

Annex D: Standard Reporting Template

London Region [North Central & East/North West/South London] Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: The Stonebridge Practice

Practice Code: E84028

Signed on behalf of practice: S.O Date: 30/3/15

Signed on behalf of PPG: MP Date: 30/3/15

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

Does the Practice have a PPG? YES <input checked="" type="checkbox"/> / NO
Method of engagement with PPG: Other (please specify) Face to Face Practices engages with PPG by the following methods: <ul style="list-style-type: none">• Text messaging• Email• Telephone• Face to Face• In House- Advertising• Practice Website• Jayex Communication board
Number of members of PPG: The PPG currently consists of 30-50 members, who regularly attend meetings. Decisions are usually put to a vote. Outcomes are subsequently communicated to the members.

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	51%	49%
PRG	66%	34%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	23%	13%	15%	13%	17%	9%	5%	5%
PRG	0%	3%	4%	16%	38	27	9	3

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	3%	4%	1%	12%	2%	2%	1%	5%
PRG	1%	2%	0%	4%	1%	1%	0%	4%

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	2%	4%	7%	2%	2%	20%	28%	1%	2%	2%
PRG	1%	3%	3%	1%	1%	11%	57%	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:

To ensure the Patient Participation Group is representative of the Practice population, all patients aged 15 and over are invited to attend meetings. In order to identify any variation between patient participation, monitoring forms were completed by patients during these meetings to identify gender, age and ethnic backgrounds. Invitations were sent out via text and in-house advertising. Notices were also placed on the Practice website and leaflets were handed to patients. Hard to reach groups and minority groups are invited by telephone. Housebound patients, Disabled, Carers, Learning Disability patients are all contacted and the views collated and raised during the PPG meeting. The practice has a diverse multicultural population, hence word of mouth is a good method used to canvas patients to engage in the PPG. External stakeholders were also encouraged to publicise meetings.

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

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

Results of monitoring forms completed during meetings revealed that there is now a slighter higher representation of Male patients than Female. This year's attendance has seen an increase in male participation in comparison to 2013/14. There has also been a significant increase in the number of young patients aged 17-24; consequently the practice achieved its plan for 2013/14 which was to actively campaign to encourage patients in this age group to participate in these meetings. The Practice has a significant number of jobseekers and a few patients who reside in a nursing home. In order to ensure that the jobseekers are well represented, measures taken by the practice are to hold meetings at various times in rotation, to give everyone the opportunity to attend the meetings. People with mental health, learning disability and drug users within the community as well as LGBT groups, all staff, including practice champions, actively invite all groups of patients to a face to face patient group meeting Meetings dates and times are also advertised months in advance in house and on the practice website, allowing patients of all groups including LGBT community to select a suitable meeting. Patients are also sent text messages prior to the meeting reminding them of the date and time of each scheduled meeting.

Groups not well represented are mainly housebound patients and patients who reside in a Nursing home. Although staff from the Nursing home, were invited they were unable to attend. Hard to reach groups and minority groups are individually invited by telephone. Housebound patients are contacted and the views collated and raised during the PPG meetings in order to ensure that their views are also represented.

2. Review of patient feedback

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

Sources of Feedback that were reviewed during the year, were problems highlighted in the patient surveys and also issues raised during meetings, all of which were reflected in PPG meetings and patients' complaints themes including complaints on NHS Choices and comments and complaints received in house. An action plan was produced from the feedback and this was reviewed with patients at PPG meetings. Questionnaires for the survey, was derived based on feedback obtained.

The priorities for the survey were discussed at the PPG meeting and an agreement was reached to conduct the survey on access, looking at ways to improve the appointment system with the aim of improving appointment availability and greater access to be seen quickly, within 48 hours and a view to improving waiting times. Furthermore, looking at improving the telephone system. The Practice will seek support from an external company Alpha who have the experience and expertise in conducting surveys; this will be undertaken in conjunction with Harness Clinical Commissioning Group (CCG). This should enable the Practice to bench mark the results of the survey against the other 20 practices. It was agreed that the survey would be conducted in house, by post and email.

How frequently were these reviewed with the PRG?

Priorities and the survey were agreed upon and were reviewed on a quarterly basis at the PPG meetings, with all members who attend the meetings. Surveys and audits were also reviewed internally within the practice every 3 months, and also reviewed at staff meetings. Attached is the result of the patient survey, Family and Friends test and Harness Care Patient Survey Report.



Practice survey
2015.pdf



Family and Friends
Test.pdf



Harness Survey
Report 2014v3-f (2).pdf

Action plan priority areas and implementation

Priority area 1

Description of priority area:

Change the current appointment system to enable patients to see a GP within 48 hours implementing daily-walk in clinics

What actions were taken to address the priority?

