

Annex D: Standard Reporting Template

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

Practice Name: The Streatfield Medical Centre

Practice Code: E84646

Signed on behalf of practice: Dr K.K. Vara Date: 13/2/15

Signed on behalf of PPG: PPG CHAIR Date: 13/2/15

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, Letter											
Number of members of PPG: 97											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female									
Practice	54	46	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	53	47	Practice	24	16	30	14	8	5	3	2
			PRG	0	9	37	26	14	9	5	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 &black African	White &Asian	Other mixed
Practice	1%	1%	1%	47%	<1%	<1%	<1%	<1%
PRG	<1%	1%	1%	43%	<1%	<1%	<1%	<1%

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	33%	1%	1%	1%	<1%	<1%	1%	<1%	<1%	
PRG	36%	2%	<1%	1%	<1%	<2%	<1%	<1%	<1%	

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 practice has strived to make sure that the PPG is representative of the practice profile. It has reviewed factors such as sex, age, unemployment, carers, and ethnicity. The practice has reviewed the practice profile. The practice has undertaken a EMIS search of all patients on the practice list in the previous year and has reviewed the profile of patients who undertook the annual patient survey (The GP Patient Survey – undertaken by Ipsos MORI). The practice held a practice meeting on 22/8/12 and in Jan 2014 with the doctors (KKV,SV) and the practice manager (SKV). The PPG was discussed. The practice has recruited patients to the PPG by taking the following steps:

- 1) Poster in waiting room.
- 2) Message on electronic message board: The patient participation group needs your views! Please add your email to the form at reception to join our contact list.
- 3) Note on prescription slip
- 4) Staff requested patients to join PPG

5) Leaflet in reception.

The practice identified specific patient groups that are under-represented and took steps to engage this group. This included male and eastern European patients. This group would have been underrepresented in the PRG. Also, under-represented groups included patients who have retired or have carer responsibility. Hence the practice placed emphasis on encouraging patients from this background to join the PRG. The practice members have asked members from these groups if they wished to join the PRG. These patients were encouraged to join the PPG. The practice worked towards ensuring that the ethnic makeup of the practice is reflected in the representative group. The practice set up a PRG of a reasonable size of 97 members. The practice has also sought to increase patients in the age group 17-24 but has found this group tends to attend the practice infrequently and have not been keen to engage in the PPG. The doctors will continue to invite this group into the PPG. The practice endeavoured to comply with the Equality Act when developing a PRG. To ensure compliance the information on the following websites was reviewed: Equality & Human Rights Commission, Government Equalities Office Guide and Advisory, Conciliation & Arbitration Service. The practice learnt from the work the National Association of Patient Participation (NAPP) has done in developing PPGs. The information on the NAPP website was reviewed. The practice tried to follow the advice on this website in establish a representative PRG. The practice advertised in the surgery to join a PPG. The practice staff also asked patients personally to join a group, including those groups of patients that were under represented. The PPG does not have children as members but tries to encourage PPG members who are parents to express their views on behalf of their children. The practice was particularly successful in encouraging patients originally from Eastern Europe to join the PPG. The practice was also able to recruit male patients to the PPG. The practice was excited that it was able to recruit 97 members into the PPG. In the past this included a virtual PPG where members are contacted by email. Members who do not have email addresses had been contacted by other means (phone, letters). The practice subsequently regularly reviews the practice profile and recently strived to increase the the under-represented groups.

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:

- the GP patient survey
- reviewing complaints and suggestions made to the practice
- review of suggestions made in the suggestion box
- review of comments made online including those on NHS choices website
- CQC report
- the Friends and Family Test (FFT)

How frequently were these reviewed with the PRG?

Annually

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: Provide Online booking of appointments</p>
<p>What actions were taken to address the priority? The practice has received training for booking of online appointments. Staff have been informed and educated. Online appointments are now available to be booked. The practice will ensure that this service is advertised again in the practice by 13/2/15.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The practice now provides online appointment booking system. All staff have been trained in it is used. The service was advertised via a poster in the practice again on 13/2/15. This improves the convenience for patients and allows patients to book appointments without the need to speak to the receptionist. This would allow patients to avoid waiting on the phone. The practice has advertised this service in the practice via a poster. However the practice is concerned that patients may book into the wrong clinic and may book appointments for inappropriate problems. For eg patients with chest pain would need to attend A&E rather than wait to be seen in an appointment. Also some groups of patients also cannot access the internet eg due to language barrier, lack of computing facilities or due to lack of confidence in using the internet The practice manager will closely monitor online appointment system to see if patients book appointment appropriately. The practice will write to all members of the PPG providing them with an update and outcome as described above by mid March 2015 and will inform that this report is available to view on our website and at the practice. The practice will advertise this report in the waiting area and on our website so that our patients are aware. The practice will also inform the CCG about this report and that it is available to view on our website</p>

Priority area 2

Description of priority area:

Allow patients to request prescriptions electronically via the chemist.

What actions were taken to address the priority?

