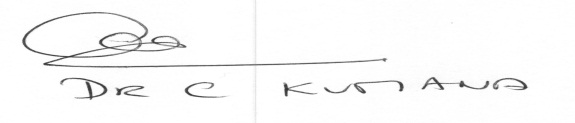
Annex D: Standard Reporting Template

London Region [North Central & East/North West/South London] Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Lime Tree Surgery

Practice Code: F86650

Signed on behalf of practice:  Date: 27/3/15

Signed on behalf of PPG: Date:

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

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| Does the Practice have a PPG? YES | |
| Method of engagement with PPG: Face to face, Email, Other (please specify)   * Face to face, * Email, * Invitation letters regarding meeting and requesting priority areas for agenda items, * Telephone discussions | |
| Number of members of PPG: 16 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 3639 | 3872 | | PRG | 4 | 12 | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 1690 | 836 | 1475 | 1191 | 1060 | 711 | 430 | 118 | | PRG | 0 | 0 | 2 | 1 | 6 | 1 | 2 | 4 | |
| 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 | 399 | 88 | 0 | 1,180 | 168 | 74 | 75 | 641 | | PRG | 9 |  |  |  | 1 |  |  | 2 |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 546 | 575 | 297 | 24 | 240 | 632 | 383 | 60 |  | 79 | | PRG |  | 1 |  |  | 1 |  | 1 |  |  |  | | |
| 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 PRG is not representative of our diverse practice population. We are not represented by our younger population but would like to explore the use of social media in as far as it is allowed by IG Governance and local IT departments.   * **Emails to patients who have consented to receive emails from practice** * **Letters sent to housebound patients** * **We are part the Carers Pilot Project being run by the CCG – being made more aware of how to identify carers and their needs and part of this would also be to encourage them to join the PPG if they are unable to attend a face to face group then join a virtual group. This way they could engage in improving services at the practice,** * **Advertised on website our PRG logo was added to our website as a hyperlink; patients clicked on the logo and were directed to a mini questionnaire asking for details. Once the form was completed, it was sent securely to the PRG lead via email.** * **Posters up in Reception and on Consulting room doors** * **Leaflets attached to patients prescriptions** * **Leaflet put in with patient letters (see attached)** * **Verbal Invite at Reception** * **PPG joining form attached to New Patient Registration form. Patients are asked by Receptionist staff at point of registration if they would like to join the group.** * **Jayex Board (used for Doctors to call patients they always look at this and can see message whilst waiting to see GP))** * **Would like to have used Twitter/Facebook, but use is blocked by CCG on work PC’s** * **We will ask if we can twitter for the forthcoming year to try and engage the younger population** * **Clinicians encouraging patients to have a say in their healthcare by joining the PPG** | |
| 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: | |

1. Review of patient feedback

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| **Outline the sources of feedback that were reviewed during the year:**   * **NHS Choices feedback** * **Friends and Family Test** * **Patient Complaints** * **Patients written Suggestions** * **Patients verbal suggestions** * **Feedback forms** * **CQC report**   **On the 28th of February, we met with our PRG and held a meeting to present feedback gathered throughout the year and agree on the 3 priority areas to focus on;**   * **We discussed the Friends and Family feedback see below**     **There were comments left on the Friends and Family form again very happy with the clinical staff but do not like the appointments system**  **Complaints received about appointments**   * **We discussed complaints received about the appointments system, written complaints and complaints on NHS Choices in particular:** * **Access** * **The length of time patients had wait in the surgery to see their GP. It is not uncommon to wait 30 to 45 minutes** * **Getting through on the telephone** * **Patients like the doctors and feel they get a good level of clinical but do like the appointments system.** * **Occasional issues with some reception staff**   **The group were informed of the high DNA rates for instance in the month of February there were 88 DNA’s even for book on the day appointments.**  **Complaints received about practice premises**  **Now addressed as we have moved**  **Complaints received about lack of nursing appointments for Travel vaccinations**  **This was due to the Prescribing Nurse Practitioner leaving, which left a gap in our nursing service as recruiting was difficult, however this has now been addressed as we another full time nurse.**  **The three priority areas were agreed as**  **Priority one**  **Appointments system as this appears to be biggest the issue of dissatisfaction for our patients**  **Priority two**  **Patient Education**  **Patient Education on how the practice functions, practice funding, other available services. The group felt they had learnt a lot about how a practice actually works and that this information should be cascaded to patients in a Newsletter, frequency to be determined. The aim is for patients to also take responsibility**  **For determining and improving service provision.**  **Priority Three**  **The Group itself was discussed and what steps could be taken to have better representation across the board the group felt that this should be one of the 3 priorities as we need to improve engagement and be more innovative in how we set about achieving this aim. They deemed this important as we are a multicultural diverse population and need to seek the views of a broader cross section of the practice population which is underrepresented as is our younger population.** |
| **How frequently were these reviewed with the PRG? Quarterly** |

