

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: BEGG PRACTICE

Practice Code: H85659

Signed on behalf of practice: DR SOLEMAN BEGG

Date: 30 March 2015

Revised 24 July 2015

Signed on behalf of PPG: Mrs EF (Surgery representation on Local Patient Participation Board) Date: 28 July 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) Face to face Written Communications via post Verbal Communication Email Communication To advertise to patients for recruitment in the PPG and upcoming meetings: Face to Face; Posters on the Practice waiting area Notice boards, Verbal Communication; printed message on Prescriptions, Surgery Leaflet and patient hand-outs.
Number of members of PPG: 9

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Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	48%	52%
PRG	0.25%	0.18%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	12.15%	7.28%	42.50%	20.18%	9.27%	4.94%	2.49%	1.19%
PRG	0	0	0	0	0	22.22%	66.67%	11.11%

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	1924	130	0	1018	22	36	36	172
PRG	5	0	0	2	1	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	32	43	10	66	168	302	215	71	2	0
PRG	0	0	0	0	0	1	0	0	0	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:

When recruiting members for our PPG we have tried to be representative and inclusive of our patient population. We feel we have been successful regarding gender and ethnic background. We have struggled in recruiting members from the younger age group due to lack of volunteers from those groups.

Majority of these patients are city professionals and are unable to attend face to face meetings. The practice has tried various

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mechanisms to encourage members from these groups (e.g organising late evening meetings) but have not been effective so far.

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:

We receive patient feedback in a variety of ways, that is reviewed by the Practice Manager and Partners in the monthly practice meetings and discussed in the staff meetings. Sources of feedback are:

Patient Communication via email, letter or face to face throughout the year

Patient Survey Nov – Dec 2014

Access Timing Survey 2014

Friends and Family Pilot (Sept- Nov 2014) and main programme from Dec 2014

NHS Choices and Patient feedback forms.

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Verbal feedback from patients to doctors is also discussed with the practice manager on an adhoc basis.

From the above sources of feedback and discussions with the PPG, the following three areas of priority were agreed:

1. Opening times for the reception and consultation appointments
2. Wanting the same doctor or nurse
3. Issues around the Waiting and Reception Areas

How frequently were these reviewed with the PRG?

1. At each meeting
2. Annual Evaluation

4. Action plan priority areas and implementation

Priority area 1

Description of priority area: **Improving Access**

Although the patient survey result was satisfactory towards the practice, the practice recognises that it does need to and wishes to do better. The practice team and the PPG reflected on this to rectify any areas that may cause concern and to improve access offered to the patients.

What actions were taken to address the priority?

The practice has instigated the following:

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- The practice has employed an additional doctor 4 days a week for the morning sessions.
- These sessions have resulted in 48 additional routine appointments.
- Extra telephone consultations were introduced between the morning and afternoon sessions on a daily basis.
- The practice has also agreed to provide additional hours for routine appointments to double the current commitment under the Direct Enhanced Services offering. This has been implemented by increasing surgery hours. Extra two hours in late evening appointments on Mondays and Thursdays to cater for the working population of the surgery.

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

Patient access to the surgery has improved, as evident from the results of Patient Survey and Friends and Family Test results. Hours are agreeable with the patients. These changes have improved patient care.

Patients are aware that we are committed to providing good quality care.

These changes in the opening times are advertised on the practice notice boards, NHS choices website and patients are given leaflets at the time of joining the surgery. A message is also displayed on the waiting area JayEx board.

The Surgery sign outside the building has been updated to reflect the new opening timings.

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Priority area 2

Description of priority area: Practice Facilities

The practice reflected on the results of the patient survey that pointed out issues around surgery waiting area. The waiting area is a common space shared between two GP practices, X-ray services, outpatient Department and Phlebotomy services provided by St George's Healthcare at St John's. Although it is a large sized open plan waiting area, the practice occupies only a small corner and this causes difficulties for patients to find a spot to sit down and wait. The patients sometimes miss their call from the doctor / nurse if they don't keep an eye on the electronic call system.

In addition the reception area of the practice is also shared with Radiology Services provided by St George's. This causes confusion among patients who are attending the services for the first time. A high influx of patients during the peak hours causes the reception area to get over crowded. There has also been a written complaint from patient expressing concern of no privacy as the Radiology team has to call out instructions regarding various procedures to the patients.

This poses problems for surgery patients who want to report at the reception for their appointments or have a query for the surgery reception staff.

The premises are otherwise modern and there are good facilities for disable access

What actions were taken to address the priority?

