

**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](mailto:england.lon-nw-claims@nhs.net) by no later than 31 March 2015

Practice Name: THE BEDFORD PARK SURGERY

Practice Code: E85066



Signed on behalf of practice:

Date: 19 Mar 15



LORRAINE DUNNE PPG MEMBER

Signed on behalf of PPG:

Date: 25 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)

**FACE TO FACE, EMAIL AND PHONE CALLS. Have started Text messages now with new IT system.**

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Number of members of PPG: 14

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	1613	1638
PRG	6 - 0.3%	8 - 0.4%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	842	207	613	808	638	462	338	144
PRG	0	0	0	0	3	4	4	3

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
<b>Practice</b>	<b>355</b>	<b>11</b>	<b>0</b>	<b>459</b>	<b>13</b>	<b>13</b>	<b>27</b>	<b>10</b>
<b>PRG</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
<b>Practice</b>	<b>29</b>	<b>4</b>	<b>1</b>	<b>21</b>	<b>1</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>287</b>
<b>PRG</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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 we do have a problem in trying to get a good representation of the practice population in terms of age and the working background. The ethnic background is not such a problem as the area where our surgery is located is of general White British population. However we have struggled to obtain patients to join us of below the age of 45 / 50 years. We have tried to overcome

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this by sending invites by email to everyone on our mailing list of all ages and by advertising our PPG group on our notice board in the waiting room, in our practice newsletter and even sending text messages to patients to inform them of pending meetings etc. We have tried to change the times and days of our meetings from afternoons to late evenings in the hope that working patients could come along. We have asked our GPs to keep an eye out for prospective patients in the younger age group and if they see anyone who may look like potential PPG material, to inform them of our group and invite them to our meetings. However we are still struggling to obtain any patient in this age group. We did have one lady patient who was with our PPG group since the beginning in her early forties; however she has left the area and moved away. We tried to have a meeting in the afternoon at one time hoping that we may be able to attract any mothers with young children whose views would be invaluable. However that did not prove to be fruitful.

One idea which we haven't fully explored but we hope to discuss next time we meet is look into virtual meetings with patients via online conference which is so readily available today. E.g. Skype or other methods.

Another idea suggested by one member of the PPG is to look at advertising our group on the Chiswick W4 online newsletter which the Practice manager is currently looking into doing.

**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: N/A

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### 2. Review of patient feedback

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

PATIENT SURVEY  
FRIENDS AND FAMILY TEST FORMS  
COMMENTS AND COMPLIMENTS CARD AT RECEPTION  
EMAIL FEEDBACK  
CCG SURVEY RELATING TO THE EMERGENCY SERVICES CLINICS

**How frequently were these reviewed with the PRG?**

These would be relayed through the year either by email or in the PPG meetings. The main preferred method however was to discuss this feedback at the meetings which were also minuted and are on the website for other patients to read. These minutes were also emailed to all other patients on the mailing list to inform them of what feedback has been obtained. Any substantial changes are also posted on the NEWS section on our website or in our patient quarterly newsletter.

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### 3. Action plan priority areas and implementation

Priority area 1
Description of priority area: <b>IT CLINICAL SYSTEM</b>
<p><b>What actions <u>were</u> taken to address the priority?</b></p> <p>We took the opinions of patients in the survey in Nov 14 and also discussed this area with our PPG group in the October meeting. We then looked at the results of both and in general the trend was towards patient popularity with changing the system. We then contacted the CCG in Ealing and asked them to change over and were given January as our change over GO LIVE date. We changed over to the new System One IT system on 19 Jan 15.</p>
<p><b>Result of actions and impact on patients and carers (including how publicised):</b></p> <p>This priority area had an impact on all our patients as well as our staff. We have a more robust clinical IT system which enables us to contact patients via email and text messages which patients have already commented on and complimented on. We have a new self-check in touch screen for patients to check in at reception via the online method rather than waiting for the receptionist to do this. We have a system where our patients are able to register for the online services and manage to book appointments online as well as request their repeat prescriptions online. They will also be able to view the basic three areas of their summary care records shortly using this method. We have received positive feedback on this from our patients to our reception staff when they come in for their appointments. Patients are able to cancel their appointments online too. Patients are sent text messages for each time their appointment is booked. Also they are sent a text message if they DNA (do not</p>

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attend) an appointment. We are able to get in touch with patients via email and texts which are faster methods of communication. Patients comment positively on this to reception when they call back or email back in response to us stating that these are a great way to keep in touch with patients.

