

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 by no later than 31 March 2015

Practice Name: Kings Road Medical Centre

Practice Code: E87063

Signed on behalf of practice: Prithipal Bhambra

Date: 13 March 2015

Signed on behalf of PPG: Adam Koton

Date: 13 March 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):

Although we already have representation from a large range of ethnic groups, we have made considerable effort to engage patients from various groups and ages. Our reception staffs are involved in inviting patients when they come in for an appointment. We have placed leaflets in the waiting area and put a flyer up on our notice boards. We use text message facility to invite patients. We have also created a power point slide which we display on our flat screen TV in the waiting area.

We have a designated notice board in our waiting area solely for PPG. We put dates of PPG meetings on this notice board along with other materials such as meeting minutes, health watch monthly newsletter, PPG joiner forms and details etc.

We have also developed use of email as way of communication to patients. We are now emailing our PPG Members, minutes of the PPG meetings.

We also have a virtual PPG group and correspondence is undertaken by text messaging to the majority. We are happy to communicate to all members in the format they prefer – e-mail; post; text for example.

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Number of members of PPG: 27

M. K British 74 years Female
M. L. Other White 91 years Male
L. P. Other white 86 years Female
E. L. Other Black 33 years Female
A. A. African 41 years Male
A. N. Scottish 78 years Male
S. A. Other Asian 49 years Female
M. Z. Other White 57 years Male
H. T. British 66 years Female
S. N. Chinese 29 years Female
K. S. Nigerian 49 years Female
N. N. Pakistani 20 years Female
K. N. Others 63 years Female
A.O British black 47 years Female
H.T British 67 years Female
M.B British 68 years Female
L.A Spanish 65 years female
J W White British 73 years Female
PH White British 72 years Male
AOB Black African 49 years Female
AK Arab Male 49 years Male
LG White British 59 years Female
KJ White British 76 years Female
JF White British 48 years Female
S D White British 40 male
SB White British 53 years Female
JT South American 58 years Female

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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	43.6%	56.4%	Practice	12.7%	11.3%	37.8%	17.5%	9.4%	5.6%	3.34%	1.98%
PRG	25.9%	74.07%	PRG	0%	3.7%	7.4%	7.4%	25.9%	14.8%	25.9%	11%

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	27%	2.17%	0%	25.38%	0.66%	1.56%	0.34%	2.4%
PRG	40.7%	0%	0%	11.11%	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	1.74%	0.76%	0.70%	1.39%	3.83%	3.22%	1.16%	0.48%	0.40%	26.74%
PRG	0%	3.7%	0%	3.7%	3.7%	11.11%	0%	3.7%	3.7%	22.28%

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 send text messages to all of our patients before every PPG meeting and invite them to attend these meeting.

We have recruited Mr Edward Rosen a Director of Patient Experience, Engagement and Community Participation who leads the PPG meetings and involve as many patients from different groups as possible.

We also invite representative from Health Watch. Miss Olivia Denso working as Patient Participation Group Officer: Kensington & Chelsea and QPP, (Unit 26 Shaftesbury Centre, 85 Barlby Road, London W10 6BN) attends regularly providing useful feedback on how to engage patients. She also helped us in creating an online web based patient survey through survey monkey and then provided us with the results and analysis which we discussed in our last PPG meeting

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with our group members.

We also hold our PPG meetings in the evenings to make it easier for patients who work to attend.

**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?**

We have a good mix of population mostly 27% of them are white British and 25% are other white followed by 11% African population. We have less representation from our younger population especially less than 24 years of age group.

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

We have made a considerable effort to involve younger generation under the age of 24 years through text messages, front reception staff and PPG notice board. Also through our weekly newsletter and through our website, from where they can download PPG joiner form and can email it to us. We have also made sure to hold the meetings in the evening after 5pm to enable those who work or are in school to attend.

2. Review of patient feedback

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

- The group would like a practice to make a plan about the appointment access and have noted that sometimes normal routine appointments are 4 to 5 days in advance.

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- The group queried about the online services that we provide for patients when booking appointments online or requesting for prescriptions online (Promoting online services for patients to access).
- GP's need to listen carefully and be clearer during face to face consultations.
- GP's need to involve patients more in their care. GP's need to encourage this.
- The group queried about whether if there were other ways besides TC consultation to get in contact with the GP.
- Group would like a practice to address waiting times to see a GP.

How frequently were these reviewed with the PRG?

They were reviewed quarterly with the PPG Members.

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>GP – Patient Relationship</p> <p>GP's need to listen carefully and be clearer during face to face consultations. GP's need to involve patients more in their care. GP's need to give more time to patients with long term conditions.</p>
<p>What actions were taken to address the priority?</p> <p>We discussed this priority area in our clinical meeting with all clinicians and asked them for their input.</p> <p>Patient feedback was done twice a year for each clinician and the results of the survey were discussed with them.</p> <p>We have assigned a named clinician to complex and elderly patients. These patients are discussed in the monthly MDT Meetings and in some cases were also referred to the primary care navigator who could also treat any social needs as well as physical and act as an advocate on the patients behalf by bringing their needs and feedback to the meeting so they could be more involved in the decisions about their care.</p> <p>Choose and book system is in place and patients are consulted about which care provider they would prefer before appointments are booked.</p> <p>We have focused on continuity of care (COC) and as part of COC, we are making sure that the requesting clinician of your tests should action the results and discharge letters from the consultant/hospitals should be action by their regular GP's.</p> <p>Our receptionists are encouraged to ask patients if they have a preferred GP at the time of booking appointments. Our online services also allow patients to book an appointment with their preferred clinician at a time that is convenient to them</p> <p>We use BIRT 2 software to extract patients with long term conditions and with high risk of unplanned admissions to hospitals. We regularly hold monthly multidisciplinary meetings for these patients and create and review their care plans with patient navigator, case manager, district nurse and psychiatry nurse if necessary.</p>

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

We now have a customized tailor made care plans for all patients over the age of 75 years with named clinician.

