

## 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](mailto:england.lon-ne-claims@nhs.net) no later than 31 March 2015

Practice Name: Southdene Surgery

Practice Code: F86066

Signed on behalf of practice: Miss Sonata Gaucaite – Practice Manager Date: 26/03/15

Signed on behalf of PPG: Mrs Kate Bennington (PPG Member) Date: 26/03/15

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

Does the Practice have a PPG? <b>YES</b>												
Method(s) of engagement with PPG: Face to face, Email, Other (please specify) Email/ telephone/ face to face/ post												
Number of members of PPG: <b>...9..</b>												
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	3096	3456		1275	535	1090	1068	967	742	510	425
	PRG	3	6		0	0	0	2	1	0	5	1

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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	1652	58	1	696	37	97	37	152
PRG	3	0	0	4	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	437	278	127	85	94	130	125	21	0	0
PRG	0	0	0	0	1	1	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:

The Practice endeavours in developing a PPG which will reflect its patient list size. Everyone who expressed interest or is considered as a proactive patient is welcomed to join the PPG. In 2012 when PRG was created. The membership of PRG was promoted via posters and flyers. The interest was substantial and the PRG consisted of 37 members. This reflected various groups of patient list size.

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**

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

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The Practice is located in an affluent area with 63% of patients aged 20-64. However, the Practice identified that compared with the local peers it has a higher number of over 75s, i.e. 7% of the patient list size. The Practice also has a high number of patients with co-morbidities. Hence, the Practice specifically seeks out the elderly population in order to have a good understanding of their health needs. The Practice also aimed to engage with the main group of patient, i.e. young employed individuals although this was much harder to achieve due to their work and family commitments.

### 2. Review of patient feedback

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

Complaints, face to face feedback, Friends and Family test, NHS Choices, Ipsos MORI GP Survey 2014

How frequently were these reviewed with the PRG?


The review was conducted on 23<sup>rd</sup> February 2015. Please see attached email sent to PRG opening discussion about priority areas.



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### 3. Action plan priority areas and implementation

Priority area 1
Description of priority area: Appointments tailored for working individuals.
What actions <u>were</u> taken to address the priority?  The Practice offers extended hours on Monday evenings and a second Saturday once a month. The Practice also offers 13 appointments before 9am each week. These appointments are very popular with the main group of our patients, i.e. young working individuals. There were further requests made to offer more appointments out of core hours. The National Ipsos MORI GP Patient Survey revealed that 34% of questioned patients thought that the appointment they were able to get was very convenient. 57% of questioned patients said that the appointment they were able to get was fairly convenient. Hence, the Practice is now offering appointments from 7am each Monday.   <code>\\server\userdata\$\sonatagaucaite\My Dsonatagaucaite\My Dsonatagaucaite\Deski</code>
Result of actions and impact on patients and carers (including how publicised):

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This has been advertised/ publicised on the Practice website and in the Surgery itself. Please see attached



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The surgery's appointment system is tailored based on the needs of its population, which improves patient satisfaction. Please see attached feedback from a patient with regards to the appointment system. Please see attached review from NHS Choices



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### Priority area 2

Description of priority area:

Waiting times to be seen by the clinician. National Ipsos MORI GP Patient survey revealed that 49% of questioned patients said that they waited 5 to 15 minutes to be seen by the clinician once reported their arrival. 42% of questioned patients said that they waited for more than 15 minutes. Hence this year's main trend of complaints were long waiting times to be seen by the clinicians, i.e. patients are seen on average within 19.41 min after arriving for his/ her appointment. Please see attached



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What actions were taken to address the priority?

The audit was carried out to see the extent of the issue. The Practice offers walk-in clinic service, therefore it was required to explore whether this had an impact on waiting times. So the audit was carried out from 1<sup>st</sup> September till 28<sup>th</sup> February and it was identified that on average the patient waited to be seen for 24.11min when attending the walk-in clinic. Please see attached



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This could be justified by the complexity of clinical conditions and the volume of attendees. The average wait for pre-bookable



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appointment with the clinician was 19.41min. Please see attached

The clinician spent on average 12.34 min with a patient, which indicates that there might be other reasons for the delay in seeing patients. After discussions with the clinicians and staff, the urgent queries were identified as the main reason for the long waiting time.

Also, the audit showed that the waiting time differed by individual practitioner. This has been addressed by discussion with the individual clinicians and each of them reflected on their practices and how they can improve it.