We are able to send mass bulk messages with important notices such as if the surgery is closed or if a certain clinic is not happening etc. This can also be done via text and email.

We are also able to share medical records with other practices who use this system more easily and this makes it better for a patient who is seen in another establishment as they don't have to wait for records to be faxed over. It's all accessible depending on patient consent.

### Priority area 2

#### **Description of priority area: WAITING TIMES WITH GPs**

The second area of our action plan was looking at the waiting times for patients who come in for their appointment and have to sit and wait for lengthy amounts of times before their turn comes up. There have been times when patients have to sit and wait for up to 40 minutes, with rare situations causing a wait time of up to 60 minutes. We have discussed this with our PPG as well as with our staff in internal meetings to see how we can reduce this.

#### **What actions were taken to address the priority?**

We discussed how to tackle this at the most recent PPG meeting in February and these are a few things that we have started to do to ensure that we can try and reduce waiting times.

The reception staff are starting to probe patients with more questions at the time of booking an appointment with the GP. Examples of this is to ask if it's for something like an ante or post natal check, a medical, or asking the patient if there issues are

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going to require a double appointment. They are asking patients at the time of booking for advanced booked appointments, if the appointment is for one or two issues or multiple issues, and if there are multiple issues involved the reception then offer a double appointment. This ensures that the patient not only gets a good allocated time for their issues but also helps for patients who are waiting their turn because there will be less over running on time for a patients appointment with the GP.

Reception staff are also triaging our emergency same day appointments. As the majority of our patients stated in the patient survey that they did not mind being asked what the nature of their problem was for emergencies, the reception staff are being more vigilant with this method. They are asking the right questions and then allocating the appointment in the right emergency slot with the proper allocated time to avoid over running of time in surgeries.

The reception staff are also looking at offering patients the option to be phoned by the GP for certain medical issues in an emergency via a telephone consultation which would stop the patient from having to come in and sit and wait for their consultation. They could speak to the GP about their issue and get it dealt with without having to come in. This is a very new system and we are breaking into this very slowly.

We are looking into training our practice nurse to take calls to triage them in a medical way to see if patients need to come in for their emergencies or not. This is an on-going action which has not been completed as yet as we are looking into doing this as a pilot first.

Reception staff have also started to use the support of our local pharmacies and have been advising patients to go to the local chemist for minor ailments. Our local pharmacist Raj from Alisha Pharmacy who has been at our PPG meetings on one occasion helps with sending out newsletters which we then forward to our patients. These are newsletters with helpful tips on what to do with certain ailments and how the pharmacist can help. An example can be seen on our website of recent newsletters which were emailed to our patients.

We have spoken to our GPs and asked them to try and educate the patients too who come in with long lists of issues and ask them to request extra time for their appointments. This was discussed at a recent practice meeting and the GPs are trying to implement this change in their consultation when possible.

Reception staff has also been asked to be more vigilant in reporting waiting times to the patients and at the time when patients check in, the receptionists tell them how long they may need to wait or how many patients are in front of them. This gives them an expectation in advance and prepares them to wait if we are incredibly busy.

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

The result of these actions and the impact again has been received positively by our patients. We have publicised these actions on our notice board in the waiting room over the year. We have included information on this in our quarterly newsletters. We emailed the PPG meeting minutes to all the patients on our mailing list and we also included this on our website for patients to look at and read i.e. look at what we proposed to change and how we were going to go about doing this.

The result of the action of reception triaging the appointments better has ensured that we are giving the correct allocated time to the patients and this is starting to work well. The GPs feel they are able to spend time with the patient without fearing having to overrun and making other patients wait, and the patients are slowly going to be seeing the benefit of this with less time having to wait to be seen.

The reception staff triaging emergency appointments better ensures that patients with genuine emergencies are being seen in the emergency clinics.

The impact of a GP asking a patient to book appropriately in the future is a good result for us as patients tend to listen more to their GP than the admin staff. Hence the impact of this is greater and more positive for the surgery as a whole.