The practice has little or no control over the waiting area as it is a shared space among various service users at St John's. In order to reduce confusion among patients waiting further away from surgery reception area, the surgery reception staff are more mindful of patients attending the surgery during peak hours to ensure no one misses their appointment when they are called for on the electronic call-in system. If a checked-In patient doesn't respond to the doctor's call, the doctor would inform the reception staff via internal messaging and the staff locate the patients and informs them to go to their appointment.

The written complaint from patient and our written concerns were sent to St Georges Assistant General Manager Outpatients Department and the Governance Lead for the Hospital. There was a response from the Hospital's governance lead stating that the staff were very experienced and the issues raised were not considered to be a Clinical risk. There has been a slight change in

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practice noticed by the staff members when the patients are given instructions about their various examinations. So part of the concern has been addressed around confidentiality.

We have now come to the point where the surgery would like to reclaim the space shared with Radiology Services; this in turn will give us more space for our own patients in the waiting area and make it more comfortable for our patients. At present we are liaising with the St John's building landlords to remedy this situation. The negotiations are on-going . This is a very complex issue as space is limited in the building, and in the larger patient interest and comfort the practice currently seem to have been given no other alternative but to maintain status quo.

To deal with the overcrowding at the reception area, the surgery introduced an electronic patient self check-in system, so patients coming in for their regular appointments can beat the queue and check themselves in for their appointments. This has proven helpful and approximately 38% of our patients use the system on average daily. Hence freeing up the reception staff to deal with patients visiting the surgery for other queries.

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

The patients attending the surgery don't have to wait for long to report to the reception to check-in. They have an alternative in the form of self check-in if the reception area is crowded at peak times.

Staff and doctors are more vigilant when a check-in patient doesn't respond to call-in system and alternative methods of calling in the patients are used.

Patients are informed via notices on the notice board and on the JayEx system of alternative routes to do tasks they would normally come at the reception for (check-in ,online prescription request and online appointment booking)

This has eased the issue but further improvements can be achieved if surgery is successful in reclaiming the space at its reception desk.

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Priority area 3

Description of priority area: Access to Same GP/Nurse

The practice reflected on the result for those patients who want to see the same GP or Nurse for every appointment. This is possible but sometimes not in the time frame the patient is expecting.

What actions were taken to address the priority?

We can accommodate the GP appointments the same day or the next day with any doctor. But when a patient requests a specific doctor this can be difficult depending on the doctor's availability. With the introduction of telephone consultations we are sometimes able to offer an appointment over the telephone with the requested GP the same day. Since the practice has only one Practice Nurse, we have lesser flexibility in offering late evening appointments but are able to accommodate within the same week.

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

We addressed this problem by explaining to the patient that when their favoured doctor is fully booked we do have another doctor who they could see. The patients sometimes are agreeable but for those who are not then to ensure that the patient is aware that we are offering them the first available appointment with their chosen doctor. We explain about telephone consultations and on the whole the patient accepts this.

Hence by altering the information being offered to the patient helps the patient in forming their choice, and allows the staff to offer a mutually agreeable solution to the patient. Clearer communication allows the staff to offer a better service to our patients and also make patient happy and satisfied that they are being listened to, and are given a choice. This message regarding first available appointment with a GP and first available appointment with the GP of their choice, is published on the practice noticeboard , leaflet and in other communication where necessary.

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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 continued to promote and develop the role of the PPG, the Practice Manager has maintained the meetings schedule and has sought increased input from the patients via the practice surveys. Promote direction of the PPG toward self-facilitation.
- Improve staff communication to ensure front line staff are able to give information about how to access online services
- Continued to actively promote online services. All newly registered patients are given access to patient online services and reference information for getting involved. A welcome letter is printed for them to complete their registration process within one week of the patient access being activated.
- Continue to improve display of information on the practice notice board.

5. PPG Sign Off

Report signed off by PPG:

Yes

Date of sign off: Review and sign off 22/07/2015

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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?

We have engaged with the patients by way of an open surgery inviting patients where the patient can come and express their concerns about services and issues. Informal meetings with patients to share issues and the opportunity to see what they feel we should be doing more. Simply by asking the patients to record their views and thoughts in their diaries or on paper and after a certain time period to ask for what they have recorded and analyse so we can use this information to improve patient care. By approaching the patients in this manner we like to think that we show the patient that we understand or think we understand how they are feeling and hope they are feeling that the practice supports them in their care.

Patients vary considerably in how much they want to be involved in decisions. At one end of the spectrum is the patient who wants the doctor to advise them what to do. At the other end is the patient wants to be fully informed about options and come to their own decisions.

We feel the approach we have adopted here at the practice is the right one as this does not pressurise the patients.

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