

Local Patient Participation Report 2013/2014 (DES)

Putneymead Group Medical Practice – H85012

BACKGROUND

Putneymead Group Medical Practice is a large NHS practice with 24,500 patients working from unique premises in Putney, South West London. We have evolved as a result of a merger between three local practices. In 2011 the 3 local practices moved into our current premises, amalgamating services into one primary care centre offering a number of enhanced services.

COMPONENT 1 : ENGAGEMENT

Our patient participation group was first established in 2011 and has been actively meeting alternate months since then for between 1 – 2 hours. We alternate between attendance of the Managing Partner and The Practice Manager to attend PRG meetings in rotation. Similarly we have key staff who attend meetings / work with patients i.e. Sharon our reception supervisor takes minutes and is on hand to answer queries relating to the reception team and Jak who develops the Practice Newsletter and runs the patient dedicated email account, Doug our Operations Manager for Operational issues which may arise periodically. We have a registered PRG of 44 members who attend the bi-monthly meetings as and when they can. We vary the meetings times between early and late PM to accommodate patients who may work.

We actively aim to engage new patients by advertising the PRG on our website and by invitation to all newly registered patients. We also advertise the PRG to patients in our waiting areas by way of a scrolling message on the patient call system. We further aim to engage any patient that provides feedback to the practice whether this be constructive criticism, complaint or praise.

To further engage with our patient group in December 2013 we invited them to our Staff Xmas lunch which really did help both staff and patients, within a social setting engage and build relationships with various staff disciplines.

We have increased the PRG representation by around 10 patients during the year, and now have a member list of 44 patients with 12 to 15 active members regularly attending meetings. We have also collated over 3000 email address to date and email newsletters and any other information we feel appropriate to this group.

The demographics of our patient profile is young, professional, working families where the ethnicity of patients are predominantly white. This matches the PRG member group which derives from patients who are working professionals, families, retired and active members of the local community. The breakdown of the PRG members are as follows:

20 – 29 years old	x	8	Female	x	25
30 – 39 year olds	x	4	Male	x	19
40 – 49 year olds	x	1			
50 – 59 year olds	x	6			
60 – 69 year olds	x	11			
70 – 79 year olds	x	9			
80 – 89 year olds	x	4			
90 – 99 year olds	x	1			

COMPONENT 2 : DEVELOPING THE SURVEY

The survey was discussed at the Patient participation group meeting on 22nd October 2013 (please see Appendix A minutes).

It was felt we need to work more proactively to ascertain the survey was a true reflection of the practice population, rather than just those that attend the surgery during the survey period. It was agreed we would use the website to post the survey for patients to complete on line and either email back to us, post or drop it in. We would use Mjog as a mechanism to advise a sample of 300 patients taken randomly to advise them the survey was available on line and encourage to actively engage. The sample size for a list of our current patient size is 600 – so it was felt this would represent 50% of the survey numbers required. We discussed posting surveys to capture patients not visiting the surgery during the survey period, but felt this exercise had in the past not been representative of the desired outcome with very few surveys returned, and was therefore dismissed.

The group felt they did not have anything specific to add to the survey in terms of particular questions, it was agreed to continue with the GPAQ survey again for 2013/14. The key areas deemed as priorities, which have also been addressed in complaints and feedback are:

PRIORITIES IDENTIFIED in the 2012-13 SURVEY

- 1. Q 13 How easy to get through to someone at your GP practice on the phone ?**
Practice Score 12/13 78% GPAQ Average Score 12/13 68.8%
- 2. Q17 How easy is it to book ahead in your practice ?**
Practice Score 12/13 79% GPAQ Average Score 12/13 74%
- 3. Q29 How often do you see or speak to the GP you prefer**
Practice Score 12/13 65% GPAQ Average Score 12/13 58.3%
- 4. Promoting On-Line Booking**

COMPONENT 3 : CARRYING OUT THE SURVEY

The patient survey was carried out in February 2014 using a nationally recognised survey GPAQ.

