

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: North end Medical Centre

Practice Code: e85003

Signed on behalf of practice:  PAUL FERANSON Date: 18/03/2015

Signed on behalf of PPG: Mr. S. Mireskandari  Date: 23 March 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: meeting on 22/10/2014 and 23/02/2015 Email: regularly to feedback on minutes for meeting, 3 priority areas, progress against action plan, report back on any PRG members queries etc..
Number of members of PPG: 27

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<p>Detail the gender mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>48.70</td> <td>51.30</td> </tr> <tr> <td>PRG</td> <td>59.26</td> <td>40.74</td> </tr> </tbody> </table>	%	Male	Female	Practice	48.70	51.30	PRG	59.26	40.74	<p>Detail of age mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>2275</td> <td>1690</td> <td>6194</td> <td>3395</td> <td>2092</td> <td>1209</td> <td>763</td> <td>408</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>4</td> <td>3</td> <td>4</td> <td>5</td> <td>7</td> <td>4</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	2275	1690	6194	3395	2092	1209	763	408	PRG	0	0	4	3	4	5	7	4
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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	13%	1%	0%	47%	4%	3%	2%	4%
PRG	16	2				2		

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1%	0%	0%	2%	0%	10%	5%	0%	0%	8%
PRG	1					1	1	1		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:

- Enabled patients to become members when accessing our online system. A questionnaire has been set up, patients complete it and a member of our admin team adds them to our PRG.
- Forms were located in the reception area for patients to complete.
- Reception staff members have proactively approached patients at the front desk by handing them out the invitation to become a member of the group.
- The practice manager encouraged patients that have complained to join the PRG group



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- Approached (via reception) all the minor ethnic groups

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:

- Complaints received via our suggestions/complaint box located in the reception area and complaints received via email.
- Comments added to our NHS choices website

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How frequently were these reviewed with the PRG?

They were reviewed twice:

- On 22/10/2014 we met to discuss these with our PRG members so they could decide which areas we should try to improve on.
- On 23/02/2015 to review our action plan's results.

Please note: Both minutes are attached – along with PP presentation used during the meeting.

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Referral tracking System for urgent referrals was introduced as some had not reached their destination.</p>
<p>What actions <u>were</u> taken to address the priority?</p> <p>These were the actions proposed by our PRG members:</p> <ul style="list-style-type: none">• A text to be sent out to patients confirming that their referral has been sent.• Post the referral to patients so that they know where they have been referred to.• Give patients the phone number of the department where the person has been referred to so that each patient can then individually follow up. (During the meeting on 23rd Feb it was also suggested that we should include the email addresses for the departments, Dr Davison is getting this checked, she is contacting these departments to seek their approval) <p>These were the actions implemented by NEMC:</p> <ul style="list-style-type: none">• We have initiated a weekly audit of Urgent referrals with a failsafe check by Administration so that we can confirm that they have been received and are being acted upon. (this started in September 2014 but was improved in the 1st week of November)• Patients can ask for copies of their referrals to be printed out to them but this will have to be approved by a GP. This is to ensure that reception does not give out personal information on patients in case of error, data sensitivity issues or third party information contained therein. Already in place.• We have elaborated a hand out (with phone numbers) for patients so that they can contact the different hospital appointments offices. This hand

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out should be given to the patients either by the referring GP or by reception. If a patient has not been allocated an appointment after 2 – 3 weeks of being referred then this office can be contacted. Hand out was given to patients from Monday 08/12/2014.

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

We have not received any more complaints about referrals that have got lost. The tracking system for urgent referrals is reviewed on a daily basis and any lost referrals are retransmitted to the secondary care.

The action plan is publicised on our web site and a printed document is pinned to the wall opposite reception.

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Priority area 2

Description of priority area: Appointments

Patients felt that accessing and obtaining an appointment was not as easy as it could be.

What actions were taken to address the priority?

