

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

London Region South London Area Team

Complete and return to: nhs.cb.lon-sth-pcc@nhs.net by no later than 31 March 2015

Practice Name: *Hampton Hill Medical Centre*

Practice Code: *H84623*

Signed on behalf of practice: *Dr Karina Knights (Partner)*

Date: 26th March 2015

Signed on behalf of PPG: *Linda Williams (PPG Member)*

Date: 30th 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) <i>This is a virtual PPG and we correspond by email or text.</i>
Number of members of PPG: 288

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Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	48	52
PRG	45	55

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	23	11	12	17	16	9	6	6
PRG	2	10	20	23	15	15	11	4

Detail the ethnic background of your practice population and PRG:

(nb not all patients feel comfortable recording their ethnic background and decline giving this information)

%	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	56	1.67	0	13.94	0.38	0.34	0.56	1.47
PRG	67	2	0	13	0.7	1	1.7	

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1.47	0.29	0.23	0.7	1.51	0.97	0.39	0.38	0	1.78
PRG	1.7	0.3	0	0.7	0.3	1	0.7	0.3	0.3	6.5

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 include an invitation to join the PPG in every new patient registration pack. In addition to this we have a slide on the waiting room TV encouraging patients to subscribe and for several months at the beginning of this financial year we ran a banner notice on the website with the words "WANTED - more patients to sign up to our virtual PPG". We also included an invitation to join the PPG on our recall letters to chronic

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disease patients in particular diabetics and for several months ran a campaign to target patients with repeat prescriptions (ie footnote at bottom of prescription advertising the PPG).

The Partners also drew up a list of patients from BME groups (including patients of black African, Afro Caribbean, Sri Lankan and Bangladeshi ethnic groups) who they targeted opportunistically with an invite to join the PPG (these patients had a yellow flag alert on their EPR to remind doctors).

The doctors also took the opportunity to speak to patients about the PPG when talking to them or their carers at the end of an AUA discussion. We also sent text messages to carers inviting them to join.

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:

2. Review of patient feedback

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

We emailed the PPG to ascertain what they perceived to be the areas/ key priorities that the Practice needed to focus on. The Practice developed a bespoke survey incorporating this feedback and PPG members completed this through Survey Monkey. PPG members were also invited to give qualitative feedback in the survey which was reviewed by the Partners and informed the basis for service development and changes. The Practice then contacted the PPG group again inviting feedback on the Practices' proposed changes and the

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PPGs' final views were incorporated into the concluding set of service improvements in this template. We also drafted a newsletter and circulated that for feedback before posting on the Practice website and in-house. The Practice has agreed with the PPG that it will continue to consult with them bi-annually.

How frequently were these reviewed with the PRG?

The PPG were invited to review the results of the bespoke survey and give further feedback/suggestions for service developments. Progress against objectives were reviewed quarterly.

The PPG was also invited to comment on the Practice newsletter before it was published.

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p><u>Access</u></p> <p><i>Improved access outside of core hours. Opening by Practice during lunchtime. Additional consulting room and treatment room space to be made available to increase number of clinicians operating from the surgery.</i></p>
<p>What actions <u>were</u> taken to address the priority?</p> <p><i>An advertisement was posted in the BMJ for an additional salaried doctor to help with meeting the demand for more appointments outside of core hours ie between 7.30 - 8.00 am Monday to Friday and a second late night surgery (6.30 - 8.00 pm). Unfortunately the first wave of recruitment did not yield any suitable applicants (only 2 GPs applied and both withdrew due to changes in their current employment). However, the Practice has just managed to secure a salaried doctor through CCG networks and this doctor will start early May. The Partners have also reduced their non clinical work to an absolute essential to increase the overall number of appointments. The Practice is also recruiting to the post of a bank HCA who will run an HCA led clinic alongside the GP either during late night surgery or Saturday morning surgery. Services in this clinic will include NHS healthchecks and providing a pro-active approach to healthcare. The Practice is also planning to extend the number of appointments offered in extended hours to include appointments with the Practice nurse and other members of the nursing team.</i></p> <p><i>Dr Sekhon has recently been approved as a trainer and the Practice is scheduled to appoint a second</i></p>

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registrar in August 2015 in addition to the registrar who will work alongside Dr Wadhera. This will increase our appointments' capacity and free up Partner time to focus on greater provision of appointments outside core hours.

The Practice has also been successful in its bid from NHS England General Practice Infrastructure Fund to increase the number of consulting rooms and treatment rooms by reconfiguring existing floorspace and creating an additional consulting room and an additional treatment room out of existing rooms - all of which will help improve access as the space will accommodate a second registrar and external practitioners (eg physiotherapist, osteopath, acupuncturist).

