

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: Corfton Road Surgery

Practice Code: E85123

Signed on behalf of practice: Susan Mercier (Practice Manager)

Date: 30/3/15

Signed on behalf of PPG:

Lyn Oliver

Date: 30/3/15.

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 Meetings and E-mail

Number of members of PPG: 48

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Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	3201	3068
PRG	22	27

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	993	462	1585	1284	804	527	368	263
PRG		2	3	11	8	12	8	5

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	258	38	0	2650	24	19	35	240
PRG	30	2	0	6	0	0	1	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	602	117	19	186	687	96	47	3	0	1229
PRG	2	1	0	1	4	0	1	0	0	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:

“Have Your Say” posters were placed at reception, the waiting room and on the website urging patients to join the group by filling in a contact form and making their views known. Patients were also approached directly informing them about the group and encouraging them to join. For patients who gave feedback whether negative or positive, we invited them to join the patient group, so they could be more directly involved in making a difference. Young people are often the hardest group to reach, as they are often very busy at college or university. We have managed to recruit 2 young people by approaching them directly. The Jayex screen in the waiting room invites patients to join the group. In addition we urge patients to join the group via Practice Newsletters which are on the website; laminated copies can also be found in the waiting room.

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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?

NO – Our practice population is mainly fairly affluent, white British and European and educated, which is well represented in the group

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

1. Review of patient feedback

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

- 1). The main source of feedback has come from the patient surveys which we have conducted every year. Each question had a comments box and we collated all these comments and discussed them with the patient group. These comments helped to form the action plans we have developed with the patient group over the past 3 years.
- 2). More recently we also have a comments box on the question we ask regarding the Friends and Family Test. These are collated in a report format and also shared with the group, though this is still in its infancy at the moment and we are still working on obtaining more replies from patients
- 3). We have a feedback form on our website, so patients can leave any comments or feedback they may have. These come into Dr Fragoyannis's e-mail box and are disseminated to the rest of the practice and if appropriate discussed at practice meetings.
- 4). We have a policy of always responding to any feedback received whether via the website or on NHS Choices.

How frequently were these reviewed with the PRG?

Every 6 months or at every patient meeting

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Action plan priority areas and implementation

Priority area 1

Description of priority area:

Better Communication between Practice and Patients.

From previous meetings it has often come to light about the very rapid changes happening in the NHS generally and specifically in GP surgeries. The practice is also experiencing many changes with new staff, new clinical software system, new GP registrars and new services etc. The patients feel they need to be better informed about what is going on in the surgery; that includes for patients that may not have a desire or time to be in the Patient Group. Sometimes complaints happen simply because patients either don't know or don't understand the system or processes in the surgery. For example they may not know that they can book appointments on-line or get their test results on-line, so they don't have to wait on the telephone to speak to a receptionist. Another example is weekend working and the extra appointments on offer during the Winter period due to the Winter Les, which need to be better advertised. We need to work towards rectifying this. It is not enough to just put up a notice or poster as they also felt that the amount of posters and notifications that were on the walls and notice boards were often confusing. It was hard to notice any of them because there were too many, so you couldn't "see the wood for the trees". Actions were agreed with the patient group to rectify these issues.

What actions were taken to address the priority?

- a) Regular (quarterly) Newsletters are now available in the waiting room and on the website
- b) All patients were texted to inform them that a new newsletter is available to see on the website
- c) All patients were sent a text to tell them that on-line access was available and they could get a user name and password from reception. In order to help cut down on the very large volume of telephone calls we receive.
- d) We organised all the posters and notices into categories with notice boards that were labelled and put into separate areas in the waiting room. They were labelled practice news, health information, community or general news, carer's news etc separately so they are clearer to see, notice and read. This was suggested by a patient group member and all agreed this was a good idea.

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

The result is a better understanding for the patients of how to access the surgery and a better understanding of how primary care works. There is now better communication between the patient and practice. A tidier waiting room with relevant and easier to read notices. Information is now cascaded to patients in a better and clearer way. The practice now always considers and makes it a priority to keep patients informed of changes. This is due to the rate of change that has taken place over the past few years, particularly with a change of partners and the changing NHS landscape; that it can be confusing for patients to understand and keep up with. Hopefully the actions we have taken as requested by the patient group, following many of their suggestions have helped to rectify this.

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Priority area 2

Description of priority area: [More Nurse Appointments](#)

We have received feedback about the lack of available nurse appointments. This becomes particularly critical when the nurse is on leave or if she is ill. Due to lack of space and budget constraints we are not able to offer a full time post, which makes it harder to recruit a practice nurse. Practice nurses are already in short supply

What actions were taken to address the priority?

We worked with another practice within our network to share and jointly train and mentor a nurse who could work across both our practices. This will work well when we have to anyway collaborate to offer out of hospital services with other practices in our network. We have jointly interviewed and selected a nurse, we have drawn up terms and conditions and she will be starting her induction on 30th March 2015 and will be working flexibly across both sites.

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

The results are and will be more available nurse appointments. This will also offer the benefit of a choice of nurse and more importantly also a greater choice of appointment times, as the second nurse will be working at times when the other nurse is not currently working. This will in addition minimise the impact on patients during the times when the current nurse is away, due to annual leave or illness. Locum nurses are usually found, but do not offer the same level of service as a permanent member of staff who knows the practice, its policies, patients and the team.