The surveys were available in both waiting areas on each of the Clinical Floors, Ground Floor and posted on the website and advertised via Mjog and the waiting room message screens. The GP's also each took a number of questionnaires for patients to complete after their consultation. Patients from the PRG group kindly volunteered to help engage with patients to promote completing the survey and to assist our busy reception staff. The survey took just over 3 weeks to complete fathering enough surveys to meet out sample size of 600

COLLATING PRACTICE SURVEY AND INFORMING PRG

We collected 604 completed surveys for the Practice, and the results were analysed and reported by In Time Data.

The results were discussed in a whole practice team meeting on Monday 17th March and emailed out to the PRG (please see Appendix B email below) 10 days prior to the PRG meeting on Tuesday 25th March 2014.

COMPONENT 4 : SURVEY RESULTS

The results of the survey were discussed at our PRG meeting on 25th March 2014. The survey has been posted on our website and posters displayed in the waiting areas on Floor 1 and 3. The results were also emailed to those patients on the group's email distribution list.

The Clinical, Management, reception and Admin team discussed the survey results on 17th March to feed into the PRG meeting and interestingly the action points / priorities have been similar for both the practice and the PRG. The main areas we felt we wanted to address have been identified and an action plan was drawn up following the PRG meeting.

OUTCOMES

The following were viewed as the most significant outcomes to discuss and address, which were compared against last year's survey to determine a change in score, and then plotted against the national average scores.

Question	Survey result 13-14	National Average 13-14	Survey Result 12-13	National Average 12-13
Q3 Listening	96%	88%	97.4%	88%
Q4 Enough Time	93.4%	86%	95%	86%
Q7 Decisions	91.9%	75%	95.7%	76%
Q12 Reception	94.9%	88%	96.1%	89%
Q40 Satisfaction	91.9%	87%	93.4%	88%
Q41 Recommend	94.2%	80%	96.6%	82%
Q13 Phone	68.6%	75%	68.8%	78%
Q14 Speak to Dr	72.7%	69.9%	80.7%	60.6%
Q17 Book Ahead	75%	79%	74%	79%
Q25 Waiting Time	61.4%	67.8%	63.9%	56.9%
Q29 Preferred GP	57.7%	65%	58.3%	65%

Question Analysis	By Phone	In Person	On-Line
Q18 Method of booking appointment	64.10%	17.4%	18.10%
Q19 Method you would prefer to book	49.9%	14.30%	35.7%

Question Analysis	Same . Next Day	2 – 4 Days	5+ days
Q20 How soon did you see own Dr	14%	37.7%	30.2%
Q21 How do you rate Q20	65.1% Good	34.9% not good	
Q22 How soon did you see any Dr	47.6%	31.5%	8.9%
Q23 How do you rate Q22	78% Good	22% not good	

DEMOGRAPHICS	MALE	FEMALE			
Q42 SEX	28.8%	71.2%			
DEMOGRAPHICS	<16	16 – 44	45 – 64	65 – 74	➤ 75
	0.7%	55%	26.6%	9.5%	8.1%

It was noted the mean values this year had increased significantly in a number of areas and this was explained by the analysis team that average means until 12-13 had been used for the last 5 years or so, and this year they had been updated and re-calculated which generally had an uplift in most areas indicating patient care had improved and expectation had increased.

COMPONENT 5 : ACTION PLAN AND PRIORITIES

Both the Practice team and the patient group discussed the various comments that had been fed back from individual patients, along with the survey scores and felt there was a pattern of themes for development and a subsequent plan of action as follows:

THEMES

1. Telephone Appointment demand
2. Waiting Time – To see a GP and in the Waiting Room
3. Promote on-line booking
4. Continuity of care
5. Front of house – reception customer care and process
6. Results Line
7. Capacity Doctor

ACTION PLAN

Priority Area	Action	Review date	Progress
Telephone	Concentrate on 2 areas: 1) Getting through on the phone – Examine My Agent reports for peak demand and waiting time to establish adequate number of staff are resourced 2) Telephone capacity and demand – Monitor on the day availability and when capacity has been depleted and whether this matches demand.	Doug Kershaw June 2014 Beverly Toney June 2014	
Waiting Time	Concentrate on 2 areas: 1) Time to see a GP of choice / any GP – patient education on part time GP working which will create longer waiting time – encourage patients to book appointments with team GP's if own Dr is not free within acceptable time scale 2) Time waiting to see the GP on arrival for an appointment – Reception to proactively advise patients when there is a delay for patients waiting for a certain GP by identifying 2 patients waiting to see any particular GP. Also ask Dr's to keep reception advised if they are delayed with a patient due to an urgency so waiting patients can be kept up to date or offer to see another GP	Beverly Toney June 2014 Sharon Baker June 2014	
On-Line Booking	We currently have 13% of the population (3223 patients) with on-line access to appointments and repeat prescriptions. We want to aim for a minimum of 25%	Beverly Toney and Sharon Baker June 14	