1. Action plan priority areas and implementation

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| Priority area 1 | |
| Description of priority area:   * Appointments system   Complaints were received and reviewed about the appointments system, access and length of time waiting on the surgery  However the group did not realise how many patients do not attend their appointment and do not cancel.  We had 88 DNA’s in the month of February most of the patient that DNA will call for another appointment the group thought this was not acceptable | |
| What actions were taken to address the priority?   * It was recognised that there are genuine cases when you cannot call in but this in the minority of cases and not the majority . It was felt that a deterrent needs to be in place as wasting these appointments is having an adverse effect on our appointments system. The 88 appointments not attended could have meant 88 satisfied patients. * DNA letters to be generated and after 3 DNA’s with ample warning given the patient should be removed from the practice list. * The current appointments system to be reviewed but he group felt that they would like to engage more patients in the decision making process of changing the appointments system. * GP’s to be more mindful of the length of time patients are waiting – the board to be used to inform patients how long each clinician is running late by. This was implemented at the old surgery and should be brought over to the new one. | |
| Result of actions and impact on patients and carers (including how publicised):   * We are still in the process of reviewing the appointments system * The board has been put up to inform patients of waiting times * The GP’s have been informed of patient feedback regarding the length of time patients are waiting * As a result of being part of the Carers Pilot Project staff are more aware of the flexibility needed by cares in making appointments. * As the system has yet to be changed it is difficult to monitor the change but we will be looking at patient feedback next quarter.   To be publicised in the practice and on the website | |
| Priority area 2 |
| Description of priority area: Educating Patients via quarterly newsletter (i.e. prescription policy, annual agenda to inform patients of upcoming health promotions)  **Patient Education**  Patient Education on how the practice functions, practice funding, other available services. The group felt they had learnt a lot about how a practice actually works and that this information should be cascaded to patients in a Newsletter, frequency to be determined but initially six monthly leading to quarterly.  The aim is for patients to also take responsibility for determining and improving service provision within the practice.  Patient education around self-help for minor illness  To have an annual agenda of events that are taking place at Lime Tree this will be put in the Newsletter .  **patients** (i.e. requirements of clinicians outside of NHS duties, advertising DNA’s, usage of GP appointment time. Sign posting patients to use of appropriate services) |
| What actions were taken to address the priority?   * Newsletter to be produced * Designate responsibility to a member of staff to oversee the agenda and organise educational materials * Liaising with Public Health on relevant health promotion events |
| Result of actions and impact on patients and carers (including how publicised):  The impact is yet to be determined engaging patients is difficult but we are looking to speak to some of our local community leaders to see if they can help with conducting some educational sessions, this may encourage patients to attend.  We have a lot of languages spoken by our clinicians and where possible they are trying to encourage patients to join the PRG. |
| Priority area 3 |
| Description of priority area:   * Recruiting more patients to the PRG group for better representation of our diverse practice population so that they can be engaged in how services are delivered by their practice. Creating a community spirit amongst Lime Tree surgery patients, as we now have the premises it was mooted that with the very large waiting area should be utilised and we should encourage outside agencies to hold information sessions. |
| What actions were taken to address the priority?  The group will contact other organisation to hold education/health promotion sessions:-   * As Lime Tree Surgery is part of the Waltham Forest CCG Carers Pilot project we are already liaising a representative from the Waltham Forest Carers Association, and we have undertaken staff awareness training. We have invited them to hold information sessions for carers on various aspects such as finances, help with form filling, practical issues and social events. This could be a way of encouraging carers to join the PRG group and be represented. * Age UK – to hold sessions for our elderly patients and we will encourage them to join the PRG. * Younger Population   Health promotion afternoons/evenings for all age groups to engage in their health care topics including  Talk on Acne –teenagers are interested in their appearance, healthy lifestyle advice, smoking advice with leaflets, talk on Chlamydia and the long term effects for our younger population.  Encourage them to engage in their healthcare. Lime Tree has in the past run health promotion evenings with guest speakers. |
| Result of actions and impact on patients and carers (including how publicised):  We are in the process of liaising with other groups and outside agencies so that we can organise events for a cross section of our practice population.  We are working with Waltham Forest carers association to be aware of the needs of carers and how the practice can engage in being more sensitive to their needs both in a practical way i.e. by making appointments at convenient times, organising ordering of medication etc. an easy process.  Will be publicised on website, in practice, on Jayex board. |

