

Local Patient Participation Report 2014/2015 (DES)

Practice Name: Putneymead Group Medical Practice

Practice Code: H85012

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

Does the Practice have a PPG? YES												
Method of engagement with PPG: Face to face, Email and Practice Newsletter												
Number of members of PPG: Total (24)												
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	11620	13468			3481	2976	5790	3869	1977	5440	820	735
PRG	7	17			0	0	3	1	4	7	4	5
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	16811	542	0	103	148	93	262	372				
PRG	16	0	0	2	0	0	0	1				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	383	120	29	296	527	267	36	148	50	4901
PRG	0	1	0	2	0	0	0	0	0	2

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:

- 1) Flyers advertising the group with a joining form attached are left in out leaflet holder in the waiting rooms on Floor 1 & 3**
- 2) A form for signing up to the group is attached to each NEW REGISTRATION along with a narrative of what is involved**
- 3) Our web site has information on the group and there is a sign up form which can be downloaded.**
- 4) We have a scrolling message on our waiting room Envisage Patient Call-In Screens advertising the Patient Group**

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?

Yes

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

We have a Student Population at Roehampton University. We advertise the Patient Group in the welcome letter to new students, and also promote this at various events the Practice attends at the beginning of the new academic year to include Fresher's Fairs, Meetings and Talk's with new students and Flat Reps, advertising on the Student Welfare Website, and generally promoting opportunistically. We find this population particularly hard to engage with.

2. Review of patient feedback

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

Via **FAMILY and FRIENDS (feed back via electronic tablet and paper)**

Via **SUGGESTION BOX ON GROUND FLOOR RECEPTION AREA**

Via **PRACTICE EMAIL ADDRESS**

Via **VERBAL FEEDBACK TO STAFF**

Via **PPG MEETINGS**

Via **PATIENT COMPLAINTS / SIGNIFICANT EVENTS**

How frequently were these reviewed with the PRG?

Scheduled for twice a year, usually in March and September. However if there are any particular topics or trends that are being raised we can schedule this as an agenda item at the next meeting under General Feedback.

The group has 6 scheduled meetings per year on the 4th Tuesday of the month, bi-monthly.

27/05/2014 22/06/2014 (cancelled due to patient availability) 23/09/2014 25/11/2014 27/01/2015 24/03/2015

Minutes of these meetings are held on the practice's shared drive and emailed to all patients on the PPG distribution list.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Getting through on the phone

What actions were taken to address the priority?

Monitoring

- 1) **Examine My Agent reports (Call Logger) for peak demand and waiting time to establish adequate number of staff are resourced and match demand.**
- 2) **Monitor on the day availability and when capacity has been depleted and determine whether this matches demand.**

Action taken

- 1) **Admin staff x 4 now answer the phones between 8.00 and 8.30 in addition to the reception staff. Analysis of our call logger suggested was one of our main peak activity times for calls coming into the surgery**
- 2) **We have changed the Rota for some of the Reception staff to provide a more efficient telephone service, and are responsive to calls by having a longer and regular shift on the telephone service. This has meant calls are answered quicker and are more efficient in their length. We have also developed a system of 'all hands on deck' if unprecedented levels of calls are experienced greater than the resource available by alerting the Team Administrators to log into My Agent to help clear any backlog.**
- 3) **We have also limited the 20 incoming / outgoing lines, so that only 10 lines come in and 10 lines go out. This has made a difference to waiting times, as the potential to have 20 calls coming in was unrealistic if you did not have 20 people free to answer the call, which increased waiting times for patients.**

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

- 1) Fewer complaints received about getting through on the phone.
- 2) Call Logger reports has reduced numbers of patients with a failed telephone encounter.
- 3) Action taken explained to patients who complained, including the promotion of on-line appointment booking to save the need for a phone call.
- 4) Staff are more efficient with the turnover of calls, particularly at peak times.

Priority area 2

Description of priority area:

Waiting Time and Continuity of Care

- 1) **Waiting Time to see a GP of choice / or any GP**
- 2) **Waiting Time upon arrival for an appointment**
- 3) **Continuity of Care**

What actions were taken to address the priority?

- 1) **Waiting Time to see a GP of choice / or any GP. Patient education regarding part time GP working which applies to over 70% of employed GP's potentially creating a longer waiting time to see a specific GP. We have encouraged patients to book appointments with one of their team GP's if their own Dr is not free within an acceptable time scale. We have developed the following leaflet to guide patients appropriately.**

OPENING TIMES	OUT of HOURS
<p><u>Monday:</u> 8.00 am – 20.00 pm <u>Tuesday:</u> 8.00 am – 20.00 pm <u>Wednesday:</u> 8.00 am – 20.00 pm <u>Thursday:</u> 8.00 am – 20.00 pm <u>Friday:</u> 8.00 am – 20.00 pm <u>Saturday:</u> 8.00 am -11.30 am By pre-booked appointments only</p>	<p>If you require urgent medical help when we are closed please call <u>020 8788 0686</u> A message will direct you to 111 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</p>
<p>Our telephone lines are open weekdays from 08.00 - 18.30 pm or you can book an appointment on-line at https://patient.emisaccess.co.uk/Account/Login once you have registered for this service either at Reception on on-line</p>	
<p>APPOINTMENT INFORMATION</p>	
<p>WE HAVE TWO TYPES OF APPOINTMENTS FACE TO FACE CONSULTATIONS AND TELEPHONE CONSULTATIONS</p>	
<p>To be seen on the same day, ask for a 'Same Day' appointment. We will ask you if your appointment request 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.</p>	
<p>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 9am to 1pm, and PM from 1pm to 18.30pm) 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.</p>	
<p>Most of our appointments are booked Monday to Friday of the same week but if you prefer to book in advance you can do this up to 6 weeks in advance. Please bear in mind some of the doctors will be part-time and you may therefore experience a greater waiting time to see some of the part-time GP's and using the on-line appointment booking service will help you make sure you see the GP of choice</p>	
<p>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.</p>	