	during 2014-15		
Continuity of Care	We struggle as a large practice with patients who have long term conditions seeing a regular GP – Aim to advertise Teams and working days of GP's. Also train reception to ask patients which Doctor they usually see and offer the first available appointment with that GP – if that does not meet with the patients requirements, then offer a GP within the same team. Only as a last resort offer CapDoc for the clinical floor	Beverly Toney June 2014	
Front of House	This will involve some work with reception where workload is fast and furious and this often comes across to the patient as abrasive – so greater customer care (almost 75% of the team have now attended Customer Care training). Management team to use listening into phone calls as a tool to develop effective telephone skills. Review process' front of house to ensure streamlined and effective. Ensure our recruitment selection process meets the required standard of customer care.	Doug Kershaw Sharon Baker June 2014	
Results Line	Establish what difficulties patients are experiencing in getting through. The line is open for 2.5 hours per day and we initially have 2 people taking calls – look at demand and whether we need to increase capacity. Also look at the quality of feedback given to patients for their results – the service is manned by HCA's who read the annotation from a GP, but are often asked clinical questions they are unable to answer – so better detail from the GP to pass onto the patient	Beverly Toney and all GP's June 2014	
Capacity Doctor	Patients claim they do not like being booked into a telephone appointment when we have no further face to face appointments on the day to offer. Work on advising patients how the service works insofar as the Doctor has dedicated time to bring patients in to see them or their regular doctor. Also look at working with reception to screen some of the basic CapDoc appointments for FP10 or forms to be completed.	Beverly Toney, Clinicians, Reception, Doug Kershaw and Sharon Baker June 2014	

COMPONENT 6 : PUBLICATION OF THE SURVEY AND ACTION REPORT

We plan to have a regular agenda item on the bi-monthly PRG meeting with regard to the Survey actions and review. This report will be updated as a result of the progress and outcomes taken and will be uploaded to the website. We have developed a patient leaflet detailing 'How to make an appointment' along with the different types of appointments the practice offers i.e. Routine, Acute, Same Day, CapDoc, On line. See. Appendix C

As a result of the survey this leaflet will be revised to include GP working days.

Our opening times are advertised on our website and are further displayed below:

Day	Reception	Consulting Times during Core and Extended Hours			
		SESSION 1	SESSION 2	SESSION 3	SESSION
MON	08.00 – 20.00	08.00 – 11.30 09.00 – 12.30 09.15 – 12.45	Clinical Meeting 13.00 – 16.00	16.00 – 18.30	18.30 – 19.00 x 8 GP's 18.30 – 19.00 x 1 Nurse (4 hrs)
TUE	08.00 – 20.00	08.00 – 11.30 09.00 – 12.30 09.15 – 12.45	14.30 – 17.00	16.00 – 18.30	18.30 – 19.00 x 1 GP 18.30 – 19.00 x 1 Nurse (1 hr)
WED	08.00 – 20.00	08.00 – 11.30 09.00 – 12.30 09.30 – 13.00	14.30 – 17.00	16.00 – 18.30	18.30 – 19.00 x 4 GP's 18.30 – 19.00 x 1 Nurse (2.5 hrs)
THU	08.00 – 20.00	08.00 – 11.30 09.00 – 12.30 10.00 – 13.30	14.30 – 17.00	16.00 – 18.30	18.30 – 19.00 x 3 GP's 18.30 – 19.00 x 1 Nurse (2 hrs)
FRI	08.00 – 20.00	08.30 – 12.00 09.00 – 12.30	14.30 – 17.00	16.00 – 18.30	18.30 – 19.00 x 1 GP on call (0.5 hrs)
SAT	08.00 – 11.30	08.00 – 11.30			08.00 – 11.30 x 1 GP (3.5 hours)

