

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: Hilltop Medical Practice

Practice Code: E84637

Signed on behalf of practice:

Date:

Signed on behalf of PPG:

Date:

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, Website, Telephone, MJOG, Email.											
Number of members of PPG: 12 active (50 expressions of interest)											
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	52	48	Practice	26	3	7	19	15	12	6	3
PRG	50	50	PRG	0	11	0	11	22	22	11	22

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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 %	11	2	0	17	1	1	1	1
PRG %	25	8	0	0	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 %	4	2	1	1	5	13	6	2	1	0
PRG %	0	0	0	0	0	17	42	0	8	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:

Hilltop Medical Practice is a small but growing practice with a population of approximately 2800 patients, 1350 females and 1487 males of Mixed Ethnicity which is reflective of the Brent area. Working patterns of patients are also mixed with some in full time employment, self employed and unemployed.

When we first advertised the PPG we put messages on our Jayex board, messages on the right side of the FP10 prescriptions, had notices on the noticeboard and also by word of mouth. Receptionists would promote the event as would the doctor. The dates of meetings are also promoted on the practice website as are minutes of meetings.

After a MJOG text message to ALL patients, we had interest from around 50 patients with a wide range of age groups, ethnic groups and social groups but due to work/education commitments they have been unable to attend meetings. We also tried an evening forum which was unsuccessful.

We therefore settled on afternoon meetings as these had a better turnout. We did not deter those that could not attend- they were encouraged to email to the Practice generic email, could leave messages in the practice suggestion box anonymously or write/ telephone in. We have ensured any ideas they have for the practice surveys or agenda of each meeting have been taken in to

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consideration. We send out MJOG texts to all patients and to those who have shown an interest in the past and ask them to let us know if they can attend and if they have any issues they wish to be discussed.

Our PPG is comprised of 7-10 regular patients, mostly in the 40-75 age group but there have been attendances and input from other patients during the year. In our most recent PPG Meeting the group consisted of two in the 20-30 age group, one in the 40-50 age group, one in the 50-60 age group and one over 60. Two of the group are retired, one is self employed, the others are unemployed. Ethnicities were Afro-Caribbean and white British. The full PPG consists of individuals who are white British, African, Caribbean, Indian, Middle Eastern, Lithuanian. We are hoping to recruit some South American participants who are the other ethnic background not represented as well as representation from the middle east. The language issue has been the major problem in this population. In the whole PPG Group we have a wide range of patients with different health factors; including diabetes, epilepsy, mental health issues, rheumatoid arthritis, learning disabilities. We also have a representation from a carer. We are continuously asking patients with other health problems if they would be able to attend. We have improved in our interactions with the younger age groups this year as well as with young mums. We have also learnt from previous years by getting feedback, proactively from our housebound patients.

We advertise each meeting in and around the practice; on the notice board, on the website and where suitable over the phone when patients have called. We are also calling patients in and taking an opportunistic approach when they come in to the practice. Whilst patients are usually happy to give feedback, it has been hard to get secure regular attendance at the PPG meetings.

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: NA

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2. Review of patient feedback

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

Patient Surveys (both IPSI mori and internal Practice), comments and suggestions, reviews on the website, reviews on NHS choices, pharmacy and District nurse verbal feedback as well as the friends and family test – these are continually monitored by the practice manager and reception staff . Individual cases are never presented at PPG meetings but if there is a similar theme or issue that has been identified and pertinent to the Practice/ PPG, this would be discussed. The practice manager will then deal with any actions that are then required.

How frequently were these reviewed with the PRG?

Relevant feedback is presented in **each** PPG meeting. We aim to have quarterly meetings, but find that the summer meeting invariably gets delayed due to holiday schedules.

