

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: Derry Downs Surgery

Practice Code: G84005

Signed on behalf of practice: Dr Amrit Bindra



Date: 27/03/2015

Signed on behalf of PPG: David Milverton



Date: 27/03/2015

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

Does the Practice have a PPG? <u>YES</u>											
Method(s) of engagement with PPG: Face to face, Email, Other (please specify)											
Face to face meetings, Emails, Texts and by phone.											
Number of members of PPG: 14											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female									
Practice	2628	2825	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	7	7	Practice	1097	567	631	651	802	561	598	546
			PRG				1	2	5	3	3

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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	3430	20	0	140	46	93	30	12
PRG	10			1				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	29	11	15	1	23	50	10	8	1	1529
PRG						1	1		1	

Describe steps taken to ensure that the PRG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

We actively publicise and invite new group members via notices on the dedicated Practice notice board “Patient Representative Group” (PRG) and also via posters in the waiting room. New members are also invited via the Surgery website www.derrydownnsurgery.co.uk. Our focus is on all sections of the practice population to make the PRG diverse and fully representative of the practice population. We use all possible opportunities to inform and invite new members at the time of any group meetings such as Saturday Flu clinics and Smoking cessation group clinics.

We inform the housebound patients about PRG when we go for home visits. Dr Bindra is VMO of the Apsley Court (an Extra Care Housing Care Home in Orpington). He has informed its staff about the PRG and encouraged them to inform patient’s relatives and carers of the practice patients. The section of people who seldom contact practice are informed through a follow up phone calls after receiving NHS Health check letters. The travellers groups are informed via patients of that group who attend Surgery for consultation

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with a doctor, nurse or health care assistant.

The digital signage system (TV) in the waiting room is also used for promoting PRG. We have recently added a section on our registration form to make new patients aware of our PRG and offer invitation to join the group. Our reception staff and clinicians also inform and invite patients opportunistically. Some of the local pharmacists assist us in promoting our PRG and encourage our registered patients to join the PRG.

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:

Throughout the year we review feedbacks from multiple sources which include quarterly PRG meetings, written and verbal individual feedback from patients and their carers, the NHS Choices, complaints and compliments and suggestions from patients.

Following recommendations from the NHS England, we introduced Family and Friends Test (FFT) for our practice population in January 2015. This is an additional useful tool for feedback on daily basis. The FFT results are reviewed every month and data is submitted to the NHS England and is published on the NHS Choices website.

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The practice regularly conducts a comprehensive “Annual Patient Survey” for patient feedback. A total of 130 patients participated in this year’s survey which was completed in February 2015. The survey data was collected, collated and analysed by an independent company “CFEP UK Survey”. The survey results have been published on the practice website www.derrydownssurgery.co.uk. The results are also displayed on the PRG noticeboard and are available at the reception desk of the Surgery.

How frequently were these reviewed with the PRG?

The PRG met face to face four times during the year 2014 on 24th June, 19th September, and 18th December and on 10th March 2015. The feedback and survey results were reviewed and discussed at these quarterly PRG meetings.

Action plan priority areas and implementation

Priority area 1

Description of priority area:

“**Waiting time in the Surgery**” – The annual survey showed an improvement from 37% to 45% this year.

Some improvements have been made since the last survey and it appears that the systems put in place since last year have been effective. However, this priority still requires further improvement as the practice is still not near the national benchmark and some individual feedbacks suggest review of the current system.

What actions were taken to address the priority?

This priority was discussed with PRG members for suggestions and recommendations. The members voiced that they wanted reception staff to update patients at regular intervals if the GPs are running late. The reception staff have been advised to inform patients if a GP is running more than 30 minutes late.

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PRG members were informed that practice has made arrangements for double appointments for some patients who needed extra time with the GP's. This group included patients with complex needs and elderly patients.

All GP's have been given "catch up time" in their appointment templates for minimising the waiting in the Surgery.

It was mentioned to PRG members that telephone calls from various sources interrupt efficient functioning of the GP on call and it prolongs waiting time for patients. The practice has introduced slots for telephone triage appointments. The reception staff have been instructed to forward only important and urgent telephone calls to GP on call.

