Annex D: Standard Reporting Template

London Region North West Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: The Mountwood Surgery

Practice Code: E86001

Signed on behalf of practice:	Gillian Tobin	EITER-	Date: 11.03.2015
Signed on behalf of PPG:	Pam Grimwade	P.D. grimwode	Date: 11.03.2015

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

Does ti	ne Practice have a P	PG? YES										
	l of engagement with o Face – Monthly m		, Email, Other (please I Telephone	specify)								
Numbe	r of members of PP	G: 16 (Open to all pa	atients)									
Detail t	he gender mix of pra	actice population and	d PPG:	Detail of age	mix of p	ractice po	pulation a	and PPG:				
l ſ	%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
	Practice	5368	5706	Practice	2035	907	1422	1546	1694	1413	1084	973
[PRG	5	11	PRG	0	0	0	0	0	1	8	7

Detail the ethnic background	d of your	practice	population	and	PRG:
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	White			Mixed/ multiple ethnic groups				
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	4375	130	0	1410	25	53	70	151
PRG	12	1	0	1	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	2599	233	5	105	797	124	53	47	30	5
PRG	2	0	0	0	0	0	0	0	0	0

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 have raised awareness of the PPG to recruit new members as below

We have held 2 PPG awareness weeks within the practice; we advertise on posters within practice and have a dedicated page on the website.

Our PPG have a presence at every Flu clinic.

Practice raffles and bring and buy sales (run by PPG members) have given patients the opportunity to join the PPG and obtain more information.

Our GPs and Practice Manager speak to patients opportunistically and invite them to join the PPG

Dr Kant has conducted several evening presentations for all patients regarding health issues. These talks are instigated by the PPG to encourage new members to join.

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? YES/NO <u>No</u>

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

We would like to have a more diverse group. We realise that many patients are busy and may not be able to attend the

monthly meetings which are during the daytime, but the current members do not want to meet in the evenings. We have set up a dedicated e-mail address for patient feedback We have a suggestion box in the waiting room

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year: The sources of feedback reviewed included: Personal experience from our PPG members and patients they have spoken to. Complaints and praise received by the practice Suggestions from patients placed in the suggestion box NHS Choices feedback from patients – good and bad Family and Friends survey – good and bad

How frequently were these reviewed with the PRG? Monthly (with exception of January and August – no meetings)

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: <u>To reduce the number of non-attenders for booked appointments</u>

What actions were taken to address the priority?

We have a dedicated cancellation option within our phone system (*which skips queues when calling the surgery*) Within our clinical system we have enabled the facility to text patients reminders when they make an appointment in addition to this, the practice invested in new software to enable texting to patients.

A search within the clinical system is conducted daily and the patients who have not attended appointments are sent a text to inform them that they missed an appointment.

Looking at the data from the search we identify repeated non-attenders and send them a letter if they have missed appointments more than twice in one year

The number of non-attenders is displayed on our patient call board.

We actively promote the online appointment access therefore giving the patient the opportunity to view, make or CANCEL their appointments 24 hours a day – 7 days per week. We promote the online appointment access by sending texts to patients, new registrations are given information regarding this and our receptionists are very good at promoting this with patient encounters (phone or in person)

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

We are seeing fewer missed appointments especially from patients who have previously DNA'd and received a text or letter. Below is a table of <u>five month comparisons from 2013/14 and 2</u>014/15

October	186	October	133
November	206	November	130
December	146	December	130
January	167	January	115
February	171	February	79

This will be an ongoing project and we expect it to improve access for patients who will attend their booked appointments. We will be reporting on the ongoing success on the website newsletter and within the surgery – using a video in the waiting room.

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Priority area 2

Description of priority area:

To reduce the length of time patients wait in the waiting room to see a doctor or nurse because of clinics running late

What actions were taken to address the priority?

We have extended the session times to include regular 'catch up' slots to enable the clinician to regain some time between the patients therefore reducing the length of time of patients waiting.

We have been careful not to reduce the number of appointments that we offer.

We have identified complex patients who may need additional time for their appointment and put alerts on their records so that the receptionist may book a double appointment wherever available.

We have put notices in the waiting room reminding patients that their appointment is for a ten minute slot and if they require longer they need to book a double appointment.

In the unfortunate circumstance where a clinic has run late because of an emergency we have endeavoured to inform all the patients who would be affected and give them the chance to rebook or wait.

We reviewed the booked appointments on the duty doctor's list and added the urgent appointments to the end of clinic instead of slotting them in. Emergencies are still dealt with promptly. This reduces delays for the booked appointments. Doctors and nurses were made aware that running late is a problem for the patients and staff and that improvement is needed in regards to time management. We have established a method of informing patients of the delay by putting a message on the Jayex call board.