The practice manager has also printed out lists of waiting times for each GP and discussed this with the GPs together and asked them to be more aware of this when seeing their patients.

One of the most positive things we have in place at present is the self-check in screen which tells patients who book themselves in of how many patients are before them. This gives them an idea beforehand of how long they may need to wait and many patients have commented positively to reception about this. Patients have been pleased too about the fact when receptionists inform them of how long they may need to wait or how many patients are in front of them. We have had positive comments on this aspect too.

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### Priority area 3

Description of priority area:

#### **COMMUNITY SERVICES AND REFERRALS**

It had become quite transparent from the survey and from discussions in the PPG meeting that many patients are not aware of the different community services available in primary care. There are also some areas with less clarity on the referrals process.

It was therefore recommended by the PPG that another booklet is designed similar to the out of hours one which outlines all the different community services in primary care and where they are located so that patients have information to hand and choice about where they would like to be referred.

Patients need to know more about their referrals and what the processes of their referrals are which was discussed at the last PPG meeting. There are at times, confusions about this particularly as the patient tends to forget what to do when they walk out of the GP's room after their appointment.

#### **What actions were taken to address the priority?**

We have spoken to the GPs and have asked them to take time with the patients when discussing referrals. The GPs now have access to the numerous sources of literature and leaflets in our new clinical system and have been using this to print off the relevant leaflets for the patients to keep with them with the details of their referrals. They have started to be more proactive by telling the patients to contact reception after a certain number of days or email the reception with any issues related to referrals into the community services, and this is then followed up by the reception. We have been having patients using our Systm one online services to ask the relevant questions about this and the reception staff get back to the patient advising them of what they need to do.

Reception has made up a folder which they keep in the front office which has various leaflets in it. They are able to give these to patients on request or even just as general information in case they need to know something about their referral or the community services into where they have been referred. We are keeping more leaflets out in the waiting room as they get updated.

The website has been updated to give up to date information on the referrals and community services. There are some leaflets

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that have been uploaded in the news section which is useful for the patients.

The manager is currently in process of getting this booklet together with the support of the CCG and local areas where the community services take place. Once this is completed the booklet will be emailed to all the patients on the mailing list, be handed out at reception and uploaded to the website for patients to access.

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

The patients are being more informed and being made to keep up to date with their referrals. They have the reception as a one stop to enquire about the community services and their referrals where they are emailing us or contacting us via the online method on System one and we are able to let them know where they will be going and who they will be seeing or even chasing up their referrals. The patients are also being better informed by the GPs who are taking more time with going through the service that the patient has been referred into. The practice nurse has been doing the same. This has shown a reduction in the number of patients who have been complaining that they don't know what is happening with regard to their referrals and uncertainty of where they need to go in the community.

The leaflets have been publicised on the website and are able to be downloaded by the patients. The minutes of the meeting we had to discuss this is also on the website and was emailed to all the patients and is available on requested.

The leaflets being kept at reception in the new folder has been a great help as patients have complimented on how quickly they can obtain the information when they speak to reception.

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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):

The below shows in bullet points the various areas of progress made based on issues raised in previous years and what we have achieved as a practice since our PPG started almost 3 years ago:

- We have identified issues with out of hours and problems with lack of information for patients when our surgery is closed and have made up a comprehensive out of hours booklet for patients to take and keep with them. This can be taken from the surgery and be downloaded from the website too and is given by the GPs to our housebound patients when visits take place.
- Made changes to the practice website to include more information to help patients access various areas for help and support. This includes adding the links to various hospitals, walk in centres etc. and the facilities to download various forms such as new registration forms, consent forms for sharing data etc. We have also added the NEWS section to keep patients up to date with current events.
- We have discussed last year on how to look at promoting the compliments availability to patients and we have since then put in a compliments box at the front desk reception as well as handing out the friends and family test cards for patients to use.
- We set up our Facebook and twitter pages in response to one of our PPGs action plans in previous years.
- Changing set up of times for emergency appointments to accommodate making appointments in the later part of the afternoon for patients who need to come after school or work. We changed the format of our GPs afternoon sessions as a result of our 2013 /2014 PPG action plans.
- In the 2013 / 2014 action plans we also revitalised the methods of communications to patients of important happenings in the surgery. We started to use emails, newsletters, Facebook and informed patients of local NHS changes more openly for example the development of CCGs and abolishing of PCTs etc. We continue to do this to date during our meetings and via email and newsletters.
- We introduced the Saturday clinic as a pilot which worked for a long time. We are currently trying to set this up again.