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):

Summary of action plans agreed in March 2013 /2014

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| --- | --- |
| Action plan | Outcome |
| Advertise the surgery’s website | Poster in reception, on the LCD Jayex screen, tagged to repeat prescriptions |
| Advertise extended sessions and what times these are from | Advertised on patient entrance. On Website, on LCD Screen |
| Advertise doctor’s specialties | Advertised on website & poster in reception |
| Advertise Nurse Practitioner for minor ailments | This was implemented via Jayex Board , Posters, side of prescriptions – However Nurse Practitioner has now left practice and we have replaced her with a full time practice nurse as we were unable to recruit another Nurse Practitoner |
| Advertise prescription policy | Posters in reception in different languages |

Summary of action plans agreed in March 2012 /2013

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| Action plan | Outcome |
| Advertise DNA rates | Advertise on white board in reception and on Jayex screen |
| Waiting line in reception | Moving to new facility |
| Box in check in board for confidentiality because if patient was standing nearby they could see D.O.B. | Done- Screen erected to protect patient’s confidentiality |

Summary of action plans agreed in March 2011 / 2012

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| Action plan | Outcome |
| Advertise appointment system – pre-bookable & book on the day | Phone message |
| Advertise e-access appointments for those who wish to book online | Poster’s in waiting area and Verbal communication |
| Advertise doctors specialties – e.g. Nurse Practitioner being able to prescribe | Website |
| Alter the telephone options so patients can be directed to the correct staff member | Altered |
| Advertise at the entrance to the surgery the opening times | Done |
| Advertise expected waiting times in reception | Done – White board in waiting area |

1. PPG Sign Off

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| Report signed off by PPG: YES  Date of sign off: 28.2.15 |
| How has the practice engaged with the PPG:  How has the practice made efforts to engage with seldom heard groups in the practice population?  Inviting patients to join PPG by letter  How to join PPG is on our website there is Google translate so patients where English is not their first language can access the information.  We have the information on our registration forms  We are in the process of setting up a Twitter account to try and encourage our younger population  Working on a carers project with WFCA  Has the practice received patient and carer feedback from a variety of sources?  Yes  Friends and Family  Suggestion Box  Looking at complaints  Was the PPG involved in the agreement of priority areas and the resulting action plan?  Yes  How has the service offered to patients and carers improved as a result of the implementation of the action plan?   * We are working with Waltham Forest carers association to be aware of the needs of carers and how the practice can engage in being more sensitive to their needs both in a practical way i.e. by making appointments at convenient times, organising ordering of medication etc. an easy process. * Arranging for WF Carers Association to run awareness events at the practice for carers to let them know what services and help are available to them. * WFCA have and benefits advisor that can assist carers in completing forms to help with carers allowance and other related benefits * By raising awareness of the DNA rates and having a stricter policy on patients that continue to DNA and do not cancel appointments it will benefit patients by having more appointments available to them, In just the month February 2015 alone there 88 wasted appointments   Do you have any other comments about the PPG or practice in relation to this area of work? |