

Annex D: Standard Reporting Template

- London South Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: THE TULSE HILL PRACTICE

Practice Code: G85133

Signed on behalf of practice: J READ Date: 24.3.15

Signed on behalf of PPG: Mr C Saycell Date: 24.3.15

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) E-MAIL, POST, TELEPHONE, FACE TO FACE, TEXT
Number of members of PPG: 36

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49	51
PRG	44	56

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	22	10	20	18	15	8	4	3
PRG	0	0	13	27	21	24	15	0

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	15	2	<1	17	2	1	<1	15
PRG	27	0	0	13	4	0	0	22

	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	1	3	17	17	4	<1	3
PRG	0	0	0	0	9	13	4	4	0	4

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 a highly mobile population and so the population changes through the year. We monitor membership regularly and take steps to publicise the PPG to any group that is under-represented. We recognised that non-English speaking patients are not well represented and have been actively targeting them. We recruited a multi-lingual receptionist this year and have also started a conversation club to assist patients in learning English.

All patients are informed about the PPG when registering and invited to join. We also run text campaigns to remind patients about the group. Information about the group is published on our website and on posters in the waiting room. The current membership is

broadly representative of the population as a whole.

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:

2. Review of patient feedback

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

1. FFT - We started the FFT in October 2014, in advance of the date when we were obliged to do this. This has proved to be a valuable source of feedback showing a high level of satisfaction with the service provided by the practice. We review this every month and every comment is published on a notice board in the waiting room. In addition to paper questionnaires, we also send a text questionnaire 2 hours after a patient attends an appointment requesting feedback.
2. We had our CQC visit in November and all the questionnaires returned to the inspector by patients were positive. We scored highly at the inspection.
3. NHS Annual Patient Survey
4. Complaints received are reviewed 6 monthly and any themes discussed.
5. We ran 2 surveys in addition to the above, one that asked if patients were confident that we keep confidential information securely and one to find out why patients DNA appointments and also whether our current extended hours continue to meet the needs of our registered population.

How frequently were these reviewed with the PRG?

These used to be reviewed annually but we now intend to review them every 6 months.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

DNA's: The PPG felt it was important that we review the number of DNA's as they appeared to be very high, and to work on ways of educating patients.

An audit was undertaken over a 3 month period between December 2104 and February 2015. On average, 174 appointments equating to 29 hours of doctor time was lost. An average of 97 nurse appointments, 24.3 hours of nurse time was also lost. A review of the age/sex of patients that DNA showed it to be fairly equal between male and female and across age ranges.

What actions were taken to address the priority?

Questions for a survey were agreed and the questionnaire given to all patients who attended over a one week period. The survey is available in Polish and Spanish as well as in English. In addition we sent targeted surveys to patients who DNA'd more than once in the past year. The intention of the survey was to find out the main reasons why patients failed to attend appointments and to agree ways to improve this. It was also felt that sanctions should be applied such as removing patients if they fail to cancel appointments more than 3 times in a year.

1. *Are you aware of the practice policy on DNA's ('did not attends')? YES/NO*
2. *Over the past year have you missed an appointment with your doctor or nurse on:*
 - 1 occasion*
 - 2 occasions*
 - More than 2 occasions*
 - I have never missed an appointment*

3. *If you missed an appointment in the past year what was the reason for this?*

4. *What can we do differently to help you attend your appointments?*

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

The reasons given for DNA's were varied:

A large majority of patients are unaware of the practice's policy on DNA appointments. Results also show that most patients forget when their appointment is; therefore the practice should ensure that patient contact numbers are as up to date as possible. It was notable that 35% of respondents felt that a text reminder would help. All patients for whom we have a current mobile number are texted the day before their appointments. Patients are also given the option to cancel their appointment by texting the word 'CANCEL' to the number provided. The practice also regularly asks patients for their most up-to-date contact details/numbers with the use of on-screen prompts on patient files.

The second most common reason for patients not attending was due to travel reasons – often because of heavy traffic or slow public transport. Whilst it is the responsibility of the patient to attend on time, the results of the survey show that patients would prefer to attend out of 'office hours' and on Saturdays. Addressing this may result in less DNA appointments.

Further work is needed on this.

The results of the survey were published on the practice website and on the notice board in the waiting room. All members of the PPG were e-mailed or written to with the results.

The policy on dealing with patients who fail to attend has been reviewed and will be published on the practice website once agreed.

We intend phoning patients on the day they missed their appointment to ask them why they failed to attend.

We intend re-auditing this every 3 months to monitor the effect of implementing the DNA policy more strictly and after advertising the effects on the notice board and our website.

Our aim is to reduce the amount of valuable clinical time wasted each month.

Priority area 2

Description of priority area: To ensure extended opening hours are meeting the needs of registered patients

The PPG felt it was important to ensure we find out whether our current extended hours still meet the needs of our registered patients. As a result, 2 questions were added to the questionnaire asking:

5. *The practice currently opens late (until 8pm) on a Wednesday evening and on one Saturday morning per month. How satisfied are you with these extended opening hours?*

Very satisfied

Fairly satisfied

Neither satisfied nor dissatisfied

Fairly dissatisfied

Very dissatisfied

I'm not sure

6. *Please state the days and times that would be most convenient for you to attend the surgery*

Before 8am

After 6.30pm

On a Saturday

None of these

If none of these which day/time would you like to attend?