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### 4. PPG Sign Off

Report signed off by PPG: PPG members have emailed or spoken to the manager of the PPG of their approval of the report and happy to have this printed and sent off to NHS England. We have saved copies of some of the emails which can be seen at the end of this report as evidence. Their comments have been noted below.

YES

Date of sign off: 31 March 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?**

By all the methods detailed above – Emails, text, newsletters, Facebook and face to face contact.

The Newsletter is well-detailed and informative and offers the opportunity for all patients to comment and respond.

This has been very proactive at the practice - there have been efforts to request updates of contact numbers and emails and encouragement by staff to use online services. The surgery also tries to work very closely with the local pharmacies in the area to assist the patients who for whatever reasons and when there is difficulty attending the surgery, patients can use the pharmacies for services like Blood Pressure Checks, Flu Jabs and Smoking Cessation Services as well as Travel Clinics.

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

Yes but we need to continue to try to explore as many various ways of getting and reflecting feedback, perhaps looking at complaints to the practice as a governance committee might do.

There have been several surveys that enable patients to provide feedback on the relevant issues.

Again the surgery is very proactive with this, regular staff meetings alerting staff members to patients needs and also recording all information of patients, carers and district nurse involvement, this comes through all methods of contact including phone, fax and face to face contact.

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

Yes but still more work to do on the PPG being more involved at the moment we are following and not leading. We need to explore ways with the practice of being more proactive. It is work in progress.

Very much, all areas that have been discussed, have been agreed and actioned. The course of action when agreed took place and the outcome/results were again discussed to assure the areas had reached full implementation of plan/action.

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

Patients and carers are much more fully informed and there has been positive feedback about the improvement the changes have made. It is early days but there are encouraging signs that telephone GP appointments are popular with some. Not sure if they work for elderly patients or not, they may prefer traditional services.

I find that the PPG is effective and the practice responds positively to PPG suggestions for changes and improvements.

This has shown improvement in the practice by how the feedback from the patients and carers have improved. The surgery staff have the facility to update all information and patients carers and families have the options of online communications with the practice GP's. This has proved to be very useful in situations where an outside service is required like district nurses.

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

All the practice staff are committed to this area of work and it is superbly managed and activated by the practice manager. We would however like to see more GP involvement whose business this is.

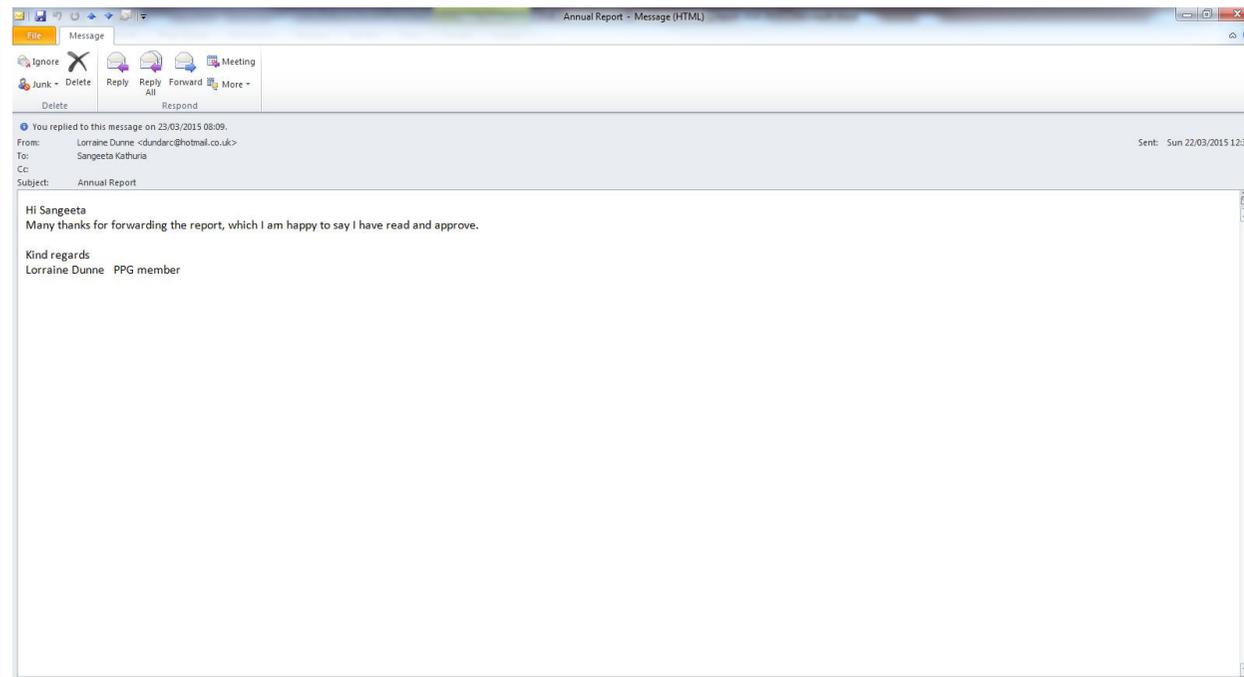
I congratulate the practice manager and all staff at the Bedford Park Surgery for the proactive work they do to ensure the best possible service for the patients. I also congratulate the PPG for being so instrumental in the progress of the practice and am delighted to be part of that group.