The Surgery has a new telephone system which allows direct call forwarding of some calls with prescription queries to the prescription supervisor.

In the last PRG meeting an issue of offering "one appointment for one complaint" per patient was raised by a PPG member. This suggestion is being considered for implementation.

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

The above changes have shown some impact and it is hoped that it would continue to improve. The reception staff have been advised to inform patients if a GP is running more than 30 minutes late.

The double appointments for patients with complex needs and elderly patient are certainly helpful. We are publicising it through a poster in the waiting room and through our reception and clinical staff. We will also promote it through practice leaflet, TV in the waiting room and via Surgery website.

The inclusion of "Catch Up" time has shown some impact. The streamlining of the telephone calls appears to be effective and it is hoped that this would further reduce waiting time.

Priority area 2

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Description of priority area:

Telephone access – Though the annual survey results showed improvement from 35% to 47% this year but it is still below the national benchmark and the practice still receives individual complaints for long waiting on the phone. Telephone access has been an ongoing problem encountered by the patients for a long period. The Surgery has six telephone lines and a big capability for queuing on the system.

What actions were taken to address the priority?

We have installed a new modern digital telephone system in July 2014 and the system has capability to directly forward calls to prescription supervisor and other staff. It has a queuing system which prevents patients from redialling the Surgery number.

Online appointments have been made available for some appointments 4 weeks in advance and some appointments on the same day. We are in the process of reviewing these appointments and plan to offer more same day appointments.

Online access for requesting repeat prescription is also available.

Reception staff has been instructed to stagger non urgent phone calls relating to administrative queries, pathology results, and prescriptions during the peak hours in the morning.

We are evaluating installation of automated arrivals and self-checking in system on suggestion from a PRG member.

For more efficient and timely access during the peak hours in the morning, we are considering having three staff members to answer the phone during peak hours. Currently we are assessing the volume of calls and considering more efficiency measures.

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

Introduction of new modern telephone system has shown a positive impact and patients have reported an improvement in telephone access. It is hoped that other new changes would further help to improve telephone access and patient satisfaction. However, some patients still find it difficult to have access during the peak hours in the morning and in the afternoon. In order to

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address this issue we are considering having three staff members to answer the phone in the morning during the peak hours.

The Online booking and Online repeat prescription ordering has shown impact on telephone access. We are publicising it on the Surgery website and on a poster in the waiting room.

The staggering of phone calls for the routine enquiries for referrals, prescriptions and pathology results have also been effective in improving telephone access. This is publicised in the practice leaflet and on the Surgery website. The reception staff have been advised to promote it when patients contact them.

The self-checking system is expected to free up reception staff time to answer phone and improve efficiency.

The additional third staff member to answer phone during the peak hours would also improve telephone access and reduce queuing on the telephone system.

All these measures are publicised in the waiting room and via the reception and clinical staff.

Priority area 3

Description of priority area:

Appointments – The patient survey showed significant improvement from 51% to 65%. This is consistent with higher patient satisfaction with the current appointment system. Despite improvement we still have unsatisfactory individual feedbacks. The PRG members agreed for discussion and offered suggestions.

What actions were taken to address the priority?

The appointment system is regularly reviewed by administration manager in order to make it more flexible and to suit the needs of the patient population of the Surgery. We are offering bookable appointments 4 weeks in advance. It used to be two weeks in

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advance in the past.

Following the assessment and need, the same day appointments have been increased. On Wednesday morning clinics are “Open Day” which means patients have easy access to same day appointments if they cannot get an appointment on other days. Over the Bank holidays we offer same days appointments two days before and two days after the bank holidays in order to meet the demand.

To improve bookable appointments, now some appointments with locums can be booked in advance.

The practice also offers extended hour clinics on Monday and Thursday which is additional 14 appointments per week. The practice nurse also runs the extended hour clinics. These appointments are offered in advance and on priority basis to patients who cannot attend surgery during the day.

Online appointments are available 4 weeks in advance and some appointments are bookable on the same day.

Reception staff is given guidance on telephone triaging of patients with emphasis on offering choices to patients for either, face to face appointments or telephone triage with a doctor or a nurse.