Factors, like complexity of the condition or urgent queries, cannot be eliminated as this is routine in the Surgery's life. As a rectifying measure it was decided to allocate more breaks in between pre-bookable appointments, which allows time for



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interruptions of the surgery. Please see attached

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

The actions taken improved the patient's experience without compromising the health outcomes.

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### Priority area 3

Description of priority area:



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Improving Online access. Please see attached

What actions were taken to address the priority?

5% of Practice's list size is using Online Access by booking appointments and requesting repeat medication on line. Although this is not a high number, the patients who are using this service provided us with valuable feedback on how to make the Online Service more attractive to other patients. Since the Practice went live with Online Access, only the pre-bookable appointments for the General Practitioners were made available to book on line. It was suggested by the patients that Nurses' appointments should be made available to book on line too. The reason the Practice refrained from offering these appointments on line was the variety of services provided by the Nurses, i.e. the nurse can measure the Blood Pressure, take a smear sample and conduct COPD review. All of these appointments can take various times, i.e. Blood Pressure appointment is 5 minutes, Smear - 15 minutes and COPD review – 30 minutes. Also, the Practice employs two nurses whose skills and abilities differ and appointments are booked depending on the nursing needs and nurse's skills. This was a challenge for the Practice because the clinical system had to be configured in a way that it would be easy to use for the patients and maintain the fluent use of the appointments.

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

This took place in March and the audit to evaluate the outcomes will be carried out in April. The areas the Practice is going to look at are as follows:

1. The number of on line booked appointments for the nurses.
2. The total number of online registrations.
3. The overall experience from patients and surgery

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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):

**Appointments** – access was a key area that the Practice had been working on since 2011. There were many changes in the appointment system to create a system best suited to our patients. We listened to our patients' feedback and responded appropriately. We launched the walk-in clinic to accommodate demand depending on day to day. The unlimited amount of appointments improved the access for all age group patients, especially children. We also looked into the issue of the Doctor of Choice and the most demanded doctors had been freed from on-call duties in order to increase the number of pre-bookable appointments. We also offer out of core hours appointments for working patients.

**Walk-in clinic** – We launched the walk-in clinic to address high levels of A&E attendance in 2011. This has been one of the major successes of the Practice because not only we have improved access; we have also managed to decrease the numbers of A&E attendances and admissions. The walk-in clinic has a very positive feedback from the patients.

**Telephone consultations** – the Practice aims to accommodate all of its population and it acknowledges that the main group of patients are young working individuals. For this group of patients we offer telephone consultations.

**Staff** – weekly meetings and regular training are the main actions taken by the Practice to improve the quality of the service.

**Prescriptions** – the Practice developed Prescription Processing procedures which last year was evaluated as very good. This



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#### 4. PPG Sign Off

Report signed off by PPG:

YES

*W. Bennington*

Date of sign off:

*26 March 2015*

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom heard groups in the practice population? The Practice welcomes everyone in Practice development. The Practice telephones identified patients to invite them to take part in Patient Participation Group or to hear their feedback.

Has the practice received patient and carer feedback from a variety of sources? The feedback has been received from complaints, face to face feedback, Friends and Family Test, NHS Choices.

Was the PPG involved in the agreement of priority areas and the resulting action plan? – Yes. Once the feedback was analysed and summarised, it was presented for the agreement.

How has the service offered to patients and carers improved as a result of the implementation of the action plan? This year's plan was about improving the access and experience for the patients. The Practice is offering extended hours. In addition, the Practice is offering early appointments for the main group of patients' list, i.e. 7 o'clock appointments once a week for working individuals. This improves access for the patients. The Practice also offers on line booking for the nurses' appointments. This improves the experience for all groups of patients – instead of telephoning the surgery, a patient can book their appointments for all clinicians including nurses using on line access. This is extremely helpful for people who are working or during busy surgery hours. The main area of complaints was the waiting time to be seen by the clinician since arriving at the surgery. Although certain waiting times are expected (waiting at walk-in clinic), however, it was agreed that the waiting time for the pre-booked appointments has to

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improve. It is appreciated that the reasons in waiting times are valid; however improvement is required in managing of these reasons. The anticipation is that shorter waiting times will improve overall patient experience.

Do you have any other comments about the PPG or practice in relation to this area of work? No

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