We are now progressing to having patient group meetings within the network, the first of which will be held on 24 March 2015 which should we hope will allow for more interaction with fellow practices and PPG members in our network. There will be future meetings for this every quarter.

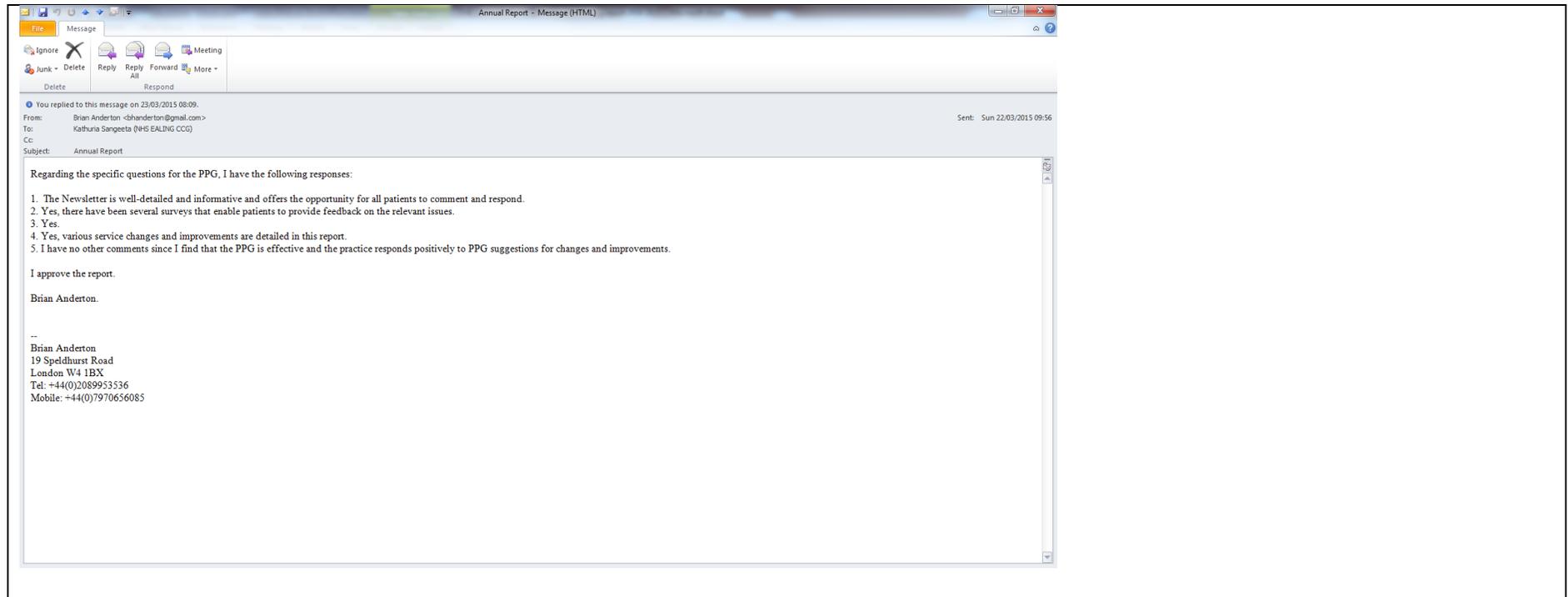
We are also going to enrol Healthwatch via the website to get more active support and participation.