The practice also participated in the “Winter Resilience Scheme” in order to offer more appointments and reduce A&E attendance by the patients of the Surgery.

In order to provide appropriate appointment and create more efficiency, we are considering telephone triage training of the reception staff.

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

As evidenced by survey and some individual feedbacks, it appears the current appointment system is working well. It is hoped that by giving patients more choices of face to face and telephone triage, the availability of appointments would further improve.

Feedback for the same day and bookable appointments 4 weeks in advance has been very encouraging. It is publicised through the reception staff and by posters in the waiting room.

The same day appointment around Bank holidays and on Wednesday is working well. It is publicised a week before the bank holidays and poster are displayed on the main entrance door and in the waiting room. This is also displayed on the Surgery

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website.

More patients are accessing online booking and they find it is convenient and offers them choice. This is publicised on the surgery website and poster display in the Surgery waiting room.

Telephone triaging by reception staff and offer choices for either, face to face appointments or telephone triage with a doctor or a nurse is progressing well but it requires further training of the reception staff.

The “Winter Resilience Scheme” also worked well and it is difficult to estimate if it reduced A&E attendance. This scheme was advertised on the surgery website and by a poster displayed in the waiting room.

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):

1. **Telephone access:** Introduction of new telephone system, Introduction of Digital Signage System - to free up receptionist time for improving telephone access ,
Option of online booking appointments and ordering prescriptions, Electronic Prescription System
2. **Waiting time in surgery to see clinician** – Offering double appointments for complex problems, reception staff informing patients about doctors running late by 30 minutes, Introduction of “catch up” time for all GP’s on their appointment template, telephone triage template.
3. **Seeing practitioner of choice** - Recruitment of permanent doctors - now three permanent doctors at the surgery, Telephone triage by the GP’s of choice.
4. **Improving comfort in waiting room** - Introduction of new chairs to improve ambience and comfort in the waiting room, TV with digital signage and medical information video, new lockable notice board for patient’s information and advertising surgery services.
5. **Antiseptic Hand gel dispensers in waiting room for prevention of infection transmission.**

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PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: 27.3.2015

How has the practice engaged with the PRG:

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

We used all possible opportunities to inform and invite new members at the time of any group meetings like Saturday Flu clinics and Smoking cessation group clinics which were held at the Surgery in May, September and October 2014.

We also inform the housebound patients about PRG when doctors do home visits.

Dr Bindra is a VMO for the Apsley Court (Extra Care Housing Care Home in Orpington). He has informed its staff about the PRG and encouraged them to inform patient's relatives and carers.

Other section of people who seldom contact practice are informed through a follow up phone calls after they receive NHS Health check letters or LTC check reminder letter from the Surgery

The travellers groups are informed through patients who attend Surgery for consultation with a doctor, nurse or health care assistant.

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

The practice received feedback from multiple sources throughout the year and it includes quarterly PRG meetings, written and verbal individual feedback from patients and their carers, the NHS Choices, complaints and compliments and suggestions from patients.

Since January 2015, the practice is getting feedback from the Family and Friends Test (FFT).

CFEP UK Survey” “Annual Patient Survey” for patient feedback was completed in February 2015. A total of 130 patients participated in this year’s survey.

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

Yes – the priorities were discussed with PRG members at the face to face PRG meetings and they agreed with all action plans.

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

This is evidenced by improvement in the survey results.

“Waiting time in the Surgery” – The annual survey showed an improvement from 37% to 45% this year.

Telephone access – Though the annual survey results showed improvement from 35% to 47% this year

Appointments – The patient survey showed significant improvement from 51% to 65%.

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

It is difficult to recruit new PRG members especially from diverse group of patient population despite robust publicity in the waiting room and on Surgery website and face to face explaining to patients about the role of PRG to help with improvement of the practice services.

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The CCG should help practices to incentivise participant members to join the PRG.

The introduction of FFT is a very good tool for the feedback. It offers patients opportunities to identify specific areas for improvement. This also provides a robust discussion at the PRG meetings.

Our practice has installed a dedicated PRG noticeboard for displaying “PRG” information.

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