

Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

London Region North Central & East Area Team

Complete and return to: england.lon-ne-claims@nhs.net no later than 31 March 2015

Practice Name: Queensbridge Group Practice

Practice Code: F84117

Signed on behalf of practice:



Date: 26.3.2015

Signed on behalf of PPG:



Date: 18.3.2015

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 meetings
- Email Contact (including details of emerging proposals)
- Newsletter
- Distribution of minutes of meetings

Number of members of PPG: 16.....

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Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	45%	55%
PRG	37%	63%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	19%	10%	28%	14%	11%	8%	6%	4%
PRG	0%	0%	18%	18%	29%	18%	6%	6%

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	46%	2%	0%	18%	2%	1%	1%	1%
PRG	56%	6%	0%	25%	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	1%	2%	0%	1%	2%	8%	9%	4%	1%	1%
PRG	0%	0%	0%	0%	0%	12%	0%	0%	0%	6%

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:

Younger People

The practice has started offering registration online to patients, and as part of that process, new patients now receive an email asking them to join the group. Whilst only one (25-34) person has actually joined, others have mentioned the possibility of joining at their new registration appointment. We feel sure we can recruit more members in the year to come.

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Ethnic Minorities

The practice has a significant population of Turkish origin (included in “Other White” in the ethnic banding), many of whom speak limited English, and we have been successful in recruiting another member from that community this year. We drew on the influence of the Turkish advocate, who is well-known in the local community.

We have also increased the number of Afro-Caribbean patients in activities within the practice (e.g. clinical focus groups), and aim to increase their membership of the PPG this year – one member did join our PPG in 2014/15. This was mainly successful because of the involvement of our reception manager, who is herself Afro-Caribbean, and the success of these two initiatives shows us the way forward (i.e. that trusted members of a local community are more successful than any poster).

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 (Jobseekers)

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

Hackney is one of the most deprived areas in England, and unemployment remains a significant issue. We have been able to recruit another member from this group, which was the result of the involvement of a member of our reception team – the reception team find it easier to focus on a specific group at any one time.

PPG members themselves are advocates for the Group, and whilst some members left the practice this year, they were replaced in part due to the encouragement of members.

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2. Review of patient feedback

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

- GP Practice Patient survey
- Complaints & Comments – in addition to the complaints and comments submitted, at admin meetings, each admin meeting had a standing item to report any regular concerns about which patients had not made formal/written complaints, but were regular concerns
- Comments left on NHS Choices
- Information from the Primary Care Web Tool
- Comments from the Suggestion Box
- (From November 2014) Friends & Family Test – overall score, and comments made

How frequently were these reviewed with the PRG?

The PPG agreed to review feedback four times during the year, at its two agreed meetings, and via the quarterly emails sent to Group members (two of which followed the Group Meetings).

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Whilst this was not a new issue in 2014/15, it was clear from the various feedback methods we employed during the year that patients continue to be frustrated by the fact that they are seen later than their appointed time and (of greater concern) do not receive much (if any) information as to likely delays – this was the major concern raised in our Patient Survey, and has also regularly been raised during the 2014/15 year by patients (as noted above, issues frequently raised with reception staff were discussed at admin meetings , and shared with the Group).</p> <p>The Group accepted that there will be times when consultations run longer than planned, and that this will inevitably mean that later appointments will start late. They also support the fact that clinicians want to give the appropriate time to each patient, .</p> <p>The Group proposed, and the practice agreed, that the practice improve its information to patients about delays, by better use of the IT systems available, focus on training our staff (admin and clinicians) to provide better information when there are delays, and to ensure patients know how much time they have been allocated for their visit</p>
<p>What actions <u>were</u> taken to address the priority?</p> <p>The Group reviewed this issue at its September 2014 meeting, and recommended that the practice take 4 key steps:</p> <ul style="list-style-type: none">• When any patient checks in for their appointment, they should be informed of any current delay for the clinician they are seeing• Since half of our patients check in using the computer system (and thus do not speak to a receptionist), we have incorporated a request to check with reception if a patient has not been called within 20 minutes of the appointment time• Regular training for staff to emphasise the need to inform them of the current delay• Electronic and paper signs within the practice asking patients to check if they have not been called within 20 minutes of their appointment time.

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

Progress was reviewed by the Group at the February 2015 meeting, and the Group felt:

- The supply of information about late-running appointments had improved, but was inconsistent
- Overall, patients were receiving more information (and the reception staff reported a reduction in concerns raised).
- In February 2015, the Group noted that the large dot-matrix display system was no longer carrying the request for patients to check with reception when appointments were more than 20 minutes late, and this was rectified the following day
- Notices were displayed within the practice about the communication effort, and this has resulted in an increase in patients contacting reception when their appointments have not started within 20 minutes of the advertised time.
- Each admin and practice meeting reviews current feedback, and emphasise the need to give all available information to patients when they arrive.

We have also publicised the initiative on the practice website, and asked patients to feedback via email (or any other means) when they feel we could improve.

Priority area 2

Description of priority area:

The Group shared the practice's view that the **phone system** was outdated, particularly in not offering a queuing system. In September 2014, it was agreed to replace the phone system during 2014/15, improving the information provided to patients before they choose which option to select, providing patients with their position in the queue before they can speak to a member of staff, and improved information about, and directing to, available services. Two other elements of the new system improved the system for patients, one was to have more lines for practice members to call patients, and also to have an additional dedicated channel for callers from hospitals, social services, pharmacies, etc.

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What actions were taken to address the priority?

