

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

London Region South London Area Team

Complete and return to: nhs.cb.lon-sth-pcc@nhs.net by no later than 31 March 2015

Practice Name: Rushey Green Group Practice

Practice Code: G85633

Signed on behalf of practice: Dr Judy Chen

Date: March 11th 2015

Signed on behalf of PPG: Monica Sorice Saudella

Date: 25.3.15

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

Does the Practice have a PPG? **YES / NO**

YES

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

The practice has a monthly PPG meeting with its members. The PPG had elected a Chairman Paul Sullivan, a Treasurer Monica Sorice and a Secretary Aga Lokaj. The practice has a list of 24 PPG members of which about 7 are consistent members.

Number of members of PPG: 24 members **.....**

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Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	6053	6292
PPG	9	20

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	2900	1112	2474	2297	1700	911	442	509
PPG	0	0	2	4	3	6	4	10

Detail the ethnic background of your practice population and PPG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	1277	109	0	1192	81	46	14	113
PPG	14				9	3	1	2

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	67	38	37	106	149	1961	1855	109	2	3
PPG		0	0	0	1	3	9	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: Some of the initiatives we have put in place to ensure that we have a PPG population representative of the practice is by encouraging the current PPG members to invite friends and family who use the surgery to join. We placed monthly advertisement for new members in our bi-monthly newsletter, Web Site and we have specifically put advertisements targeting the younger age group. We have created a PPG notice board in the Practice that has displaced on it the names of the board members, the minutes from the PPG meetings and any other exciting news concerning the PPG. To encourage more PPG members we also have one of the Partners attend the monthly PPG meetings. The presence of one the partners has certainly increased the attendance at the monthly meetings as PPG members are able to share first hand their experience when they attend appointments at the surgery and also provide feedback as well.

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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?

YES/NO - NO

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

2. Review of patient feedback

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

Sources include patient complaints, both verbal and written; NHS Choices comments; recently Families and Friends Test; comments box in the waiting area; CQC patient feedback.

Access to the surgery was one of the key areas that were reviewed during the year with the PPG members. This is one of the areas

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that came up as an area to address with the comments from patient survey. With regards to access these were the specific areas that were highlighted: **Reducing the missed/unanswered calls, telephone message to be improved, educating patient's regarding our appointments, review the Duty Doctor appointment type, address the DNA percentage**

How frequently were these reviewed with the PRG?

These items were reviewed with the PPG at every meeting. The PPG group provided good feedback with the suggestions that were made with regards to changing our appointment system as well as providing insight about educating the patients to use the online services we provide such as online prescription, booking appointments via the automated system and online, sending request by email or text as oppose to calling.

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Access was one of the priority areas. Reduction of missed/unanswered calls by 10%. Promote online services via telephone, online appointment booking and online prescription request.</p>
<p>What actions <u>were</u> taken to address the priority?</p> <p>One of the actions taken was to over-haul our appointment system to allow more patients to access appointments on the day by creating a Walk in clinic, 48 hour appointments, 1 week pre-bookable and telephone triage where patients needing urgent appointments are called by a duty doctor and if needed the patients were booked in to see GP and our rota is now planned 4 weeks in advance so that pre-booking up to 4 weeks in advance is possible. These changes were in direct response to patient requests as well as the report from Productive Primary Care which highlighted that we should increase telephone appointments, increase ability to pre-book up to 4 weeks in advance in order to reduce the daily call rate. Patients were complaining of long early morning waits outside the surgery, so in response we had the afternoon walk-in. This was the second time we have tried the walk-in but unfortunately, again because of over-crowding in the waiting area and direct feedback from patients and the PPG, we had to stop the afternoon walk-in after 4 months. We have still retained all other elements of the new system.</p> <p>We recognised that majority of our patient population wants more same day and they are not interested in booking well in advance. Thus in response, we are offering more same day and 48 hour appointments as we see that there is a need for this type of appointments in our practice population.</p> <p>There has been an increase in staff hours in all staff groups this year to try to cope with demand, which is ever increasing. We are one of the fastest growing practices in the area but this then increases our administrative and clinical workload when seeing new patients. We've increased weekly reception hours by 28 hours, nursing by 25 hours, and GPs by 12 sessions over the last year. However, we have also had to deal with staff sickness and some staff leaving, so this has been a real pressure for the practice.</p>

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We are hoping for a more stable workforce in 2015-16.

We monitor telephone pick-up rates monthly. When fully staffed, we have achieved daily averages of 75-80% pickup rate which is still not up to where we want it to be but is an improvement from previous figures of around 60%. What we want to achieve is consistent figures of above 80% and to achieve this we have increased reception hours and we are looking at ways to improve the current telephone system as the current one is part of the old PCT network and is not efficient. The practice invested in Patient Partner/Voice Connect many years ago but only <20% of the practice population use this service to book or cancel an appointment.