Appendix A – Minutes of the PRG Meeting of 22nd below

Appendix B - E mail to PPG

Appendix C - How to make an appointment

Appendix 1

PATIENT REFERENCE GROUP (PRG) MINUTES

DATE

Tuesday 22nd October 2013 AT 3:00PM

Participants

Staff
Beverly Toney , Sharon Baker
Patients
MN, GS, TH, BQ, VD, CE, SR

APOLOGIES

CH, LMCD, RC, PH, DT, EM,SB, JC, KK, AMcD,
JZ, DZ, SR, ER, MM, SM

	Agenda Item	Lead	Content	Minutes	Action
1	3:00-3:05 Apologies for absence	Chair	Any received	Sue Rolfe	
2	3:05 -3:10 Introductions	Chair	Any unfamiliar participants		
3	3:10 – 3:25 Matters arising from last minutes	Bev	Concern about 111 service for non-critical care: Report on progress with Practice survey of opinion from patients with immediate experience of using the 111	The Practice Survey is funded by CCG as a pilot for Wandsworth. Bev briefly went through the comments so far.	Continue sending out

		TH	<p>service. Telephone follow up results? Agree further action.</p> <p>Brief – proposed relaunch by Wandsworth CCG</p>	<p>The rate of response has improved substantially. On balance the feedback is positive but there are occasional frustrations and concerns</p> <p>Tony is part of a focus group for a public event to relaunch the 111 service on 3 Dec. The patient feedback from our pilot should be used to inform some of the presentations.</p>	<p>questionnaires to 111 users until we get 100 responses.</p>
4	<p>3:25-3:40</p> <p>Standing item</p>	<p>Bev</p> <p>All</p> <p>Bev</p>	<p>Collating suggestions and concerns raised by patients:</p> <p>Decision re proposed change to protocol for Receptionists to give their names automatically?</p> <p>Proposals for accessing a latent pool of quality candidates for Reception duties.</p> <p>Brief re “Winter flu’ jabs”</p>	<p>Bev has not gone through the box of suggestions this month .</p> <p>Tony spoke about the issue raised last time around Reception customer service training. Sharon is the Reception Supervisor and led a discussion. She reported that all our reception team wear name badges and are encouraged to automatically state their name when answering the telephone.</p> <p>We discussed the possibility of using the Putney mead Newsletter to illustrate for patients generally the scale of the challenges faced by the Reception Team. E.g. The workload - How many calls we respond to each month; complexity etc.</p> <p>We revisited briefly the discussion last time about recruitment and the challenges faced. However, all vacancies are either filled or pending arrival of recruit so there is nothing to follow up currently.</p>	

			<p>programme:</p> <p>Public and GP drive for maximum take up. Why the “3rd degree” attempt by the vaccinator to drive away those who have booked for one?</p>	<p>Beverly gave an example and an update of where we are with the flu jab programme. Currently on track with expectations. a) Typically, the Practice reviews the list of those who have come forward and starts to attempt direct communication with those eligible but ‘difficult to engage’ after a couple of months. b) The Practice is unable to recover costs of the service for patients ineligible under NHS guidelines e.g. under 65 etc. etc. therefore, a degree of confirmation is appropriate.</p>	
5	<p>3:40 – 3:50</p> <p>Standing item</p>	<p>Bibi</p> <p>Any others?</p>	<p>Feedback from Patient Reps at:</p> <ul style="list-style-type: none"> - CCG Locality meetings, - CCG Clinical Reference Groups, - Hospital Trust Boards, Healthwatch etc. 	<p>Bibi gave a feed back on all the meeting that she has attended.</p> <p>A self help DVD called ‘Mood Management’ has been relaunched for distribution by GPs aimed at helping with managing anger in families and will contribute to delivering one of the Locality priorities, reduced Domestic Violence – a major issue in parts of our area particularly.</p> <p>Wandsworth CCG is relaunching the opportunities available to patients through their GP from its subscription to “Big White Wall” . This is a national, online service to support mental health and wellbeing - see</p> <p>http://www.bigwhitewall.com/my-account/login.aspx?ReturnUrl=%2f</p> <p>Tele Health is being rolled out to a number of patients with chronic conditions. This is</p>	