An advertisement was placed in early March for a support member (additional 0.66 wte) who will be employed as a "float" between 11.00 am and 3.00pm to enable the Practice to remain open at lunchtime. It is anticipated that the Practice will be able to implement this by early May at the latest.

The Practice is also exploring through the local GP Federation piloting online face to face consultations with patients to further improve access through core hours.

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

We have publicised this on the Practice website and via the Practice newsletter and on posters in the waiting room.

The Practice also plans to survey the patients and carers to assess the impact of the proposed changes to access in 6 months time (the proposals have so far been well received by the PPG).

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Priority area 2

Description of priority area:

Communication between Practice and Patients

Improve communication as patients felt that the practice website was too cluttered and the text too crammed together. Another patient commented that it would be beneficial if the Practice were able to produce a newsletter on a monthly or quarterly basis.

The Practice also received a complaint that it had not advertised the fact that it was closed on May bank holiday.

What actions were taken to address the priority?

The Practice website was “redesigned” in February 2015 and the menus simplified and all obsolete information including phones numbers and changes to doctor sessions was removed. All information was checked (the clinical information was verified by one of the Partners) to ensure it was up to date, and relevant including signposting patients to other services in the community. Particular attention was given to the landing page which patients had commented was too busy and far too cluttered.

A Practice newsletter was drafted and released for comments/approval to the PPG before being published on the practice website and being made available at front desk. This contained news on various items of interest including changes to the clinical team, confirmation that we have been successful in our bid to acquire funding to create an additional consulting room, an additional treatment room and the entrance area, plus information on impending patient access to their medical record.

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The Practice has now posted on the Practice website all the dates for the public bank holiday for 2015.16 when it will be closed to the Public. A note to this effect has been posted in the waiting room and on a slide in the waiting room. The Assistant Practice Manager has been charged with ensuring that A4 posters go up in the surgery the week before each bank holiday reminding patients that we will be closed and signposting them to our out of hours service and where to go for pharmacy assistance (nb the out of hours number and information is always posted on our practice website). In response to the above complaint the Practice changed its wording from “dial 111 in an emergency” to “patients who urgently need medical help or advice (ie not life threatening situation) should ring 111”.

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

We put a banner on the website informing patients that the above had been done and invited them to feedback on any further improvements. Anecdotal evidence in the surgery from patients has been that the website is more user friendly and far less cluttered.

A Practice newsletter was published containing notifications and this has been posted on the Practice website and in the surgery.

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Priority area 3

Description of priority area:

Improvement to Surgery Environment

Improvements to waiting room and reception room to improve the overall patient experience.

What actions were taken to address the priority?

All the chairs have now been replaced in the waiting room. Previously the waiting room contained fabric covered chairs which were more difficult to clean and the new ones are antibacterial with vinyl upholstery. We are in the process of negotiating with a snack/vending machine company to supply a vending machine to provide hot drinks and health snacks for patients whilst they wait to be seen. We have also put the water machine back into the reception area in response to a patient's complaint.

Confidentiality in the reception area has been more problematic to achieve as the room is small and does not allow for patients to stand back whilst a patient is speaking to a receptionist. We have posted signs up explaining to patients that should they wish to have a confidential conversation with a receptionist, this can be carried out in the interview room adjoining the reception area. The funding we have been awarded to reconfigure some of our floor space may enable us to make the existing reception area bigger thus giving more space between the patient speaking at front desk and those waiting in the queue.

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

Patients have found the new chairs more comfortable and mums in particular have been pleased to see washable vinyl. Although only 50% of PPG members responded that they would use a hot drinks/healthy snack machine, the Practice is still pursuing this initiative following anecdotal feedback/ requests from

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mums bringing their children after school for appointments plus this will be a welcome facility for patients using our out of hours surgeries, clinics.

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 installed a second computer at front desk so that two support team members could attend to patients at busy times. Unfortunately our ability to deal more quickly and efficiently at front desk has been hampered by reduced staffing levels (it has proved very difficult to recruit to primary care over the last year)

Confidentiality still continues to prove a problem at front desk in the reception area despite the Practice moving the diagnostics equipment away from the interview room. The interview room was then freed up exclusively for patients wishing to have a word in private. The design of the reception room is such that patients wait in line close to the reception counter and there is not enough space to demarcate a queue with a barrier or rope. However, the Practice did move the self check in screen to an area adjacent to the reception desk and is now in a more visible accessible part of reception.

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4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: *30th 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? *Yes*

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

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? *Yes*

Do you have any other comments about the PPG or practice in relation to this area of work? *None*

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