The Group were closely involved in the selection of the system, and also in its detailed deployment. A number of systems were available, and the practice was guided by the Group in terms of the preferred system's functions and options. There were a few technology issues which delayed the deployment until March 2015 (having initially been planned for December 2014). Staff members visited several GP practices, spoke to their staff, and phoned practices to ensure the Group had information to inform their decision.

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

The Patient Group were asked to test the new phone system after its Go Live, and their feedback has been very positive, along with some useful suggestions for improvements, which we will implement at the end of March. We have also given some short survey forms to patients who have used the system, and again, their feedback has been very encouraging. Posters have been displayed in the practice to promote the new system, and we are exploring whether we can offer access in different languages.

The new phone service has also been promoted on the practice website

In summary patients tell us:

- The knowledge of where they are in the queue is a significant improvement, and allows them to choose whether to be on hold or call back at another time
- Patients find the messages they hear whilst on hold to be very useful (e.g. instructions for obtaining their appointment dates and times from hospitals, how and when to obtain test results)
- The practice has introduced a new service with a dedicated member of staff helping patients with enquiries about referrals to hospitals & community services.

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Priority area 3

Description of priority area:

Members of the group, and feedback from other patients (mainly made informally to admin staff and sometimes clinicians, rather than more formal complaint routes) , highlighted some frustration with the mechanics of obtaining repeat medication, and being informed of any problems with re-issue. We agreed (In Sept 2014) on a combined solution:

- a) Promoting the **Patient Access** system (which allows patients to order medication online, but which requires the patient to register for the service, and create a log0in), and:
- b) Initiate **ePrescribing** (whereby prescriptions are sent electronically to the patient's chosen pharmacy), and promote its use to patients

Members of the Group who were registered with the Patient Access system felt that practice staff needed more training on the use of the system.

What actions were taken to address the priority?

The practice organised training for all practice staff in the use of Patient Access (in part, by setting up a dummy patient access account, and seeing how the various steps taken within the practice clinical system interacted with the patient's view).

The practice presented a joint solution to the Group in September, but Group members found the combination of the two ideas confusing (in part because if patients used both systems, the process flowed smoothly, but had quite a few steps, and patients could use either or both systems). Members of the Group were further confused (and concerned) by the fact that a number of them had opted out of the various Data Sharing schemes in the NHS, and thus did not expect their personal clinical information to be "available" online.

It was therefore agreed that we would promote the services alternately, to avoid confusing patients, and provide clarity about who could access patient information via the Patient Access system (i.e. only the patient).

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

The practice has sent over 500 prescriptions via the ePrescribing system in its first 6 weeks of operation, and the service has proved very popular with the patients who have chosen to use it. As paper prescriptions are issued, patients are given sign-up forms, and about 50% of patients have signed up and are keen to use the service when they next order repeat medications. The new service is also being publicised on the practice website, and within the practice.

We will always offer choice to patients (either to collect paper prescriptions or to have them delivered electronically), and so far, this has proved very popular – our aim is to have 50% of prescriptions sent electronically by June 2015.

Registration for Patient Access has also increased substantially, although it is mainly being promoted via the practice website, the new phone system, and on notices within the practice. Registration and use will increase as more patients use the system to book appointments and view their medical records, and the reception staff will shift to promoting Patient Access for the month of April.

The practice displayed notices and gave out leaflets for Patient Access until Jan 15, and then subsequently promoted ePrescribing when it went live in January 2015. It was agreed that we would start promoting the Patient Access system again from the end of March 2015 (information is available for both, but as noted above, some patients are confused by the two schemes when mentioned together).

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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):

Advertising the training of junior doctors, and the option to see a GP Partner / Salaried GP	Notices were prominently displayed in the practice highlighting that we were a training practice, and the PPG is happy with the effort made. A small number of patients have indicated their wish not to see junior doctors – this is highlighted on their clinical record, and is clearly visible when booking appointments
Options for patients to obtain medical help when the practice is closed	Notices and leaflets are now displayed describing the role of the Out of Hours GP service. The increased uptake has been significant, and the service (CHUHSE) report a very high level of satisfaction with their service.
Improving online services for patients	Patient Access was introduced in 2014, but we also introduced Online Registration, which has been extremely popular, particularly with younger patients.
Introduce more media-based health promotion system	The practice introduced a large Health Promotion media system in July 2014 – we are aiming to seek more feedback from patients to develop the system
Consultation with patients by the CCG over the in-house phlebotomy services in Hackney	The CCG organised an event and set out its proposed options
Publicise survey results more widely (the group felt that all patients should see these, and to emphasise the positive feedback given for most elements of the care we provide	Results of surveys have been published and displayed (Feb 2014 and Sept 2014)

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4. PPG Sign Off

<p>Report signed off by PPG:</p> <p>YES</p> <p>Date of sign off: 18/3/2015</p>	
<p>How has the practice engaged with the PPG:</p>	
<p>How has the practice made efforts to engage with seldom heard groups in the practice population?</p>	<p>All patients are welcomed into the group, and notices are displayed within the practice and one the website inviting patients to join.</p>
<p>Has the practice received patient and carer feedback from a variety of sources?</p>	<p>The group has had access to information from a number of sources, and has shared this with the group</p>
<p>Was the PPG involved in the agreement of priority areas and the resulting action plan?</p>	<p>Yes – the PPG took a lead role in prioritising the initiatives taken, and we have also been consulted on other issues (from those in this report) during the year.</p>
<p>How has the service offered to patients and carers improved as a result of the implementation of the action plan?</p>	<p>Better phone system, prescription service starting to work more smoothly, patients now starting to be informed when clinicians are running late (but by no means always, we will continue to monitor this)</p>
<p>Do you have any other comments about the PPG or practice in relation to this area of work?</p>	<p>The group works together well.</p>

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