

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: THE SURGERY

Practice Code: E85099



Signed on behalf of practice:

Date: 25 Mar 15



JULIAN GALPIN
AVENUE SURGERY
PPET MEMBER

Signed on behalf of PPG:

Date: 27 Mar 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)

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Face to face in meetings
Text messaging
Email
Network PPG meetings
Practice Blog and Facebook

Number of members of PPG: **10**

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	1473	1532
PRG	4 – 0.27%	6 – 0.39%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	494	227	698	546	465	258	170	147
PRG	0	0	0	1	6	1	2	0

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	787	19	2	701	0	0	0	1
PRG	8	0	0	0	0	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	85	16	1	29	37	118	37	11	1	
PRG	0	0	0	0	2	0	0	0	0	0

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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:

We feel that our PPG is representative of our practice population. We have a good mix of male and female. We have one patient who has a learning disability and is a great representation of this group of patients in our practice and we are happy with the age mix too. We took different steps to ensure that our PPG was a good representation. We email all our patients on our mailing list inviting them to join our group each year. We now use the text message system to send invites to patients including new patients registered with us, to join our group if interested. We have had blogs published on our Facebook pages about the importance of PPGs and asking patients to join. Above all our GP partners have been very proactive and if they have felt, during consultations, that a patient would be a prospective addition to our group, they would give them information about the PPG and follow up 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?

NO

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

Not applicable

2. Review of patient feedback

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

Friends and Family tests

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Patient Survey
Complaints or compliment cards or letters
Ealing CCG patient surveys during the winter clinics
CQC visit held on 20 Jan 2015

How frequently were these reviewed with the PRG?

These were shared via the practice Blog, Facebook pages and during the meetings with the PRG. Also emails were sent to the PRG frequently.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: **COMMUNICATION METHODS**

We wanted to know what the best methods were to contact patients to keep them up to date with all the current information regarding activities in the Ealing CCG, in the NHS and within the practice itself. We asked patients about this in the survey as well as asked patients when they came in to the surgery and looked at comments handed in about communication, both positive and negative.

What actions were taken to address the priority?

We changed our IT clinical system to one that handles patient communication in a more robust way. We are now able to send patient text messages for any patient information e.g. changes in surgery times, extra clinics, closures in surgery, updates etc. We are also able to send emails to our patients directly via this system but also have been building up a mailing list that we use to send important information.

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The senior partner has started a blog over the year which is available on our website too. Patients can go onto this blog and get up to date information on the latest activities in the surgery, the CCG and the NHS as well as useful medical information. We have started getting consent from patients to be able to send them text messages and have also started asking patients to give their up to date mobile numbers and emails addresses to ensure they will be getting the information via our improved communication methods.

Patients are also able to register for online services with our IT system and they can communicate with us through that method by asking us questions or requesting repeat scripts.

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

This has been publicised on our Facebook page, our blog is on our website and each blog that is published is shared on the Facebook pages too. Our patients have loved reading the blog and we have had such wonderful positive comments about this over the past year. This has also been a topic of conversation in our PPG meetings where the blogs have had such an impact on our patients.

The patients find the text messaging system very useful. They get reminders for their appointments and if they don't attend a booked appointment, they also get a message. They get text confirmations when they book their appointments too. They find the fact that we are able to get in touch with them so easily and promptly via the text helpful because they are not always able to answer their phone.

The patients are also able to communicate via our website by email or the contact form which they find very useful as they can have their queries dealt with promptly.

We have also got the numbers of our carers and we send them updates via text messages or email or notifications of any carer support meetings etc. They have commented on how helpful this has been for them as reminders to attend certain events or bring patients into the clinic for certain checks.

Basically by improving our communication method we have opened a two way dialogue between ourselves and the patients to ensure that we are accessible whenever possible and that we can inform them of everything as much as possible too and we have used the new technology advancements to do this.

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Priority area 2

Description of priority area: TRAVEL CLINICS AND IMMUNISATIONS

We have had a few issues with our travel immunisations and travel clinics as we were not sure whether there was a demand for this service or whether this is a service we wanted to supply. We discussed this with our PPG members and staff and also obtained views about this from our patient survey and we saw that there was a demand for this. We had a few complaints for patients too when we stopped this service for a while and we discussed this with our PPG members in one of our meetings. There were further concerns due to the problems we had in loss of revenue, when we had two separate electric power cuts, and lost our vaccines twice. We discussed this significant event with our PPG members too. However the demand for the service was there. We decided to rethink our options on this and put this in as a priority area for this year.

What actions were taken to address the priority?

First of all we changed our alarm system to connect it to our fridges so if there was ever a power cut on a weekend, as we had had before, the senior partners would get an alert and the surgery alarm system would be activated. This meant that we had more confidence in keeping the fridges stocked with the travel vaccines without the fear of them getting ruined.

We discussed the options with our practice nurse about travel clinics for patients and it was decided that we are too small a practice to have set clinics per week for this area. Therefore it was decided that we would start offering the service again with booked appointments with the nurse when available.

We looked into the various external private travel vaccinations providers too and have put their links on our website so patients can go there in case they cannot get an appointment with us.