				<p>equipment for measuring regularly key vital signs and transmitting the results to enable clinicians to monitor them remotely. This is intended to deliver improved care for patients while reducing overall costs in the long run.</p> <p>There has been a Health Watch conference raising awareness of inequalities around BME Health, another key priority for the CCG.</p> <p>Various members gave their impression of Health watch</p> <p>There is a vacancy for patient representation on the Wandsworth Cancer Clinical Reference Group ; Bibi has already applied.</p>	
6	<p>3:50 – 4:00</p> <p>Matters arising from last minutes</p>	<p>Bev</p> <p>All</p>	<p>Putney mead Newsletter: Confirm Editor volunteer(ed)</p> <p>Proposed topics with copy suggestions. e.g. Commercial access to patient data.</p>	<p>Premi will be asked to lead on this</p> <p>Tony requested that a briefing for patients about the implications of Health & Social Care Information Centre (HSCIC). be put in the Newsletter.</p>	<p>Bev to ensure an item on HCSIS is published in the next Newsletter either in the Practice content or from the Patient Group – referring to Sue Rolfe as appropriate.</p>
7	<p>4:00 – 4:15</p> <p>Matters arising from last minutes</p>	<p>Chair</p>	<p>Patient Satisfaction Survey 2013 (Planned questionnaire distributed with the agenda.)</p>	<p>We discussed the possibility of adding a bespoke, local supplement to the national standard questionnaire</p>	

		Bev	<p>Identify through discussion any key issues that warrant exploration with supplementary questions.</p> <p>Agree questions</p> <p>Brief the proposed process Discuss. Agree arrangements for any volunteer support required.</p>	<p>- No proposals made. The questionnaire will be used in standard form.</p> <p>The questionnaire will be rolled out from mid November on the Putney mead website and, in hard copy, at Reception Desks and in Waiting Areas. Given the extra lead time this year compared to last, it is not expected to be necessary to call upon patient volunteers to support.</p>	<p>Bev to keep progress under review and contact Sue Rolfe in good time if volunteer support will be appreciated to achieve the necessary response rate.</p>
8	4:15 – 4:25 Any other business	Bev	<p>Meeting schedule 2014</p> <p>Christmas meeting with social 2013 ?</p>	<p>Beverly asked about the frequency and day of the meeting. This will be finalized by Bev with Sue.</p> <p>We will have a social on Monday 9th December at 7.30 and ask Gps to attend .</p>	<p>Bev to agree meeting schedule for 2014</p> <p>Bev to organize social</p>
9	4:15 – 4:25 Any other business	Chair		<p>a) Importance of patients responding to screening notices and other communications from NHS sources. – Inaction can lead to being deregistered.</p>	

				<p>There are implications for both patient and Practice. The NHS is weeding the lists of patients registered with GP Practices because there are more people being paid for than the census figures indicate exist in the country.</p> <p>b) Appointments on-line. Discussion of pros and cons.</p> <p>Nurse appointments cannot be booked on-line and there are no plans to extend the service to this because of the complexity of requirements etc.</p>	
	Signing in of members present.	Bev	We did this		
	Date of next meeting	Chair	Tuesday, 26th November 2013 15:00 Putneymead, 2 nd Floor, Library		
	4:30 Close Meeting	Chair			

Appendix B

Agenda, Minutes and Practice survey results - Putneymead group medical practice - 25th March 2014 - 3pm

Toney Beverly (NHS WANDSWORTH CCG)

Sent: 17 March 2014 15:32

To: Putneymead PPG Group

Cc: Baker Sharon (NHS WANDSWORTH CCG)

Attachments: PR_13958__Practice_Report_~1.pdf (314 KB) ; 28 01 2014 minutes.doc (62 KB) ; 25 03 2014 agenda.doc (60 KB) ; Attendance register 2013 2~1.xls (36 KB)

Hello all

For this meeting we have quite a few meaty items to discuss, therefore in order to obtain the best possible responses to issues you may wish to raise, please send email questions for the next meeting to Sue Rolfe in advance and (cc me) into the email.

Please find attached

Agenda for meeting to be held on 25th March 2014 - 3 pm - Library 2nd floor

Minutes of the last meeting held on 28th January 2014

Practice survey Results - The practice has already analysed and discussed the survey and the outcome of this discussion will be shared with the Patient group on the 25th. We also need to discuss your ideas for improvements. Both discussion would contribute to our annual report.