With named clinician, more continuity of care for patients, hence better provision of health services and an improved GP-Patient relationship.

We have sent text messages/letter to all patients to inform them about their named clinician.

MDT lead performs all the action points from these monthly meetings and contact patients if required.

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Priority area 2

Description of priority area:

Increase Patient Access

Run more telephone and walk-in clinics

What actions were taken to address the priority?

We have listened to our PPG group of increasing appointment access for our patients to meet their increasing demands. Telephone consultations are an effective way to get advice from a Doctor or Nurse when patients are too busy to come into the surgery. We are now running extra telephone clinics with increased number of appointments every day. We have received some good feedback from our patients regarding this service.

We also run Walk in Clinic (mon to Thursday) from 6:30 pm to 7:30 pm and on Saturdays from 9:00 am to 11:00 am. Appointments are given on emergency basis and priority is given to children and elderly with long term conditions. We have also increased our opening times and are now open on Sundays from 9:00 am to 12:00 pm.

We have also started an internal system in which we are sending tasks for repeat medications, sick notes, test results and common referrals which help us in reducing the pressure on GP's appointments. In order to train our admin team, our GP's have developed safe protocols and guidelines for them to follow the best path for our patients.

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

We are now able to cope with the increased demands for appointments for our patients.

Unnecessary face to face appointments are being avoided.

Many more appointments are now available as routine requests such as those for medication are sent as tasks to the GP's instead.

We have publicised on our website, notice board, PPG meeting and via text messages.

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Priority area 3

Description of priority area:

Address waiting times for patients to be seen by a clinician.

What actions were taken to address the priority?

Acknowledge to patients that longer consultations can cause longer waiting time as a result of which it may be necessary for patients to be kept waiting longer than the Practice would like.

Notify patients with regular messages on waiting times on the Patient Call System in waiting room.

Inform patients how late a clinician is running through self-check in appointment screen.

Train reception staff to inform patients if a clinician is running late and expected consultation wait time.

We encourage patients to see HCA and nurse for basic health check for e.g. before seeing a GP, they can see HCA/Nurse for BP check, bloods, other investigations and then see a GP to discuss treatment plan

After inserting catch up break slots in clinician's sessions, it allows them to see patients on time.

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

This is an ongoing issue, the Practice is holding a series of Patient experience meetings to discuss this and other issues looking to insert 'catch up' break slots in surgeries for GP's and a more proactive approach by Receptionists.

We have run a patient survey which has shown that our patient waiting time has gone down and we aim to improve this even further in the future.

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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 practice has recently implemented the frontline doctor initiative. Under this initiative a doctor who is at the reception every morning would help patients who walk-in the surgery and would also provide assistance to patients over the telephone.

The practice would create awareness amongst the patients that should they need to discuss multiple issues with a clinician they need to a double appointment. This would reduce patient waiting times. We run announcements about clinicians running late on the patient screens at the reception. In addition to this, we will have a member of the reception team letting patients know in the waiting area if a clinician is running late.

We have now provided a local 020 to our patients and we are in the process of completely getting rid of 0844 number.

We have started Electronic Prescription Service and are now sending prescriptions directly to chemists via secure online link to reduce errors, lost prescription and convenience for patients.

Our patients can book and cancel appointments online, they can request their prescription online, change their details online and can message a clinician.

We are now opening 7 days a week having 4 days late opening up until 9:00 pm.

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4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: 13/03/2015

How has the practice engaged with the PPG:

We have engaged by having regular monthly PPG meetings and also sending patients text messages about their views on our practice.

How has the practice made efforts to engage with seldom heard groups in the practice population?

Groups that were not fully represented were identified using the demographic chart. Contact forms were sorted to ascertain details not identified by the graph i.e. patients with Long Term Conditions, Carers, patients with learning disabilities, and patients with drug dependency problems. The following actions were then taken:

- The Practice Manager speaks to patients directly in the waiting area or when patients make complaints.
- HCA's approached patients when doing their clinics especially during flu vaccinations.
- Our Practice Administrator is also our admin lead for Carer's Project. We have dedicated one notice board just for carers and we invite them to join our PPG Group.

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

Yes.

- We had a carers day in our practice in which we invited Kensington and Chelsea Carer's Team to come for an open day for our patients and their carers
- We have run online patient survey through Survey Monkey and sent a link to all our patients via text. Some printed surveys were also available at the front desk.
- We have put a Feedback Box in our Reception area for our patients to provide us any feedback with regards to our services.

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

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Yes.

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

We have introduced local a 020 number for our patients.

We are now offering more front line telephone consultations and walk in appointments.

We have discussed with our clinicians and take them on board with regards to the waiting times for patients.

We have advertised our online services via our website, notices in the waiting area, via text and through our receptionists over the phone and face to face interaction. Due to which over 2500 patients have now registered with the online services and are using their logins for booking appointments and for requesting their repeat medications.

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

We have also tried to involve members of the PPG in the practice and in helping us to engage with other patients. We have created patient self-help videos on how to use practice services. One of the members of the PPG participated in the creation of one of the videos on online services which was very well received by other patients. We have also liaised with the PPG on what should be involved in our patient surveys and the results are discussed with them in the meetings. The practice is also very happy to take on any suggestions from our patient group, an example of which is the Patient Expert Programme. The Patient Expert Programme runs workshops for patients suffering from chronic conditions on how they can manage the condition and improve their quality of life and was brought to our attention by a member of the PPG. The practice has advertised the service in our waiting room and informed our clinicians who have referred over 10 patients so far.

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