Due to the high percentage of patient DNA appointments we created a DNA policy which involves letters and texts to those who DNA on the day and a warning that on the 4th DNA, they risk being removed from the practice.

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

The results showed that our patients were able to get more appointments on the day. We stopped the walk-in in February so evaluation is still on-going. Feedback from the PPG in March was positive and so has been the feedback directly from patients who attend.

The DNA policy has helped significantly in reducing the amount of DNA's and since implementation, this has seen a saving of 100 appointments a month.

We publicised the new appointment system and any changes through text messages, posters in the waiting area, leaflets were handed out to patients who presented at the reception window, on our web site and on the screen board in reception.

The practice gets figures monthly for the whole practice as well as individual DNA figures. This is also publicised in the waiting area.

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Priority area 2

Description of priority area: Another area that was priority was educating the patients on how to use the online services we offer such as requesting prescriptions online, booking appointments online, using the automated system to book appointments, cancelling appointments by text or email if the appointments are not needed. Also encouraging patients to have access to their notes on-line. Encouraging patients to email queries rather than calling them in and also requesting patients to register online We already have Voice Connect but this is used by less than 20% of the practice population.

What actions were taken to address the priority? The PPG members came up with tips to help patients use the online services and have also come into the surgery on busy days to explain to the patients in the queue how to use our services. The PPG members also answered questions about the online process. . We placed advertisements in our newsletters, on the website as well as Facebook. We plan to have a waiting room advocate in the future (probably through the apprenticeship scheme) who will publicise on line use and register patients for this service during our busiest hours.

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

We have seen an increase in the use of email as a means of contacting the surgery. There needs further work to highlight alternative means of contacting the surgery but many of our patients are very vulnerable (CQC as well as the CCG has

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highlighted this from the work done on Admission avoidance) and many do not have access to computers or smartphones. Many do not have English as their first language and so find face-to-face the most accessible means of contact.

Priority area 3

Description of priority area: Improving the practice environment for staff and patients

What actions were taken to address the priority?

We have developed a zero tolerance policy against abuse and bullying of our staff. This is now implemented strictly. Staff have a log book where patients who are abusive are recorded. The Assistant manager then writes to these patients formally informing them this is unacceptable behaviour and they are given a behaviour contract and warned they can be removed if there is a recurrence. All newly registered patients are also given a copy of our Behaviour policy which they sign.

We are currently looking at improving the waiting area and porch, with a review of the chairs we have there which are now quite old and also look to repaint the area and polish the floors.

We have put in a bid to restructure the reception and waiting areas so that there is greater privacy and confidentiality. This was an area of concern for the CQC when they visited and this has been planned for some time. We are awaiting the results of our bid for funding.

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

Those patients who have received this letter has been much better behaved. The staff feel better supported in this area. We have the support of the PPG to implement this policy.

We are still to implement the 2 other actions and will report in the 2015-16 report.

Progress on previous years

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

YES/NO NO, 4th year

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

Please see previous action plan (2013-14) attached.

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4. PPG Sign Off

Report signed off by PPG:

YES/NO YES

Date of sign off:

How has the practice engaged with the PPG:

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

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

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

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

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

The practice has had a very active PPG since 2006. They have been involved in recruitment of our GPs and nurses in mock consultations. They have been meeting monthly throughout. There is a PPG email.

In previous years, we've had an annual AGM but has not happened yet this year. We will be planning one for the summer. We advertise membership very widely in our website, waiting area, through Rushey Green Time Bank, by personal invitation by partners, through invitation to some complainants.

Last year, the PPG chair has been in our practice meetings and we discussed the Practice development plan. He was very happy with our 6 key areas of development which are Access, Practice environment, Practice Interface, Hypertension, Diabetes and Prescribing. These have been fed back to the PPG, together with our workplan. We continue to review activity in all these 6 areas and we plan to have PPG members in our next Awayday to look at progress. The practice workplan is also on our website.

We look at all patient complaints and feedback in our monthly management team meeting, looking at general themes and responding to patient feedback.

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Improvements:

- We have seen a reduction of DNAs, despite having appointments 4 weeks in advance.
- We provide every type of appointment and every possible way to access these.
- There has been a significant increase in the use of telephone consultations which was recommended by the report done by Productive Primary Care.
- We have follow up appointments which can only be used by clinicians which then doesn't block up the appointments available for receptionists to use.
- We have tried to even out the queues throughout the day by releasing appointments available throughout the day. This has resulted in a more even flow of patients throughout the day.
- Our practice development and workplan started last year means that the whole practice is involved in developing the areas of priority, as well as the PPG, and we all work towards a unified plan. The development plan is a combination of clinical and patient/staff areas of priority.

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