Thank you

Beverly Toney
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Putney
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020 8 394 5454
www.putneymead.co.uk

Appendix C

TEL: 020 8788 0686
PUTNEY, LONDON SW15 6TQ

266 UPPER RICHMOND ROAD,
FAX: 020 8780 0831

OPENING TIMES

Monday: 8.00 am – 20.00 pm
Tuesday: 8.00 am – 20.00 pm
Wednesday: 8.00 am – 20.00 pm
Thursday: 8.00 am – 20.00 pm
Friday: 8.00 am – 20.00 pm

OUT of HOURS

If you require urgent medical help when we are closed please call NHS 111. A message will direct you to NHS Primary care Service who look after our patients out of hours.

Please only use this service for urgent medical problems that cannot wait until we are next open

Saturday: 8.00 am -11.30 am By pre-booked appointments only

Our telephone lines are open weekdays from 08.00 - 18.30 pm

APPOINTMENT INFORMATION

CONSULTATIONS ARE BASED ON 10 MINUTE INTERVALS. IF YOU HAVE MORE THAN 2 PROBLEMS OR SIGNIFICANTLY OVERRUN ON YOUR ALLOCATED APPOINTMENT TIME, THE DOCTOR MAY ASK YOU TO MAKE A FOLLOW UP APPOINTMENT.

WE HAVE TWO TYPES OF APPOINTMENTS FACE TO FACE CONSULTATIONS AND TELEPHONE CONSULTATIONS

To be seen on the same day, ask for a 'Same Day' appointment. We will ask you if this is for a Face to Face or Telephone consultation. These appointment types are both for Routine and Urgent problems. Each day we have limited availability for Face to Face consultations so it is advisable to call between 08.00 and 10.00 if this is your preferred option.

When all our Face to Face appointments have been allocated you will be offered a Telephone Consultation for that morning or afternoon. The Doctor will then call you back. It is difficult to set an exact time for the return call but we aim for it to be within that session (AM sessions operate from 9.00 to 13.00, and PM from 13.00 to 18.30) The majority of the time the GP will be able to treat you appropriately via a Telephone Consultation but if they feel you need to be seen they have reserved appointments they can offer you to come in.

If you do not mind which GP you see, then you should be able to get an appointment within a week.

However if you prefer to book with a specific named GP there may be an increased waiting time.

This is because many of our GPs work part time and do not always have availability on the day.

We also offer 'Advanced' booking availability up to 4 weeks in advance.

You can now register to book your own appointments online. Please ask the receptionist for details

As far as possible we will try to accommodate your choice.

For continuity of care, all patients are allocated to a team of regular doctors – it would be helpful if you book appointments with one of the doctors in your team. Reception can help you understand which doctors are in your team.

DR Ashleigh Helm	A	Floor 1	Room 2
DR Joanna McEwen	A	Floor 1	Room 4
DR Kilian Keaney	A	Floor 1	Room 9
DR Lucy Andrews	A	Floor 1	Room 9
DR Premi Allen	A	Floor 1	Room 11
DR Sarah Britton	A/B	Floor 1	Room 8
DR Claire Bamsey	B	Floor 1	Room 11
DR Donald McKenzie	B	Floor 1	Room 3
DR Jacqueline Roberts	B	Floor 1	Room 10
DR Laura Neal	B	Floor 1	Room 10
DR Rhys Stephens	B	Floor 1	Room 1

DR Alexandra Hallums	C	Floor 3	Room 4
DR Alison Kirkland	C	Floor 3	Room 4
DR Anna Sutton	C	Floor 3	Room 5
DR Maria Wallace	C	Floor 3	Room 11
DR Sarah Dawson	C	Floor 3	Room 3

DR Shivani Dhiman	C/D	Floor 3	Room 8
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DR Ali Hassas	D	Floor 3	Room 9
DR Kieron Earney	D	Floor 3	Room 10
DR Nicky Nauton-Morgan	D	Floor 3	Room 2
DR Sara Riley	D	Floor 3	Room 5
DR Susan Plumley	D	Floor 3	Room 2
DR Zoe Rose	D	Floor 3	Room 1

If you need help with these options our Reception staff will be happy to guide you to the appropriate option.