survey.

We added a section asking if patients knew that we now provide a service where you are able to book appointments and request prescriptions on-line, as it was felt not everybody knew about this service. A poster has been displayed in reception and it has been listed on both our websites since this service started.

We also added details of both our surgery website and the NHS choices website, with details of how to access them.

- Did the practice collate and analyse the results themselves, if not who did you outsource this work to?

We collated the results of our survey ourselves.

- Was the survey undertaken by paper / electronically or a combination of both?

The survey was undertaken by paper means.

- Has the practice informed the PRG of the analysis of the survey?

YES

If yes – what was the meeting date?

This was discussed at the PPG meeting held on 24th October 2013.

Component 4 Please answer all bullet points giving full details

- At which meetings of the PRG were the results of the practice survey discussed (please give dates)?

This was discussed at the PPG meeting held on 24th October 2013 and also shown again at the PPG meeting held on 5th March 2014.

- Has the practice received the agreement of the PRG to change any aspect of the way a service is delivered (if applicable)? – please give the date of the meeting when the PRG gave its agreement – please list all changes and the meetings they were discussed and agreed at?

It was agreed at the PPG meeting held on 24th October 2013 that we would obtain some new chairs for the consulting rooms with arms on them like the waiting room chairs as patients felt the wooden chairs without arms needed replacing.

Also, there are now leaflets in the waiting room advising patients of when to attend either Minor Injuries or the Accident and Emergency Departments.

Component 5 Please answer all bullet points giving full details

- Has the practice agreed an action plan with the PRG based on the results of the patient survey? – if so, please give the date of the meeting on which the action plan was agreed.

It was agreed at the PPG meeting held on 24th October 2013 that we would obtain some new chairs for the consulting rooms with arms on them like the waiting room chairs as patients felt the wooden chairs without arms needed replacing.

Also, there are now leaflets in the waiting room advising patients of when to attend either Minor Injuries or the Accident and Emergency Departments.

All patients present at the PPG meeting held on 5th March 2014 felt there was no need for a new action plan as they are all very happy with the surgery and how it runs.

- What are the main themes of the action plan and the timescales to implement them?

It was agreed at the PPG meeting held on 24th October 2013 that we would obtain some new chairs for the consulting rooms with arms on them like the waiting room chairs as patients felt the wooden chairs without arms needed replacing.

Also, there are now leaflets in the waiting room advising patients of when to attend either Minor Injuries or the Accident and Emergency Departments.

We have now received the new chairs for the consulting rooms, so there is nothing outstanding from the action plans to be implemented.

Surgery Name: Dr M.R. Ford

G Number of Surgery: G82696

Date: 21.03.2014

Annex D: Standard Reporting Template

Kent and Medway Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Dr M.R.Ford

Practice Code: G82696

Signed on behalf of practice: Mrs Annette Silk

Date: 24.03.2015

Signed on behalf of PPG: Deal Group Representative

Date: 31.03.2015

1. Prerequisite 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)		Both							
Number of members of PPG:		54							
Detail the gender mix of practice population and PPG:		Detail of age mix of practice population and PPG:							
%	Male	%							
Practice	1036	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	20	324	173	237	203	320	329	296	283
	34	0	2	3	6	8	10	16	9
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	1373	6	0	44	0	0	5	2	
PRG	53	0	0	1	0	0	0	0	

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	4	0	0	2	0	0	1	1	0	0
PRG	0	0	0	0	0	0	0	0	0	0

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:

The Ethnicity of our practice population cannot be completed as we do not have that information for all of our patients. We have entered the quantities for the ones we know which equals approx. 66%. We are currently trying to increase this figure when patients attend the surgery for consultations, and have done a form for our receptionists to ask patients to complete stating their ethnicity so we can update their records.

This year we targeted the age range of 50-65yr olds, as they represent a quarter of our practice population. We invited a random 4% selection of these which equalled 22 patients. We also invited a random selection of the patients who have expressed an interest in being part of our Patient Participation Group to our latest meeting.

In previous years we have targeted carers, learning disabilities, patients from ethnic groups other than British/White and other different age ranges from our practice population to invite to our Patient Group Meeting. Unfortunately, the response was not great from some of these groups.

We have forms at reception if patients prefer to be a virtual panel member of the PPG. We do currently have 1 virtual panel member who is contacted when the PPG meets and can give feedback in this way.

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:

NO

2. Review of patient feedback

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

National and Practice In-House surveys

Friends and Family Test

We have a box and forms at reception which patients can complete with suggestions, comments, complaints etc as feedback.

Also, discussions at the time of the PPG Meetings as both the Practice Manager, Mrs Annette Silk and the GP, Dr Marianne Ford attend this meeting so get first hand feedback from this group. We do currently have several virtual panel members who are contacted when the PPG meets and can give feedback in this way. 1 patient has given feedback in this way in previous years.

How frequently were these reviewed with the PRG?

Twice yearly.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

There were no action plans carried over from the previous years meetings. However, it was expressed by members at the first meeting this year that it might be good for the younger age groups to have some sexual health support from the surgery.

What actions were taken to address the priority?

The Practice Manager obtained some posters for this, which cover not only sexual health but family planning and contraception services. These detail the support that is available.

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

These have been put up in the waiting room and advertised on our own practice website and the NHS choices website.

Priority area 2

Description of priority area:

One younger member of the practice who attended the meeting earlier in the year thought a Twitter account may be a good idea, as most of the young people she knows use twitter as the main social media site that they use.

What actions were taken to address the priority?

This was discussed at length with the practice staff. All staff felt that it would not be feasible to monitor it due to time management issues.

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

N/A

Priority area 3

Description of priority area:

Healthwatch (who deal with complaints) was briefly discussed by the Practice Manager at the earlier meeting in the year.

What actions were taken to address the priority?

The Practice Manager managed to get them to attend the latest meeting and give a talk.

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

Their representative gave a talk on how they can assist patients with complaints. She handed out leaflets to the members present and some are displayed in our waiting room. She also got the members present to complete a questionnaire for her.

The Deal Group representative took some to hand out at the next Deal meeting she will attend.

Information regarding Healthwatch has been added to the practice leaflet and is listed on our own practice website and the NHS choices website.

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):

We have now covered all age ranges over the 4 years we have been running the PPG. All patients invited are done so by doing random searches of our practice base and the PPG members list.

In previous years we have targeted carers, learning disabilities, patients from ethnic groups other than British/White and other different age ranges from our practice population to invite to our Patient Group Meeting. Unfortunately, the response was not great from some of these groups.

Some of the action plans from previous years have been to update the chairs in the waiting room and the patient chairs in the consulting rooms. These have now been replaced.

A new table was sourced for the waiting room to display leaflets on, and more toys for children to play with when they attend the surgery.

One year it was suggested we invite a younger age range to attend the meeting from the practice population. We did this for the following meeting and did get a couple of patients attend.

To obtain a second counsellor, which we now have.

To prepare a leaflet for when to keep children off school. Copies of this leaflet are now displayed in the waiting room for patients to take home.

To obtain the services of an In-House Physiotherapist. We now have Ektra Physio here one day a week.

Dr Ford visited a local football club to give a talk to the young players.

A clearer notice has been put on the complaints/comments/suggestions box.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 31.03.2015

How has the practice engaged with the PPG:

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

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

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? – See below

Do you have any other comments about the PPG or practice in relation to this area of work? - No

We now record on patients notes if they have a carer or are a carer.

This question is asked on the N/P Questionnaires and in the Practice Leaflet and on our practice website and the NHS choices website.