In order to address this priority, the Practice conducted a patient survey, including a Family and Friends Test. An internal audit was also conducted on the appointment capacity. Results of which were analysed and an action plan

was put in place to implement a new appointment system. An External company was commissioned to support the practice with the survey and the audits, through to the implantation of the new appointment system. As a result the Practice changed its appointment system, and now offers a walk in clinic for each clinician daily, both AM and PM.

The Practice advertised these changes prior to implementation. Leaflets were produced and handed to patients detailing the new schedule. This information was also published in house and on the practice website. External stakeholders were also given leaflets to distribute to patients, carers and housebound patients. The new schedule was also discussed and agreed with patients at the PPG meeting, during which patients were informed of the need to utilise this service appropriately, patients were also reminded of the need to cancel appointments if unable to attend.

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

This has resulted in the Practice now offering walk-in clinics daily, both AM & PM. The impact of the new appointment system has given patients and carers the choice of attending the surgery whenever they feel unwell, as opposed to going to A&E. Patients can now see a GP within 48 hours.

Practice advertised and publicised these changes prior to implementation at PPG meetings and in house. Changes of the appointment system were also published on the practice website. Leaflets were produced, detailing clinic days and times. Patients, local Pharmacists and District Nurses were also given leaflets to distribute to patients.

Priority area 2

Description of priority area:

Telephone Access

What actions were taken to address the priority?

Actions taken to address this area were: The Practice contacted NHS England IT department and informed them of the problems patients were experiencing when phoning the practice. The Practice requested an increase to the Telephone line capacity to enable the telephone system to handle a bigger capacity of calls than the current system.

The issue was reported to the NHS Brent service desk, who monitored the telephone system and analysed the data for a period of time. Feedback received from the analysis of the system reported that the queuing system was not working efficiently. NHS Brent did not provide additional line capacity, however the system was re-configured and the Practice was advised to monitor performance and report any further issues. Patients have also been asked to report any faults to the Practice.

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

Action taken by the Practice has been to report the fault to NHS Brent, who have now reconfigured the telephone system, enabling the queuing system to working more efficiently. Impact on Patients and Carers has been contact with the Practice via the telephone has improved and calls are now answered quickly. This information was publicised at the patient forum and in house. The Patient Participation report will also be published on the Practice Website,



PRG report
2014-15.rtf

www.thestonebridgepractice.co.uk detailing these changes. Find attached the report

Priority area 3

Description of priority area:

Speak to a doctor on the telephone.

What actions were taken to address the priority?

Actions taken by the Practice to address this priority were: The Practice conducted a survey to identify patient needs and demands. Capacity and demand audit was also undertaken internally, results of which were analysed, and discussed with the PPG. Consequently the Practice has now increased the number of appointments slots for telephone consultations for each GP, AM and PM and this has now been incorporated into the new appointment system.

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

Results of this action have now seen the Practice appointment system now include daily AM & PM telephone options. This information has been publicised at PPG meeting and in house on the electronic board. Patients and Carers have also been verbally informed of this service. Impact of this service has resulted in patients having the option of speaking to a GP on a telephone about test results and other clinical matters, this should give working patients and carers access to a GP during working hours, thus freeing up face to face appointments that can be offered as urgent appointments. The reporting template submitted to NHS England will also be published on the practice website and a hard copy will be retained in house at the reception for patients to read on request. Attached is the Practice Report

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):

Update on Action Plan from Previous Year 2014

A summary of the progress made with the 2013/14 action plan

You said	We did	The result is
See a GP in 48 hours	<p>The Practice conducted a patient survey and an audit of the appointment system. An audit was also performed on the practice DNA rates. Results of which were collated and analysed. The audits and survey were shared at the PPG meetings. The Practice appointed an external company to assist with the survey and the implantation of a change of appointment system.</p> <p>The Practice advertised the change of appointment system prior to implementation. Advertisements were placed in house and on the practice website. Leaflets were produced, detailing clinic days and times. Patients, local Pharmacists and District Nurses were also given leaflets to distribute to patients including housebound patients and carers. The agreed deadline for the implementation of new appointment system was August 2014. The practice experienced a slight delay in keeping with the timescale agreed; however the new appointment system was implemented in October 14.</p>	A new appointment system has now been implemented. The new appointment system offers a daily walk in clinic for each clinician. These clinics are run AM and PM. Patients can now see a GP in 48 hours. Feedback from patients has been positive.
Telephone Access	The Practice contacted NHS England IT department and informed them of	The telephone system has

