

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 Cedar Brook Practice

Practice Code: E86029

Signed on behalf of practice: Julie Wheatley

Date: 30/3/15

Signed on behalf of PPG: See final page of this document

Date: See final
page of this document

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) Virtual group - by e-mail or post.											
Number of members of PPG: 27											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	49%	51%	Practice	26%	12%	15%	14%	14%	9%	5%	5%
PRG	19%	81%	PRG	NIL	11%	7%	11%	30%	22%	19%	NIL

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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	Not Known or stated
Practice	31%	1%	0%	4%	0.5%	0.5%	0.5%	1%	33%
PRG	82%	7%			4%				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	6.5%	7%	0%	0%	2%	3%	1.5%	2%	0%	6.5%
PRG		7%								

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 are very pleased to have members from a variety of age groups, although male patients have proved harder to recruit. The group also includes a carer. Our practice patient list is predominately British which is reflected in our group and we encourage patients from under represented demographic groups to join through advertisements/articles in the surgery, practice newsletter, website and in the new patient questionnaire. We are very keen for patients from non-british ethnic groups to be involved and the Dr's actively encourage this during their consultations.

Going forward we plan to attach flyers to prescriptions that are collected by the patients.

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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

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:

NHS choices/Friends and family test/comments from the website/comments in our suggestions box and complaints.

How frequently were these reviewed with the PRG?

The PPG consensus agreed in December 2014 was to review feedback every four months. The feedback from 1st April 2014 to 31st January 2015 was sent to them in February 2015.

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3. Action plan priority areas and implementation

Priority area 1
Description of priority area: Availability of routine appointments
What actions <u>were</u> taken to address the priority? <ol style="list-style-type: none">1) Employed a new doctor to replace the sessions previously proved by locum (temporary) doctors. This was to provide stability for the patients and continuity of care.2) Started a parenting course to provide patient education and give parents the confidence to deal with their child's minor ailments without the need for an appointment.3) Provided an alternative to a face to face contact by increasing the number of telephone appointments for matters that could be dealt with over the phone instead.
Result of actions and impact on patients and carers (including how publicised): <ol style="list-style-type: none">1) The new Doctor started with the practice on 19th March 2015 and we have increased the number of routine appointments on offer by 18 per week (828 over a year).The arrival of the new Dr was detailed in our practice newsletter.2) The parents involved in the course have already been using their new found skills/confidence to treat their child/children at home. Our course was advertised extensively throughout the surgery and feedback from the parents has been extremely positive. The group have decided that they will continue to meet at the surgery, even after the course has finished.

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3) Patients and their carers are now offered a telephone consultation with the doctor if they feel their matter can be dealt with over the phone instead. In the last 12 months the doctor's have dealt with an extra 1000 telephone consultations.

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Priority area 2
Description of priority area: Telephone not being answered
What actions <u>were</u> taken to address the priority? 1) Employed extra reception staff and reviewed hours to ensure that we now have 4 people employed to cover first thing in the morning and last thing at night, when the phones tend to be very busy. 2) The telephone company were consulted to review our current arrangements – we have 10 incoming lines but not 10 people to answer them. 3) Encouraged use of our website to book routine appointments online instead.
Result of actions and impact on patients and carers (including how publicised): 1) Have more flexibility now within the reception team and have people in at the right times of day to answer the calls. 2) Phone co has advised we cannot reduce the number of lines so now need to look at alternatives – maybe a new phone system? 3) The receptionists are actively encouraging patients to book routine appointments online, when it can be done at their convenience. There is also a regular article in our patient newsletter advocating this.

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Priority area 3
<p>Description of priority area:</p> <p>Improve customer service in reception</p>
<p>What actions <u>were</u> taken to address the priority?</p> <p>All new and existing reception staff have been booked onto a course entitled “Improving patient care at reception”. The course involves working with actors to review customer service priorities and explore challenging situations they may encounter at the reception desk.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>These courses are being run in April, May and June 2015.</p> <p>We have had 4 new receptionists join in the last 6 months and this will give them and the rest of the team the opportunity to have some protected learning time away from the practice. We have found this difficult to provide in the past, due to pressure of work.</p>

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PRIORITY AREAS 1,2 and 3

This year as in previous years the findings/actions listed in this report will be published on our website and in the practice newsletter. There is also a regular section in the newsletter where the Practice Manager responds to suggestions from patients.

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) The local Councillor has been out to discuss traffic calming measures in Kingshill Avenue following receipt of our petition. He has arranged a meeting with all local agencies to discuss introduction of either speed bumps or an illuminated speed sign which tells motorists if they are exceeding the speed limit.
- 2) Trial of Walk in clinic for emergency appointments – this is still being considered.
- 3) Monthly audit of waiting times (after scheduled appointment time) to ensure these are kept to a minimum – Last year (April 14 – Mar 15) showed a drop to 11 mins (12/13 mins in previous years)
- 4) Routine appointments – This is under constant review (see above as it is still part of our action plan) as we continue to juggle existing resources with increased patient demand. With the current national shortage of Gp's it has taken from June 2014 to January 2015 to find a suitable Gp to employ at the practice.
- 5) Provision of more services in house – We now have a Familial Hypercholesterolaemia clinic and community dermatology clinic at the practice.
- 6) Produce a list of days the doctor's work – these are now up in both patient waiting rooms.

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4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: ES 28/2/15 DC 1/3/15 AM 1/3/15 JE 23/2/15 HD 22/2/15 MH 22/2/15 MC 25/2/15 SS 24/2/15 JM 21/2/15
JD 23/2/15 SM 23/2/15 RC 21/2/15 - Initials provided to protect patient confidentiality.

How has the practice engaged with the PPG:

Via e-mail/post

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

Through direct invitation by the gp's and newsletter/website/new patient questionnaire.

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

Yes – NHS choices/friends and family test/comments from the website/comments in our suggestions box and complaints.

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

Yes the PPG was fully involved in all aspects of agreeing the priority areas and resulting action plan.

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

1) New doctor employed to provide stability and continuity of care.

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- 2) Extra 828 routine appointments now available per year to be booked by patients/carers.
- 3) Extra 1000 telephone appointments available per year to be booked by patients/carers.
- 4) Parenting course established which has proved very popular.
- 5) More receptionists employed to help deal with increasing volume of telephone calls.
- 6) Planned external training of reception staff which will improve knowledge/confidence for the benefit of patients/carers.

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

The PPG's assistance on the agreement of priority areas and action plans has proved vital to the practice. They would also now like us to look at the following:

- 1) Provision of more weekend and evening appointments.
- 2) Uncertainty of on line prescription ordering when a review is due with the dr
- 3) More parking
- 4) Noise levels from other patients in the waiting rooms

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