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Action plan priority areas and implementation

Priority area 1
Description of priority area: DNA rates
<p>What actions <u>were</u> taken to address the priority?</p> <p>The PPG were shocked to hear the practice still had a high rate of patients who did not attend their appointments. They had been monitoring the rates as presented on the Jayex board in the waiting area. The PPG decided that as this was having a large impact on patients (affecting access to the GP and nurse) the DNA policy needed to be changed. There were approximately 60 wasted appointments per month which is equivalent to approximately 3 1/3 full sessions or a reduction in waiting times of 1-2 days. Previously patients were sent three warning letters when they did not attend appointments, if they failed to attend a fourth appointment they would be removed from the practice list.</p> <p>The PPG decided that this Policy was too lenient. There was heated discussion about responsibility of patients towards the practice and also towards fellow patients. Some felt that there should be a “two strikes and you are out” policy whilst others felt that this was unnecessarily strict.</p> <p>The Practice ensures that we maintain an updated mobile telephone number on patient records and an MJOG message is sent 48 hours in advance of an appointment to remind patients of their appointment. This, it was felt allows ample time to cancel an unwanted appointment (as does take place). We have also encouraged online booking and cancellation which also frees up appointments. Our staff have attended customer service training in order to answer the phone more effectively and so there really wasn't much more that the practice could do to facilitate cancellations.</p> <p>As requested, we amended our DNA policy so that from October 2014, two, rather than 3 letters were sent out before a patient was removed from the list.</p>

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

We updated the PPG at our March meeting on our actions. There was an initial drop in DNA rate (possibly due to repeat offenders being removed) but still remains high. We continue to encourage staff to enforce the policy and await medium term effects. There has been a high recent turnover of patients due to rehousing which may account for a higher than desired DNA and we are aware that it will take time to educate patients. There is a message on the Jayex Board reminding patients to cancel unwanted appointments as well as posters on the Practice noticeboard. The PPG were happy for the practice to monitor the rate and for this to remain a priority. The DNA rate will continue to be publicised on the Jayex Board so that all patients can be informed. Hopefully as the DNA falls, this will impact positively on the waiting time to see a clinician.

Priority area 2

Description of priority area: Access to reception/ Access to clinician

What actions were taken to address the priority?

These are actually two separate issues, both of which are assessed in patient surveys.

- a. Access to reception eg booking appointments, getting blood results, prescription queries
- b. Access to a Doctor/ Nurse eg waiting time for an appointment.

- a. With the increase in the patient list size and increasing work coming in from secondary care there has been an increase in interaction between reception/ admin staff and patients. For example, patients seeing a specialist at the hospital may be given a prescription letter which requests the GP to start a medication. In the past the patient would have just been given a prescription which could have been collected immediately from the hospital pharmacy. Now, after hospital outpatient appointments, the patient usually presents a letter to admin staff who then need to process the letter appropriately. The patient is required to reattend to collect a prescription once the GP has read the letter, authorised and issued the medication. This is an additional two contacts per patient not to mention administration time. Both Practice staff and patients have noticed that this has resulted in more telephone consultations and longer time waiting at reception for assistance due to sheer number of queries.

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In response to this increased workload, the practice

- recruited another member of admin staff in August 2014
 - are in the process of working with the Princes Trust to recruit an apprentice
 - have discussed with the PPG about having a dedicated results line during specified times – once staff are appropriately trained
 - have enabled on line access whereby patients can register, request prescriptions, book and cancel appointments on-line, thereby freeing up receptionists time
 - Utilised the sms text messaging service to communicate with patients eg advising them after blood tests – either to reassure them or to advise them to contact the surgery
 - Sent Staff on Customer Service training to upskill them in answering queries more effectively.
 - Taken up the electronic prescribing system (EPS) which allows patients to sign up with their chosen pharmacy who in turn can request and collect prescriptions on patients' behalf. The patient no longer needs to come in person to request their medication, come again to collect their prescription and then go to pharmacy.
- b. Dr NGC has explained to the PPG that the Practice has a flexible approach towards waiting times for an appointment.
- Whenever the waiting time for a Doctor become longer then 7-10 days, the practice employs a locum GP to help with demand. Even as a baseline, in response to an increased practice size we have enlisted the regular help of additional GPs in addition to standard sessions by Dr NGC
 - There has been much discussion with the PPG about the difficulty in recruiting a regular sessional GP. The Practice has advertised for a part time permanent GP but has been unable to recruit. Our current locum GPs are happy to work at the Practice but do not wish to be tied down with a formal contract.
 - The Practice has also been working with the Harness Network to offer patients additional access to a GP by making use of the Network Hubs. This allows the Practice to offer seven day access to a GP via booked appointments.
 - We also continue to direct patients in need to urgent care to our network Walk IN Service at Wembley Centre for Health and Care which is also manned by Practice nurses, Advanced Nurse Practitioners and local GPs.