	<p>the problems patients were experiencing when phoning the Practice. The Practice requested an increase to the Telephone line capacity to enable the telephone system to handle a bigger capacity of calls than the current system. NHS Brent monitored and analysed the telephones for a period of time. Feedback received from the analysis of the system reported that the queuing system was not working efficiently. This information was shared with patients at the PPG meeting. The Practice has now advertised in the surgery informing Patients to use the on-line internet service to book appointments and order prescriptions as this should reduce the volume of calls. Patients have been advised to any report any problems to the Practice Manager. Timescale set by the practice to achieve this action, was October 2014, conversely this was achieved in January 2015.</p>	<p>now been re-configured to enable calls to be held in a queuing system. Patients will report any problems to the Practice. The Practice will continue to monitor this.</p>
<p>Speak to a doctor on the phone</p>	<p>The Practice has now increased the number of telephone slots available for each clinical session. Telephone consultations are now available both AM and PM on a daily basis. This information has been publicised at PPG meeting and in house. Patients and Carers have also been verbally informed of this service. This was achieved in October 2014.</p>	<p>Patients now have the option of speaking to GP on a telephone about test results and other clinical matters, this has given working patients and carers access to a GP during working hours, thus freeing up face to face appointments that are offered as urgent appointments.</p>
<p>Reception area</p>	<p>The Practice has spoken to Ealing estates to enquire if funding can be obtained for further improvements which may help provide more privacy. In the interim the Practice has mark the flooring in the reception area, and patients are informed to wait behind the line. The practice has also placed notices in the reception area informing patients of the need to comply. Following on from comments received in the Practice, receptionist now ask patients to remain seated and come up to the reception desk one at a time. Notices have also been placed in the waiting area, informing patients to sit in the order in which they arrive. The Practice has received positive feedback from patients following this implementation.</p>	<p>Although this area still needs improvement, Patients now have slightly more privacy when speaking to a receptionist.</p>

Update on Action Plan from Previous Year 2013

A summary of the progress made with the 2012/13 action plan

You said	We did	The result is
See a GP in 48 hours	<p>The Practice increased the number of emergency appointments offered daily.</p> <p>This service was advertised and patients were informed of the need to utilise this service appropriately, and to cancel appointments if unable to attend.</p>	<p>An increase in emergency appointments resulted in less availability for patients who wanted advanced bookings.</p>
Telephone Access	<p>The practice submitted a request to the PCT to install a call queuing system informing patients that their call is in a queue.</p>	<p>The telephone system was configured to enable calls to be held in a queuing system but this resulted in calls being disconnected after a period of time.</p>
Reception area	<p>The Practice submitted an application to Ealing Estates for improvements to be made to the reception area.</p>	<p>Ealing Estates have completed renovations at the reception area. This has improved safety and increased capacity within the waiting area.</p>
Speak to a doctor on the phone	<p>The Practice appointment system was increased to allow telephone bookings on a daily basis for each.</p>	<p>As a result patients who wish to speak to a GP can now be booked for a telephone call.</p>

3. PPG Sign Off

Report signed off by PPG: YES /NO

Date of sign off: 30/3/15

How has the practice engaged with the PPG: The Practice has engaged with the PPG group using the following methods:

- Text messaging
- Email
- Telephone
- Face to Face
- Word of mouth
- Practice Website
- In House

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

The practice has made efforts to engage with seldom heard and hard to reach groups including minority groups by contacting them via telephone and text messaging. Housebound patients were contacted and the views collated and raised during the PRG meetings. Groups that were not well represented were mainly housebound patients and patients residing in Nursing home. Although staff from the Nursing home and Carers, were invited they were unable to attend. To ensure that their views were represented, housebound patients were contacted and the views collated and raised during the PRG meeting. Hard to reach groups and minority groups were also invited by telephone. Word of mouth is also used to engage with seldom heard groups.

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

Patient feedback is mainly obtained through patient surveys, PPG meetings, NHS choices and in house comments and complaints. Carers and housebound patients are also contacted via phone and face to face to obtain their feedback.

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

The priorities areas were discussed and agreed at the PPG meetings with patients and an agreement was reached to conduct the survey. Results of the survey and findings of the audit were discussed with the PPG and an action plan was agreed with patients at the PPG meetings.

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

The service offered to patient has improved due to the implementation of the new appointment system. Following on from the implementation of this service feedback obtained from patients, carers and housebound patients has been positive with patients stating that they are now able to obtain an appointment within 48 hours. Carers are also able to see a GP within 48 hours or speak to a GP of their choice on the telephone.

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

The practice will endeavour to engage with the PPG in relation to this area of work as obtaining feedback from patients is a valuable way of evaluating the service we provide. Although this area of work can be rather costly to the practice, It can also assist the practice in improving patient satisfaction.

Patient involvement has enhanced the relationship between the Practice and increased patient satisfaction. Results of which reflect in the Practice Survey. The Practice and patients now have a forum where both parties are able to address concerns and discuss mutual topics of interest. This offers offer the opportunity to communicate developments and discuss areas identified for improvements. The Practice will continue to update the website and continue using the text messaging system to cascade messages and improve communication with patients. This should enable patients to gain easy access to a wealth of information, ranging from access to services, health information and self-management of diseases.