

Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

London Region North West Area Team

Complete and return to: england.lon-nw-claims@nhs.net by no later than 31 March 2015

Practice Name: Barlby Surgery

Practice Code: Y01011

Signed on behalf of practice: Prithipal Bhambra

Date: 24.03.2015

Signed on behalf of PPG: Farrukh H Afghani

Date: 24.03.2015

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

Does the Practice have a PPG? YES

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

Although we already have representation from a large range of ethnic groups, we have made considerable effort to engage patients from various groups and ages. Our receptionists invite patients when they come in for an appointment. We have placed the leaflets in the waiting area and put a flyer up on our notice boards. We have used text message facility to invite patients. We have also created a power point slide which we display on our flat screen TV in the waiting area.

We have a designated notice board in our waiting area solely for PPG Members. We put dates of PPG meetings on this notice board along with other materials such as meeting minutes, health watch monthly newsletter, PPG joiner forms and details etc.

We have also developed use of email as way of communication to patients. We are now emailing our PPG Members, minutes of the

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PPG meetings.

We also have a virtual PPG group and correspondence is undertaken by text messaging to the majority. We are happy to communicate to all members in the format they prefer – e-mail; post; text for example.

Number of members of PPG: 13

Detail the gender mix of practice population and PPG:

| % | Male | Female |
|----------|------|--------|
| Practice | 47% | 53% |
| PRG | 38% | 61% |

Detail of age mix of practice population and PPG:

| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | >75 |
|----------|-----|-------|-------|-------|-------|-------|-------|-----|
| Practice | 18% | 10% | 29% | 19% | 12% | 7% | 4% | 3% |
| PRG | 0% | 0% | 0% | 15% | 31% | 31% | 0% | 23% |

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 | 2306 | 223 | 0 | 2258 | 124 | 188 | 66 | 305 |
| PRG | 3 | 0 | 0 | 4 | 0 | 0 | 0 | 0 |

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| | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | |
|----------|---------------------|-----------|-------------|---------|-------------|---------------------------------------|-----------|-------------|-------|-----------|
| | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 121 | 70 | 88 | 74 | 376 | 1040 | 363 | 19 | 156 | 1231 |
| PRG | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 2 | 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:

Although we already have representation from a large range of ethnic groups, we have made considerable efforts to engage patients from various groups and ages. Our reception staff and clinicians opportunistically invite patients to join the PRG when they come in for their appointments. We have kept leaflets in the waiting area and have put up PPG flyers on our patient notice boards. We have used text messaging facility to send invites to patients. We have also created a power point slide which we display on our flat screen TV in the waiting area.

We send text messages to all of our patients before every PPG meeting and invite them to attend these meeting.

We have recruited a Director of Patient Experience, Engagement and Community Participation who attends all of our PPG meetings and make every effort to involve as many patients from different groups as possible. His name is Edward Rosen.

We also invite a representative from Health Watch, normally Olivia Denso (Patient Participation Group Officer: Kensington & Chelsea and QPP, Health watch CWL, Unit 26 Shaftesbury Centre, 85 Barlby Road, London W10 6BN) who attends on Health Watch's behalf and provides useful feedback on how to engage patients. She also helped us in creating an online web based patient survey through survey monkey and then provided us with the results and analysis which we discussed in our last PPG meeting.

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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?

Although most of our patients are elderly they come from a wide variety of different ethnic groups which gives us a good insight into the different communities that our patients are a part of.

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

We have made a considerable effort to involve younger generation under the age of 24 years through text messages, front reception staff and PPG notice board. Also through our weekly newsletter and through our website, from where they can download PPG joiner form and can email it to us. We have also decided to hold our meetings in the evening so that our working population of patients can attend.

2. Review of patient feedback

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

- Did not attend(DNA)- Why DNA's were high and how we could improve as a practice
- A&E Attendances- Why were patients attending A&E, was access an issue? Can we improve access
- Telephone Clinics- was this helpful to patients and how we could make this better
- Skype2GP Consultation- was this helpful to patients and how we could make this better
- Email consultation- was this helpful to patients and how we could make this better

How frequently were these reviewed with the PRG?