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

We have reduced waiting times in many areas. The patients seem to be happier with this. We have looked at the newly introduced family and friends' survey comments and little seems to be mentioned about clinics running late although initially we had frequent comments and complaints regarding this area.

We hope that the reduction in time spent in the waiting room will improve the patient experience when attending the surgery

We will monitor the clinics regularly and identify any further improvements to schedules.

We will publish our improvements in the newsletter, on the patient call board and on the website.

Priority area 3

Description of priority area: Improve Practice Communications to Patients

What actions were taken to address the priority?

We have updated the practice leaflet and we have written a practice newsletter.

The newsletter is published annually

We have created a 'new patient information pack' which outlines many of our services, charges and includes practical information for patients joining our surgery.

The new patient information pack includes details for carers and information on Age UK and the services they offer. We will use the patient texting facility to contact patients with updates.

The Practice and PPG are working closely together to link a computer to our television in the waiting room and to project a power point presentation about the surgery, how we work and giving general information about our services and how patients may access them.

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

Our patients are more informed with regards to available services, service changes, applicable charges etc.

We will continue to work on effective communications particularly the waiting room video project which is a major undertaking and will provide the ideal platform to inform and communicate with our patients.

The practice website and NHS Choice website will be updated at regular intervals.

We have enabled the medical record viewing function for patients to access online and from smartphones. This will aid carers and patients to understand more about their health record.

We use our patient text facility to keep the patients informed with regular updates.

Our updated practice leaflet will provide a quick reference guide to our services for new patients and any of our current patients who wish to use it.

Our newsletter will enable us to infirm our patients of new services and changes, as will our website and waiting room video. It will take a while to see the impact of these changes on our patients and carers.

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

Our first survey was to reduce the DNA's within the practice, we initially made improvements and did see fewer non-attenders, however with the introduction of a new clinical system we were not getting accurate statistics. Our new clinical system sends text reminders at the time the patient books the appointment along with further reminders closer to the appointments. We continued to monitor the DNAs and despite the appointment reminders, numbers rose again. The PPG and practice felt stronger action is needed hence reintroducing this project as part of our practice improvement.

Our second survey was to raise Dementia Awareness, we held a Dementia Awareness week where our PPG were present and we also invited representatives from Hillingdon Carers and the local Templeton Centre (a local centre dedicated to Alzheimer and Dementia sufferers)

Also present was a representative from Northwood Lions who promote 'the message in a bottle' project.

We have a dedicated notice board in the reception waiting room giving patients information of how to access the available services for Alzheimer and dementia sufferers along with information for their carers

Our practice as a whole has increased in knowledge of promoting Dementia Awareness. Our Healthcare Assistant attended a Dementia Conference and is well placed at identifying patients at risk of dementia as she is often the first point of contact at the practice due to her skillset. As a result of this we are excellent at coding our patients at risk of dementia.

Our third survey was to improve our repeat prescribing system. We formed a prescribing team within the practice who would 'trouble shoot' problems which arose and complaints. The team worked with pharmacies and produced improvement plans. We worked hard at changing the way we work and provided more information to the patients. I am pleased to say that we now have an excellent system which involves better communication and team work. We upgraded to the electronic prescribing service which involved a significant amount of training for some staff. This has improved communications to patients and pharmacies and has enhanced our improvement plan. Complaints about prescriptions have significantly reduced and are now a rare event.

4. PPG Sign Off

P.D. grimwade Report signed off by PPG: YES - Mrs Pam Grimwade - Chairperson Date of sign off: 11.03.2015 How has the practice engaged with the PPG: Monthly meetings, emails and telephone calls. How has the practice made efforts to engage with seldom heard groups in the practice population? The Practice and the PPG have made a conscious effort to try and recruit patients from all ages, sex and ethnicity. The PPG are regularly present in the surgery and attend flu clinics, PPG Awareness/Promotion weeks, Practice fund raising events and patient education seminars. We have established a register of carers and regularly seek feedback on our action plans from this group. The practice set up a patient feedback email address and a suggestion box. Full details of the PPG will be included in the newsletter which is going to be available online and also in hard copy It is already publicised widely throughout the practice and on the website. Has the practice received patient and carer feedback from a variety of sources? The practice has conducted many surveys. The practice reviews complaints and praises. The family and friends test is discussed at every meeting. The NHS choice website comments are always reviewed. When we (the PPG) are present within the practice (as above) we take the opportunity to hear patients/carers feedback and comments and take them back to the meeting to discuss with the practice. Was the PPG involved in the agreement of priority areas and the resulting action plan? The PPG was involved the agreement of priority areas and action plan. We have minutes to support the decision making of implementing the improvements within the practice. The PPG were asked to consider priorities and return with suggestions at the next meeting. The PPG were unanimous in the agreement for the priorities in this report. The results of the action plan and progress are discussed at the meetings.