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Priority area 3

Description of priority area: Improve the clarity of the Practice Website

Improving the website has come up as an action many times, we have discussed with the group that we are working towards merging with another practice in the area. At that time there will be a whole new website to reflect the new organisation. However the patients felt that there was a lot that could be done to improve the website in the meantime. Especially following our agreement to improve Patient/Practice communication. Following patient feedback the actions taken were:

What actions were taken to address the priority?

- 1) We expanded the feedback section for patients to leave feedback and comments (which also helps us to achieve priority area 1)
- 2) We made the newsletter more easily visible and easier to navigate, we created a separate tab for important practice news items
- 3) We created and updated links to Health Information websites for common conditions
- 4) We updated the practice profile

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

These actions made the website easier to navigate for patients and carers. Patients were better informed of how to access not only services in the practice but also given information for better management of specific conditions via the health information links. Patients were better able to give feedback to the surgery directly through the website with the new enhanced feedback facility. Newsletters in the waiting room will inform patients to check the new and updated website; we have also informed people by sms to check the new look website.

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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):

There have been many issues raised from the patients over the past 3 years that the practice has taken action on. These include the following, but are not exhaustive. There are other actions that the patients requested which were not possible to achieve and these have not been included here, but the reasons for this were explained to the group; for example booking nurse appointments and emergency appointments on-line.

- 1) Set up a practice e-mail address for patients' comments, to send back contact forms and for change of address or telephone numbers. *(Completed and advertised on website 20th May 2011)*
- 2) Re-word the instructions for ordering repeat prescriptions on the website. *(The wording was changed to make it clearer. The repeat prescribing protocol was updated and discussed at the practice meeting 20/6/11)*
- 3) Write a policy regarding patients who repeatedly miss appointments and audit the number of appointments missed and advertise the results on the LCD screen on posters and on the web-site, to act as encouragement for patients to call and cancel their appointments if they cannot attend. *(Completed February 2012)*
- 4) Receptionists to use the term "urgent" when asking patients about emergency appointments and to always inform patients that they have the option of booking a telephone consultation. Receptionists should also always say their name when answering the phone. This should be advertised on the web-site and on the LCD screen. *(Completed February 2012)*
- 5) The ability to book appointments 4 weeks in advance, instead of only 2 weeks in advance and 6 weeks for the nurse. *(Completed February 2012)*
- 6) The position of the LCD Screen is poorly placed but cannot be on any other wall. To rearrange the furniture so the chairs are not underneath it, but the children's toy corner is underneath it instead. *(Completed January 2012)*
- 7) Planning of actively collating patient's e-mail addresses in order to e-mail patients invitations for flu vaccinations or NHS health checks etc. Ensuring we have as many up to date mobile phone numbers as possible in order to text reminders to patients regarding their appointments. *(Ongoing – for completion at the end of 2012)*

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Progress on previous years - continued

- 8) Set up expert Patient and Education Forums with network (*On-going started March 2015*)
- 9) Text Reminders of Appointments (*Completed July 2014*)
- 10) Name Badges and Identification of the Receptionists and clinical staff (*Completed March 2013*)
- 11) Patient Information re Minor Ailments on Website (*Completed April 2013*)
- 12) Parking Restrictions to be rescinded (*This is on-going*)
- 13) The doctors who run late the most will be given more relief slots but have their surgery time increased in order to counteract running late (*Completed Jan 2014*)
- 14) Patients who book travel appointments will be told that if they do not turn up for their appointment without giving us ample warning, they will not be able to book another travel appointment at the surgery (*Completed Jan 2014*)
- 15) The on-line booking facility should be more actively promoted and encouraged by the receptionists and doctors (*on-going*)
- 16) The side entrance for Dr Sukumaran's consulting room will be better lit and have some effective non slip matting outside (*total completion Feb 2015*)
- 17) The driveway to be repaired as there are too many loose stones causing a hazard (*completed April 2014*)

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PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: LYNN OLIVE 30/3/15

How has the practice engaged with the PPG: *the practice has been very positive & enthusiastic in hosting, facilitating and following up on meetings and encouraging the group to take a stronger and more pro active role*

How has the practice made efforts to engage with seldom heard groups in the practice population? *The practice invites feedback and encourages the whole population to be more included - both directly through conversations with individuals and more broadly through its various mediums of communication*

Has the practice received patient and carer feedback from a variety of sources? *I believe it does receive feedback - both from the PPG and I also see evidence of patterns of feedback that have reached the practice through direct patient comment.*

Was the PPG involved in the agreement of priority areas and the resulting action plan? *Yes - and these are renewed & re-prioritised at each meeting*

How has the service offered to patients and carers improved as a result of the implementation of the action plan? *As a patient I have noticed more & clearer communication generally & I am aware of the imminent improvements to nurse appointment availability.*

Do you have any other comments about the PPG or practice in relation to this area of work? *our PPG is in its infancy and I am sure its role will expand as the group matures - also as a result of the anticipated merge of practices in the near future. The group receives tremendous support from the Practice Partners & Practice Manager. The appointment of a new chair will possibly*

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lead to a renew of the PPG role and role.
Meetings are well supported by patient representatives

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