Quarterly

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3. Action plan priority areas and implementation

| Priority area 1 |
|---|
| Description of priority area: Did not attend appointments |
| What actions <u>were</u> taken to address the priority? Patients were sent text reminders when making the appointment and on the day of the appointment We have asked our GP's to educate patients about non-attendance of their appointments and the impact it has on our access. We train reception staff to update patient's mobile numbers so that they receive text messages for their appointment reminders. |
| Result of actions and impact on patients and carers (including how publicised): We have now noticed a significant decrease in our wasted appointments. April 2014: 154 January 2015: 74 We have advertised on our television in the waiting area about missed appointments and remind patients to call to cancel their appointment if they think they will not be able to make it. We have also advertised on our website and publish our DNA policy for patients to read and abide by. |

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Priority area 2

Description of priority area:

A&E/ UCC Attendees

What actions were taken to address the priority?

Slots were made available for both emergency and UCC patients. Also calls can be triaged by on call GP which if needs be patient will be seen on the same day.

We have also increased our opening hours to include emergency walk-in clinics on the weekends from 9:00am to 17:00pm

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

Our audit has shown significant reduction in our UCC and A&E attendance.

April 2014: 30 Patients Attended A&E/UCC

January 2015: 7 Patients Attended A&E/UCC

Patient Navigator Project was also implemented to redirect patients from UCC to GP Practice; those patients are now seen in the practice.

We have publicised our appointment system and availability in the reception area and on our website

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Priority area 3

Description of priority area:

Telephone clinics

What actions were taken to address the priority?

Telephone clinics are held at reception with an On Call GP who is assisted by an admin member known as a Buddy. Telephone clinics are held every morning Monday to Friday between the hours of 9am to 12pm. The frontline GP would help with any urgent issues arising such as external calls from candidates or patients which require immediate attention.

Patients are given a time frame in which they are contacted

If patient has missed a call we attempt to call patient 3 times minimum.

Patients are also invited to participate in a patient survey to help us to continually improve the service

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

We have now helped increase access through our new Appointments Co-ordinator Scheme. This person would triage certain appointments which can be converted to tasks for GP the most common example is medication.

We have publicised on our website, notice board, PPG meeting and via text messages.

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Progress on previous years

Is this the first year your practice has participated in this scheme?

No

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 started Electronic Prescription Service and are now sending prescriptions directly to chemists via secure online link to reduce errors, lost prescription and convenience for patients.

Our patients can book and cancel appointments online, they can request their prescription online, change their details online and can message a clinician.

We are now opening 7 days a week having 4 days late opening up until 9:00 pm.

The practice has recently implemented the frontline doctor initiative. Under this initiative a doctor who is at the reception every morning would help patients who walk-in the surgery and would also provide assistance to patients over the telephone.

The practice would create awareness amongst the patients that should they need to discuss multiple issues with a clinician they need to book for more appointments. This would reduce patient waiting times. We run announcements about clinicians running late on the patient screens at the reception. In addition to this, we will have a member of the reception team letting patients know in the waiting area if a clinician is running late.

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4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: 24.03.2015

How has the practice engaged with the PPG:

We have engaged through face to face meetings which were held quarterly and minutes were taken by one of our admin staff. This was later distributed amongst the group whom attended and put on the PPG noticeboard at reception.

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

Our Seldom Heard Groups were mostly the young, in which we individually would attempt to contact patients which may be interested. We would call, text and invite face to face for these members to attend.

We also have an assigned complaints officer which would deal with complaints at the time of the incident.

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

We have run online patient survey through Survey Monkey and sent a link to all our patients via text. Some printed surveys were also available at the front desk.

We have also asked after the meeting had been completed for our admin staff to collect feedback on the meeting.

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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?

Throughout the year we have implemented many different ideas which had been raised in the PPG meetings. Examples include access issues which we then introduced telephone clinics which has helped access significantly.

We are widely using technology such as sending SMS to patients for reminders helping reduce DNA's. We also have online services that patients can use to book appointments and request medication, saving time for patients as they now have access on the move. Lastly being able to message Clinicians directly making access better than ever.

We have also introduced walk in services over the weekend open from 9am till 5pm, having both Nurse and GP working.

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

As a practice we have now made patient videos, making understanding easier through media. We have also included many different languages for patient's whose first language is not English, having a Somali spoken nurse which has helped the wider community.

In addition we have also included practice champions aged 16-24 helping the young people in the community be more involved in their healthcare.

Furthermore we have held Coffee Mornings for parents helping expand our communication barriers and giving them an opportunity to share what should happen within the healthcare sector.

As a practice for patients we have trialled Skype consultations for patients which were working or unable to come into the surgery and the feedback has proven that this is a service much appreciated by our patients.

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