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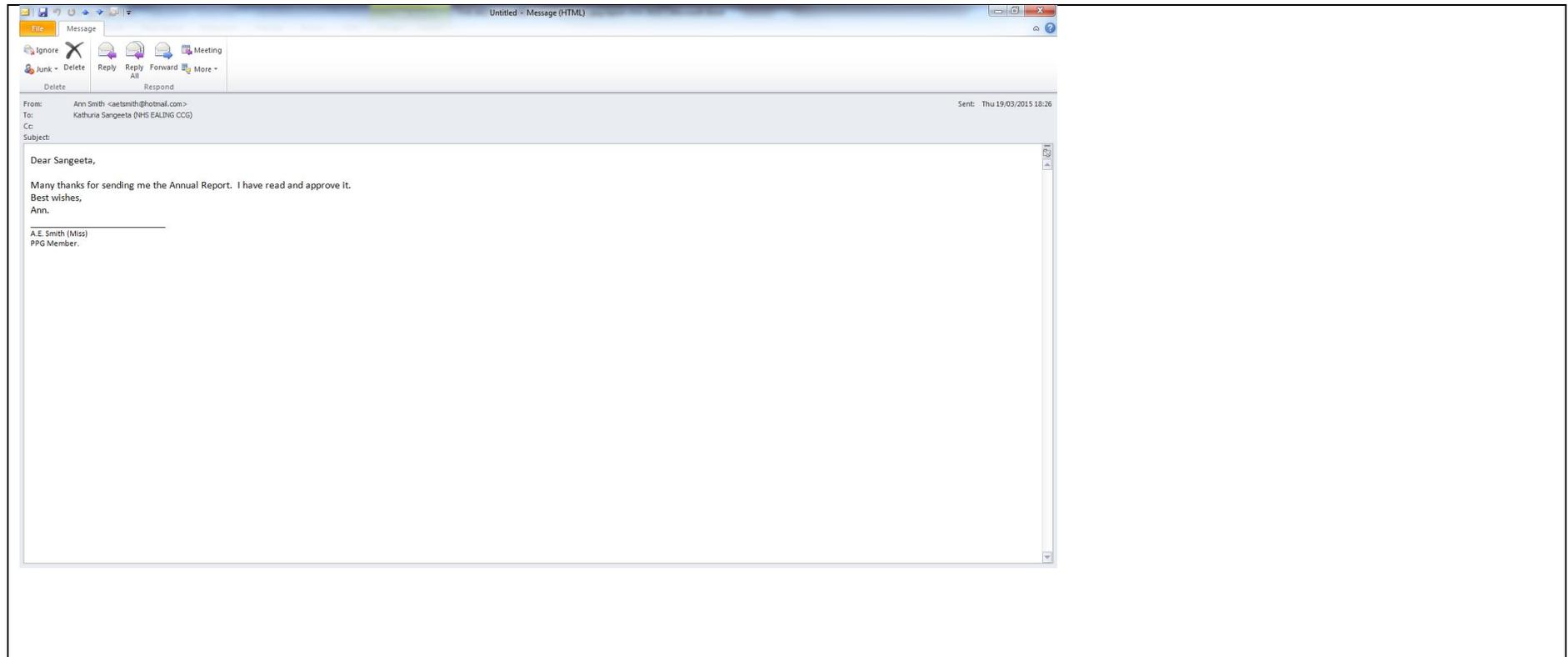
### EVIDENCE OF EMAIL APPROVALS OF PPG MEMBERS OF THE REPORT:



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