

# Annex D: Standard Reporting Template

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

Practice Name: The Mote Medical Practice

Practice Code: G82076

Signed on behalf of practice:  (Emma Couch, Practice Manager)

Date: 20/3/15

Signed on behalf of PPG:  (Phillip Montague, The Mote PRG Chair)

Date: 20/3/15

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

Does the Practice have a PPG? YES

Method of engagement with PPG: Face to face, Email, Other (please specify): Face to face

Number of members of PPG: 10

Detail the gender mix of practice population and PPG:

	Male	Female
Practice	5624	5841
PRG	5	5

Detail of age mix of practice population and PPG:

	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1377	1347	1522	1435	1650	1203	1166	954
PRG					3	3	2	2

**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 & African	White & Asian	Other mixed
Practice	95%			2%				
PRG	100%							

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

**Describe steps taken to ensure that the PRG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:**

To ascertain our practice population (currently 11456 patients) and which groups needed to be represented, we used our clinical system to profile age/sex/ethnicity and disability. We also used the National Neighbourhood statistics, which looked at total deprivation, broad ethnic group, religion, employment, health and education.

Having identified these groups we then devised an invitation letter inviting patients to participate on either:

- Being a member of our PRG Board (which would be approx 8 adult patient representatives) or
- To be a member of our Survey Group (which would be approximately 100 patient representatives).

Invitations were given opportunistically to patients who attended the practice, including New Patients joining the practice, via our reception staff and our clinicians. We also advertised this on our waiting room notice boards at both our Main & Branch Surgery, and also on our website. The GPs of the practice also identified patients that they felt might be interested in joining the PRG, and we sent invitation letters to these patients too.

Once the Board was established our Chair also allocated time, when handing out the surveys, to talk to patients about the benefits of joining the PRG and encouraged new recruits.

With all of the above initiated we were able to successfully appoint our current Board Members (10 in total), which are represented as above.

**Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? E.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community?**

No

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

N/A

## 2. Review of patient feedback

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

- Practice Annual Survey
- Patient Complaint and suggestions
- Feedback from local voluntary and community groups and Healthwatch
- FFT

**How frequently were these reviewed with the PRG?**

- Annually

3. Action plan priority areas and implementation

Priority area 1

**Description of priority area:**

To improve Practice Communication.  
This will be achieved by encouraging the use of our online facilities to help reduce the demand on the telephones, which in turn should assist in reducing the number of telephones call received; making it easier to get through to the practice.

**What actions were taken to address the priority?**

We will/increase awareness of our online facilities by advertising on our website and in the waiting rooms; also our staff and clinicians will/increase awareness of and are encouraged to use the facilities available.

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

We anticipate that the above will help to reduce the demand on the telephones, which in turn should assist in reducing the number of telephones call received, making it easier to get through to the practice.

The end of year Patient Participation Report for 2014/15 will/increase awareness of and are encouraged to use the facilities available to our patients on our website and in our waiting areas, which details all of the priority areas agreed including the action taken and the results etc.

**Priority area 2**

**Description of priority area:**

To improve the Physical Environment.  
The practice has a rolling decorating programme and this year the waiting area and back office at the Main Site will be on the agenda. It has been agreed to replace the carpet in the waiting area with wood flooring, and re-decorate the disabled/patient toilets; which will provide a clean, fresh and hygienic environment for the patients.

**What actions were taken to address the priority?**

Areas highlighted in previous box will be decorated as specified above.

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

The result of this will provide a clean, fresh and hygienic environment for the patients.  
The end of year Patient Participation Report for 2014/15 will/has been made available to our patients on our website and in our waiting areas, which details all of the priority areas agreed including the action taken and the results etc.

**Priority area 3**

**Description of priority area:**

Improve Productivity.

This will be achieved by reducing DNAs (Did Not Attend i.e. Appointments Not Attended by Patients) and therefore increasing appointment availability. The practice will find and introduce a suitable Did Not Attend Policy, which will include:

- Policies and expectations on notifying the practice (the patient)
- Policies and expectations on what actions the practice will take and when

**What actions were taken to address the priority?**

The Practice will introduce a Did Not Attend Policy to help the ever increasing demand on the appointments. The Practice will also advertise monthly, at both sites and on the website, the monthly DNAs to hopefully encourage patients to cancel appointments if they are unable to attend/keep them.

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

We anticipate that the introduction of the Did Not Attend Policy will help to reduce the vast number of appointments not attended by patients each day (typical monthly figures are: Doctors DNAs = 331 and Nurses DNAs = 350) and therefore will increase our appointment availability.

The end of year Patient Participation Report for 2014/15 will/has been made available to our patients on our website and in our waiting areas, which details all of the priority areas agreed including the action taken and the results etc.

## 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):

### **Booking appointments online:**

We have now introduced online booking and have 1,240 patients using this and is increasing every day.

### **Ordering Prescriptions online:**

We have now introduced online booking. Awareness of being able to order prescriptions online increased from 49% to 59%.

### **Telephone Access:**

We have made many improvements to ease the demand on our telephones including ringing the practice after 3pm for results. Awareness of this has increased from 47% to 56%.

### **Increasing Awareness of the practice website & information (including opening hours etc):**

We have updated our website and information in the waiting areas to help our patients know what services are available etc. Awareness of opening hours etc has increased from 48% to 52%.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: See Page 1

**How has the practice engaged with the PPG**

We have a PPG group of 10 members who meet four times a year for approximately 2 hours in the evening (with attendance to the meetings by a Doctor, on a rotation basis, the Practice Clerical Assistant & Health Care Assistant and Practice Manager). We discuss the running of the surgery, the services it provides and how they can be improved. We also create/agree our annual patient survey and the subsequent results/actions for the forthcoming year.

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

We wrote to all of our local voluntary and community groups including Healthwatch asking for feedback and advice on "What they think of us as a practice and the impact we have on the group of patients they support and how our service could be improved". With the responses received we used this to form and agree our priorities for the next year.

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

Yes via:

- Practice Annual Survey
- Patient Complaint and suggestions
- Feedback from local voluntary and community groups and Healthwatch
- FFT

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

Yes

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

We will not know exactly how the service offered has improved by introducing this years actions until next year when we run a patient survey and compare the results, but we do know what we anticipate will improve and these have been detailed in the Priority Areas above.



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