These were the actions proposed by our PRG members:

- NEMC needs to inform our patients how our appointment system works.
- More appointments should be made available online. At the time of the PRG meeting there were only 2 appointments available per patient.
- None of the following clinics are available to book online: diabetic, smoking cessation, or Dr Mummery's appointments. It would be useful if they all were.

These were the actions implemented by NEMC:

- We have elaborated a hand out for patients which explains how our appointment system works. It is available to pick up from reception and it was also posted on to our website on 15th of December 2014.
- 6 appointments are now available to be booked online per patient.
- Unfortunately clinics with a special interest such as Dr Mummery's diabetic clinic and the Smoking Cessation Advice can't be available online because it has happened in the past that patients often book for specialty clinic when really only a routine GP appointment was needed. (despite this being noted on our online booking system)

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

We received 25% fewer complaints as a consequence of our publicising how our appointment system works. We published this on the web site and we hand out leaflets for patients. Staff are also primed to explain the appointments system, e.g. the person handling pathology queries always now explains the appointments system, even when leaving a message. As a consequence of PRG group we also increased the appointments that are bookable on line, and split the release of appointments into two groups – one early in the morning, and another batch became available at 14:00.

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Priority area 3

Description of priority area: Reception

Customer Service

What actions were taken to address the priority?

These were the actions proposed by our PRG members:

- When a large queue is developing, one receptionist could individually target patients and show them how to book themselves in via our touch in screens. This would alleviate the queue's length and also teach patients.
- To place an electronic display saying "did you know you can book yourself in by using the touchscreens?"
- In several occasions there is only one receptionist at the front desk whilst they are several receptionists in the back room, patients notice this, so maybe closing the door that communicates the back of reception to the front desk might be a good idea.
- NEMC could dedicate a 3rd person at the front desk exclusively to hand out and accept registration forms.

These were the actions implemented by NEMC:

- During peak times, one receptionist is assisting patients in the queue and explaining how to book themselves in via the touchscreen. - Implemented on Monday 15th December 2014
- Currently due to financial constraints NEMC can't afford to purchase this display, but this will be re considered in the next financial year.
- The door that separates reception's front desk from the back should always remain open so that our reception staff at the front desk can be always assisted by their colleagues.

With our current reception staff numbers we can't dedicate a 3rd person exclusively for registrations. For the time being we will ask a member of reception to assist patients in the queue, this will probably ease waiting times. However if this does not help then we can re consider offering this service at certain times during the day.

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

Unfortunately we have received more complaints about our reception team and we are seeking to book all reception staff on a customer care course. We think that there are some techniques that can be adopted that would help defuse difficult situations. Indeed, our PRG group came with this suggestion as one of the PRG members worked in this area and is considered as an expert in the field.

The action plan is publicised on our web site and a printed document is pinned to the wall opposite reception.

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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):

Firstly we think that having a PRG has been a benefit as it has provided us with invaluable feedback on what are the priorities for the patients (this differing somewhat from our own perceptions).

The new telephone system has been a boon and has really made a difference to our ability to answer calls. Typically we handle about 750 calls a day! However it has not been a "smooth road" as we had to augment call handlers when calls are not answered quickly enough by the reception team.

Email consultations has provided about half a GP session a week. Telephone consultations has provided about the same additional capacity with the need for more GP time. Moreover, the staff who handle the email consultations pick out messages that can be handled by other members of the practice team, and this equates to saving a further half GP session a week.

We have introduced pathology results query line (manned by administrative staff) via the new telephone system and this handles about ten results queries a day which again reduces the burden on GP appointments.

All in all we are pleased with our PRG work and proud of our achievements.

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4. PPG Sign Off

Report signed off by PPG: Mr. S. Mireskandari NHS no



Date of sign off: 23 March 2015

How has the practice engaged with the PPG:

Yes, Please see pages 1 to 4 for details.

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?

Yes, Please see pages 5 to 10 for details.

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

Please see page 11 for details.

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

NEMC has a safe, clean and patient-friendly environment, and all its staff are always looking to enhance their services and operations within the given constraints.

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