What actions were taken to address the priority?

A questionnaire was devised to identify whether the current extended hours still met the needs of patients and if not what days/times were most in demand, see above. (See attached for results).

76% of respondents were either very satisfied or fairly satisfied with the current extended hours. Saturdays and evenings remain the most popular. The practice is hoping to offer more choice on a Saturday by having a nurse or HCA on duty with the GP,

thereby also increasing the total number of clinical hours.

The practice has also hired two new registrars in order to offer more appointments to patients.

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

The results show that most patients are happy with the practice's current opening hours; however many patients still would prefer more evenings and Saturdays. The practice will investigate the feasibility of extending the extra hours – be it more days open after 6.30pm, and/or opening more than one Saturday per month.

This would ensure that more patients can book the appointments at times that suit their needs. This may also reduce DNAs as patients will be more able to attend if they have chosen a time that is easiest for them, e.g. not coming to the practice during busy traffic hours, or during a busy day, etc.

Priority area 3

Description of priority area:

To investigate the feasibility of using volunteers to assist in the smooth running of the practice and to expand on the events and possibly introduce some other clubs for patients, e.g. a gardening project, help and information for carers. Plans to run evening educational events 2-3 times a year.

What actions were taken to address the priority?

One member of the PPG with experience and expertise in volunteer work will be providing further information on this at our next meeting.

An educational evening event led by a diabetes specialist is going to be held in May 2015 and is currently in the planning stage. Our diabetes specialist has already committed the time and it is hoped the dietician and chiropodist will also attend.

A conversation club for patients that struggle with spoken English run by a volunteer continues to gain in popularity. It runs every week in our waiting room. We plan to continue with this and possibly extend the invitation to attend to people from outside the practice.

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

This area is on-going. Information on coming events is published on our website and on a poster in the waiting room. The talk on diabetes will be educational both for patients with the condition and their family/carers.

Events for carers are planned.

Patients who struggle with basic English skills to request an appointment or repeat prescription have been helped to gain confidence and practice English at the informal weekly club.

It is hoped that other projects involving volunteers will be developed this year.

Progress on previous years:

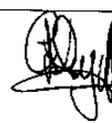
If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

Our PPG has evolved over the past year. We have a mobile population and maintaining an up-to-date register is challenging. We now have a group of 33 patients who get involved in varying degrees. It was decided this year to start holding more meetings rather than having a solely 'virtual' group. We plan to have meetings 3-4 times a year.

- We have now been successful in getting an English conversation club up and running to assist people in speaking English with confidence. This has been developed with the aid of the City of London, Dept of Community and Children's Services. This informal group meets every Wednesday in the waiting area. We hope to continue to build on the success of this by providing other clubs in the future. E.g. a carers group and a volunteers group.
- In December 2014 we contacted all our PPG members inviting them to give us feedback on the CCGs QIP and the areas they felt it was important for us to focus on. Copy of letter attached. As a result, we have concentrated on increasing our prevalence in chronic diseases and have also tried to increase the uptake of childhood immunisation although this was already high.
- We have continued to monitor patient satisfaction using the FFT and local questionnaires.
- Patients unaware they can book appointments on-line – we produced posters and information leaflets to publicise this and also put a new link on our website. Uptake of this service continues to increase as does the number of patients ordering their repeat prescriptions on-line. In addition to ordering prescriptions on-line we have increased the amount of electronic prescribing we do so that more prescriptions are sent directly to the patient's nominated pharmacy.
- Some patients experienced difficulty in getting through to the practice by phone – we increased the number of receptionists taking calls at peak times. We re-audited this in September 2014 and again in January 2015. As a result we have now changed our working practice and receptionists manning the front desk at peak times do not also answer phones. There is increased phone answering capacity. We plan to review this again on a monthly basis.
- Some patients lacked confidence in the practice in respect of keeping information about them securely. We review this annually. The latest review showed that now 83% of patients are confident that we hold their data securely, 10% answered that they weren't confident and 7% weren't sure. The initial survey showed only 49.4% of patients had confidence that we held their information securely. We have provided clearer and more accessible information for patients explaining why we hold information and how we use it and this has shown in the improved results.

4. PPG Sign Off

Report signed off by PPG: YES/NO CHRIS SAYCRALE



Date of sign off: 24/3/2015

How has the practice engaged with the PPG?

By e-mail, letter and meeting.

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

Has set up a conversation club and have translated questionnaires into Spanish and Polish. The practice has actively tried to recruit patients for whom English is not their first language.

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?

PPG helps members to understand issues faced by the practice and to understand how things run.

Patients with diabetes and their friends and family will be able to ask questions and learn more about the condition at the evening educational session planned for May 2015.

The practice will benefit from having volunteers and developing this idea to include assisting carers.

Further work on reducing DNA's will follow including contacting all patients who frequently DNA. This will help ensure there are enough appointments for patients that really need them.

The review of extended opening hours showed that the practice is providing the hours that most patients find useful. Nursing/HCA appointments will be made available on some Saturdays.

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