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

This has been publicised using our usual methods of texting patients to inform them that the travel appointments have become available again after the short hiatus and we have put this on our Facebook pages too.

The result of the actions has been positive as we have had less complaints and confrontations at reception desk from patients demanding appointments for their travel jobs. We have quite a few patients who travel a lot and were very pleased that they did not have to go out to other travel clinics and pay heavy prices for vaccines that they could get on the NHS. Also it provides convenience and continuity of care for patients to come to their surgery so this change has had a positive impact.

Priority area 3

Description of priority area: APPOINTMENTS and PATIENT KNOWLEDGE OF OUR SYSTEM

Appointments have always been one of those areas which is a controversial issue in a GP practice. However in view of the current press and news that states GPs are not doing enough to give their patients appointments, we felt that we needed to address this and ask our patients views on this. We needed to know if they were happy to wait for long waiting times in our current surgeries and also we needed to know if they were aware of all the various types of appointments and clinics they could book for.

What actions were taken to address the priority?

Through patient survey and patient feedback as well as analysing some complaints from patients about appointments, we came to the conclusion that the open surgery system in the mornings that we have in place at present was going to stay. We decided that we were not going to reinvent the wheel and we felt that it was a practice and patient decision jointly to decide to keep the morning open appointments and open surgery as they were.

However we needed to address the problem with the patient's lack of knowledge about our various appointments and clinics. We have therefore put this on a leaflet and kept in the waiting room for patients to keep. We have put this on our blog too and our

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Facebook page as well so patients are notified of all the various types of choices they have to make appointments and the different clinics available to them.

We have also activated our online system and patients are now able to book their appointments online too.

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

The PPG members were very pleased at the decision we made to keep our open surgery the way it is as are the rest of our patients. We put a note on our Facebook page and texted all the patients too to let them know that the open surgery will remain.

We feel that our patients have benefited from open surgery as they are guaranteed to see a GP on that very day. This also reduces the level of patients going to accident and emergency because they know they will be seen in open surgery. This has resulted in keeping the confidence of patients in our system.

Our patients have also benefited from our actions in informing them about our various appointments e.g. the Wed evening, the telephone consultations, the home visits, the morning commuter surgery, the special health check clinics etc. as they now have a choice available to them which had always been there, but that knowledge had not been clearly imparted to our patients or our carers.

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):

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We have bulleted the points of issues and progresses made in previous years and what we have achieved from our PPG in the past years:

- Introduced the advanced booking appointment system for commuters with GPs before open surgery every morning
- Introduced extra emergency slots for small babies and children under 5 years in our open surgery
- Redecorated the surgery waiting room, the HCA room, the GPs rooms, the toilets and designed a new toilet for disabled patients.
- Allowed patients to take part in training events if offered e.g. basic life support with the surgery staff
- Introduced a new IT clinical system
- Educated patients on the use of accident and emergencies and medication wastage
- Introduced Facebook and blog
- Had a very positive CQC visit due to discussions with our PPG about this over the years

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4. PPG Sign Off

Report signed off by PPG:

YES – the PPG members were contacted by email and responses were collated. We also spoke to some members as they came into the surgery or by phone and have added the comments below. They have approved the report and our senior member of the group has signed the report on behalf of the PPG after approval.

Date of sign off: 26 Mar 15

How has the practice engaged with the PPG:

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

Through emails and meetings at the surgery. There has been an introduction now for the use of text messages.

The GPs are certainly aware of the need to hear from these groups and efforts are being made to address the issue, but I am not sure how successful they have been. There have been publications of the blog written by one of the senior GPs which holds a lot of useful and helpful information.

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

Yes through surveys in house and comment cards eg friends and family test. This has been discussed at our meetings in the surgery and we always have a copy of each survey completed. There have also been discussions of the complaints in the surgery at our PPG meetings for example in the one held in February this year.

This matter has been discussed at PPG meetings, and various survey questionnaires have been sent out, but getting representative feedback from all patient/carers sectors is probably not that easy

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

Yes at all times

The PPG was involved in allocation of priorities for the action plan – discussed in detail at the PPG meetings

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

I think that appointment/waiting time issues are improved, and there have been improvements to the fabric of the surgery. Use of neighbouring practices for services not provided at the Avenue Surgery has increased and we are able to access appointments in for travel immunisations too. There has been the introduction of online services to register for and text messaging is also being greatly used with good effect.

There was also a CQC visit in Jan 15 and the feedback of this was quite positive especially related to the changes and improvements the surgery has made.

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

The practice goes out its way to inform and help all its patients through a very accessible walk in open surgery together with a variety of designated appointment times. We regularly receive very interesting and informative blogs. There is a good notice board and very helpful and friendly receptionists. The practice also provides, when necessary zone parking permits and now uses the PlusBus service for patients unable to travel to and from the surgery on their own.

I still think that the PPG members are not truly representative of the practice patients as a whole, but I know that this is not an easy problem to fix.

There has recently been involvement with the network and the first meeting was held on 11 March with other practices and their patient representatives in our local network. This is going to be a regular event and we hope that this will enhance our own patient group.

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