The practice manager arranged for the electronic prescription service advisor to come to the practice to advise on this service. He will train the staff on this area. The practice also held a meeting with our local chemist Honeypot Pharmacy to discuss this further. The dates for staff training: 19th and 20th February and 6th March 2015. The staff will receive training on how to use this service. The practice will offer this service from 6th March 2015. The practice advertised this service in the waiting area.

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

Patients will be able to have their prescriptions sent directly to the chemist from 6th March 2015. This includes acute and repeat prescriptions. It provides an improved level of service for our patients. This was advertised in the practice via posters. This service makes it easier for patients to obtain their prescriptions. It saves them time as they no longer have to come to the surgery to collect scripts and allows them to directly pick up the medication from the chemist. The practice will write to all members of the PPG providing them with an update and outcome as described above by mid March 2015 and will inform that this report is available to view on our website and at the practice. The practice will advertise this report in the waiting area and on our website so that our patients are aware. The practice will also inform the CCG about this report and that it is available to view on our website



Priority area 3

Description of priority area:

Allow patients to book doctor appointments more than 2 weeks in advance. At present appointments are available only 2 weeks in advance

What actions were taken to address the priority?

The practice created appointment sessions for doctors for the next 2 months. This service has been advertised in the practice. The practice will do this by 13/2/15.

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

Patients can now book doctor appointments at least 2 months in advance since 13/2/15. This was advertised in the practice. This has improved the convenience for patients and improved access to primary care services. The practice will write to all members of the PPG providing them with an update and outcome as described above by mid March 2015 and will inform that this report is available to view on our website and at the practice. The practice will advertise this report in the waiting area and on our website so that our patients are aware. The practice will also inform the CCG about this report and that it is available to view on our 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):

- 1) Ensure patients are aware of advance appointment booking – the practice allows patients to book appointments at least 2 weeks in advance and this has been advertised in the surgery. Review of the appointment book confirms that free appointments are available for at least 2 weeks from today which can be booked in advance without restriction by patients.
- 2) Allow patient to book appointments online – The practice had concerns about introducing online booking of appointments because appointments cannot be triaged and patients may book in the wrong clinic. The practice has looked into providing online booking of appointments and the implications of this.
- 3) Introduce SMS reminders for appointments -The practice has introduced an SMS reminder system and this requires patients to confirm their mobile numbers and to provide consent for a SMS message to be sent. This has been advertised in the waiting room
- 4) Improve Touch Screen Check-In Appointment System - The practice has invested in a new touch screen system to ensure that the check in system is up to date and functions well.
- 5) Improve the Telephone access for patients - The practice had introduced another telephone point for the receptionist in the reception area to allow calls to be answered more efficiently. The receptionist have also been trained to answer calls quickly and deal with queries promptly.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 13/2/15

How has the practice engaged with the PPG:

The practice has written to all members of the PPG inviting them for their views via letter. All PPG members were invited to a PPG meeting at the practice.

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

The practice has sought to increase the number of Eastern European patients and male patients in the PPG. The practice has successfully recruited these groups into the PPG.

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

The practice has received feedback from a variety of sources as detailed in this report. This includes online comments on NHS Choices website, review of complaints and suggestions, Friends and Family Test (FFT), CQC report 2014, and GP Patient Survey Report.

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

All members were written to asking for their feedback on the services and to agree priority areas and action plan. A meeting was held with the PPG on the 3/2/15 to agree on the priority areas and action plan.

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

The practice has implemented the three areas on the action plan. As a result, the practice now offers online appointments, advance appointment booking system and electronic prescription services. This has improved the level of service offered to patients.

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

The practice finds it valuable to involve the PPG in meetings and discussions to improve the service we provide.

Action plan from 2013-14:

- 1) Advertise within the practice that patients can book appointments at least 2 weeks in advance. Due date 15/2/14
- 2) The practice to assess whether it is feasible to introduce online appointment booking for 2014-15. Due date: July 2014. The practice has migrated to a new computer software system (EMIS web). At present the practice has had insufficient training in setting up online booking system with EMIS web. In addition, online booking does not allow appointments to be triaged to ensure urgent patients are seen at the right time and there are no systems in place to ensure that the patient books in with the right person. For example, a patient with chest pain should be seen in A&E immediately rather than wait to see the GP. Another example is a patient requiring an asthma review should book in with the nurse rather the doctor. Hence, these are significant barriers to implementing online booking system for appointments. The practice will need to look into this to ensure that an online booking system is safe and works well for patients.
- 3) Introduce SMS reminder system for appointments: Due date : 1/6/14. The practice will introduce an SMS reminder system but this requires patients to confirm their mobile numbers and to provide consent for a SMS message to be sent. This will be advertised in the waiting room.
- 4) The practice has invested in a new touch screen system to ensure that the check in system is up to date and functions well. The practice will monitor this to see if functioning well: due date 1/6/14

The practice has introduced another telephone point for the receptionist in the reception area to allow calls to be answered more efficiently. The receptionist will also be trained to process calls more quickly to reduce patient being placed on hold for a prolonged period. Due date for receptionist training: 1/6/14