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

a.

- The additional member of staff has allowed quicker answering of telephone and face to face queries although there was an initial lag as staff had to be trained.
- The interview date for Apprentice hire is 16th April 2015 as directed by the Princes Trust. We look forward to having a young, enthusiastic new member of staff to enhance our team.
- We are still in the process of streamlining our services and training up staff so that they can safely answer the results line.
- The Online Access has been very well received and is well utilised by those who have signed up. Despite advertising, not all patients have taken up the offer. We will continue to advertise the system which does impact beneficially in freeing up reception time and allowing more access for those who are not signed up. In particular it has helped IT savvy, usually working patients who no longer have to wait till break time to contact the surgery. Appointments can be booked (or cancelled) at any time. Repeat Prescriptions can also be requested without any waiting.
- The SMS text for results has been well received and benefits all patients that have kept their mobile phone numbers updated on our system. It is well utilised by the admin staff who in the past would need to spend countless time trying to contact patients. A simple text can now be sent asking patients to call the surgery without divulging any confidential information. Where consented, Dr NGC is also able to send a message to patients after receiving results to reassure patients “your result has been received and no action is required” or to call them back for a consultation “your results have been received. Please contact the surgery to book an appointment with the Doctor”. Unfortunately, it is not possible to have such a responsive service for those who do not possess a mobile number. This generally is the older patients.
- The feedback from Staff who attended the Customer training Course was good. They feel more empowered and learnt skills to make them more efficient in dealing with patient queries.
- The EPS (Electronic prescribing System) has probably been one of the most beneficial systems utilised. It also compliments the on-line access system. It has freed up admin/ Doctor and pharmacy time by streamlining the repeat prescribing system. It also allows a safer and more robust prescribing. Now, a housebound patient can order a repeat prescription on-line and have it delivered at home without the need for picking up the phone or asking anyone to collect a prescription or medication. Similarly, a working patient can order their repeat medication at home and collect it from a pharmacy near their work. The feedback from the PPG members who use the system was that it was well liked and very useful.

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b.

This approach above has allowed us to maintain a satisfactory waiting times for appointments, which remains at 1 week for routine appointment (emergency, same day appointments are also available). Some patients prefer continuity of care and do not wish to see a locum (despite the longer wait for an appointment) for routine review or chronic conditions. The PPG felt that a longer wait was acceptable to see a Doctor of their preference and that if they had more immediate needs that they could an alternative Doctor to attend to their needs.

There have been no problems with the network “Hub” system which has allowed additional access to a GP. It has been most useful in urgent cases eg rashes, coughs, colds where patients have been seen and issued medication without the need to go to A+E and urgent treatment centres.

Our patients also make good use of the urgent treatment centre in Wembley, although it is far for some patients who live towards the southern side of Brent.

There is a poster on the Practice noticeboard and various leaflets available which outline the various ways to access appropriate healthcare.

The care of the patients is the main priority to the practice, so after discussion with the PPG – the practice will still continue to monitor waiting times and employ an extra GP where necessary. We continue to try to recruit another permanent GP.

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Priority area 3
Description of priority area: Disabled Parking
<p>What actions <u>were</u> taken to address the priority?</p> <p>A couple of our PPG attendees are Blue Badge holders and have found the parking situation at the practice quite difficult. They have been vocal in their dis-satisfaction with the planning around the Healthcare Centre especially as this building houses many services. On occasion they have had to park a couple of roads away and this is not acceptable. There have also been cases where disabled patients have been given parking fines when they have had no option but to park close to the building. The congestion is especially bad currently as there are multiple lorries entering and leaving the building site.</p> <p>The Practice Manager has raised the problem with the Estates Manager of the building and has been advised that the parking issue lies with Brent Council which is responsible for road markings and allocation o designated parking spaces. We have also been advised that no immediate changes will be taking place until the construction of the neighbouring estate has taken place.</p> <p>The PPG have agreed to draft a letter to send to Brent Council to highlight their concerns and request urgent allocation of disabled parking spaces.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Currently due to large building works next to the practice, we envisage the council will not be able to address the issue. The works are due to be complete Spring/Summer 2015 and in preparation the PPG can apply for disabled parking spaces to be available outside the practice. Unfortunately this means the issue for patients who require disabled parking will not be resolved in the near future.</p>

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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):

Action Plan 2012/2013

PRG requested information on access of the appointments e.g. routine appointments/ same day urgent appointments and for the practice to consider increasing the number of same day appointments

the practice reconfigured the appointment system and has increased the number of same day appointments. We have also started using the online appointment booking system for patients so they can book urgent and routine appointments without contacting the practice.

PRG requested better awareness of NHS changes –

all changes to local and national services are discussed in PPG meetings, including closures, changes to services and new services. Patients are appreciative of being made aware of NHS changes. It also means they are kept up to date with planned changes, they feel they have a better knowledge of how the NHS is run and what it means to the patient. Our PPG regularly attends open CCG meetings to ensure that their concerns are being addressed and that they can feedback responses to the rest of the PPG.

PRG requested that during the next winter period there should be better provision for gritting facilities outside the building- ensuring the slope outside the building was not too slippery in the ice

the estate manager was made aware of this request and last winter the walk away was well gritted and patient safety was ensured.

PRG requested for the draft problem in the patient waiting area to be sorted out. The reception area was always cold and drafty during the winter months

there is now a screen in between the main automatic door and the waiting room, this has helped with the cold weather plus heaters have been placed in the waiting room.

Action Plan 2013/2014

To reduce DNA rate, to improve access to a doctor – The practice has changed the DNA policy as suggested by the PPG – as they thought it was too lenient on repeat offenders. This has lowered the DNA rate as patients now call to cancel. It is still an issue which the practice are continually working to improve.

Very cold waiting patient area – As above this was helped by the estates team and the installation of heaters in the waiting room

Local Chemist telephone issues – There were issues in patients not being able to get medications as the pharmacy had fax and telephone issues. This was not a practice issue but the relevant pharmacies was contacted and the patients concerns voiced. The PPG informs us that the problem is since resolved.

Patients complained of young youths loitering outside the main building. Raised concerns about alcohol use and littering of premises – Estates were informed of these issues and there were changes to lighting. We are not sure whether there were any changes to CCTV. The issue itself seems to have been resolved.

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3. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: 30.03.2015

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 advertises the meetings to all patients' using text message and advertising on the website and we keep in regular contact with the PPG to update on upcoming meetings. The practice have made contact with housebound patients and discussed issues raised in the PPG meetings, ensuring they also get these patients opinions.

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

Yes, Hilltop use the same mode of contact, text messages, website access, telephone calls. They try to contact all patients who have expressed in interest in joining the PPG and ensure they contact carers directly for their opinions and suggestions. They receive comments in the post, on the website and verbally from patients. Ensure they keep all correspondence and discuss with the PPG in the meetings.

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

Yes issues were raised by the PPG and we discussed the importance of these with the group and the impact on the practice population. The three priority points are then chosen.

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

The DNA policy has helped reduce the numbers of DNA's which means less wasted appointments, texting patients reminders of appointments has increased the number of patients who if unable to attend have called to cancel their appointments. Hiring an extra doctor has also helped with access and patients being aware of the hub service has meant patients can be seen for urgent medical issues.

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

I find it very useful to know about local changes, like when Central Middlesex Hospital close.

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