GP	Initials	Team	Floor		GP	Initials	Team	Floor
Ashleigh Helm	ASH	Team A	Floor 1		Donald McKenzie	DM	Team B	Floor 1
Joanna McEwen	JMc	Team A	Floor 1		Jacqueline Roberts	JR	Team B	Floor 1
Lucy Andrews	LA	Team A	Floor 1		Katie Taylor Burns	KTB	Team B	Floor 1
Premi Allen	PA	Team A	Floor 1		Rhys Stephens	RS	Team B	Floor 1
Ross Perry	RP	Team A	Floor 1					
Alex andra Hallums	ALH	Team C	Floor 3		Ali Hassas	AH	Team D	Floor 3
Alison Kirkland	AK	Team C	Floor 3		Gareth Hull	GH	Team D	Floor 3
Anna Sutton	AS	Team C	Floor 3		Kieron Earney	KE	Team D	Floor 3
Maria Wallace	MW	Team C	Floor 3		Susan Plumley	SP	Team D	Floor 3
Sara Riley	SR	Team C	Floor 3		Zoe Rose	ZR	Team D	Floor 3
Sarah Dawson	SD	Team C	Floor 3					

If you do not mind which GP you see, then you will be able to get an appointment within that 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. As far as possible we will try to accommodate your choice.

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

- 2) **Waiting Time upon arrival for an appointment – Reception now proactively advise patients when there is a delay to waiting for a certain GP upon arrival. We do this by identifying if there are at least 2 patients already waiting to see any particular GP which is indicative of a 20 minute delay. We have also asked the GP’s to keep reception advised if they are delayed with a patient due to an urgency, so that waiting patients can be kept up to date regarding any delay in being seen.**
- 3) **As a large Practice we struggle with continuity of patient care, particularly those with long term conditions seeing a regular GP. We have done a lot of work with staff and patients to promote the Practice Teams to increase continuity of care with a smaller number of GP’s as follows: There are 4 GP teams A,B,C,D. and we have actively advertised Teams and working days of GP’s. We have also trained reception to ask patients which Doctor they usually see, and ensure this matches the team they are currently allocated too (if not we change this at the time) and offer the first available appointment with that GP. If the timescales of the next available appointment does not meet with**

the patients requirements, they then offer a GP within the same team. If this is not acceptable, then the patient will be offered a same day telephone appointment with a CapDoc for the clinical floor the patient is attached to.

We have also done some work on internal staff re-organisation, so that each Team of GP's have a 'TEAM Practice Administrators' allocated to each team who are available between 08.00 – 16.00 Monday – Friday. This has helped the Doctors with low level clinical administrative support which may include direct communication with the patient on behalf of the GP. So far this has been extremely successful with the clinical team, and has been a further area of support for patients who can also access the Team Administrator by a dedicated Team email or DDI.

The restructuring of the reception function has also streamlined staff into 3 sub-categories; staff in the telephone call centre, staff on a clinical waiting area, or staff on the Ground floor reception. This has allowed us to use staff with specific skills and training to be more efficient in particular roles eg Monitoring GP's waiting time and actively alerting patients to delays. Staff's manning the telephones now respond better to excess calls and are better able to call in resources to support these busy periods reducing waiting time on the phone.

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

Fewer complaints received about continuity of care and a better understanding of the appointment system.

Fewer complaints about waiting times as patients feel informed about what is going on if there is a delay.

Promoting on-line booking has improved continuity of care as patients can book into a slot for the GP and time which suits them.

Vulnerable patients can access a Team Administrator for support in co-ordinating more complex services or issues as a link between the GP and Reception team

Discussion at PPG meetings. – Minutes of Meetings (see below) – Patient Information Leaflet – Website has details on how to make appointments also

PATIENT REFERENCE GROUP (PPG) MINUTES

DATE

Tuesday 24 Mar, 2015

	Agenda Item	Lead	Content	Minutes	Action
1	Apologies for absence Minutes	Chair			
2	Introductions to any new participants	Chair/ Bev			
3	Matters arising from last minutes	Bev	Family and Friends Test	45 responses from Jan/Feb. Potential of 2 nd tablet but cost £700 would need to be paid for by practice – from funding allocated to PPG survey? Possibility of increasing take up by paper version. Feedback to go on website after April 1.	standing
4	Matters arising from last minutes	Bev/all	Next newsletter	Access to patient records to be included. Important to communicate the type of access and content to avoid surgery being overwhelmed by enquiries about it.	standing .

5	Matters arising from last minutes	Rani	Productive GP	To be reported back at May meeting as Rani had taken over this project. Natalie Smith lead GP on this. Action plan focusing on Front of House.	standing	
6	Matters arising from last minutes	Bev/All	NHS Choices	Need to encourage more patients to enter comments – but now overlap with F&F Test.	standing	
7	AOB	Chair	Self Referral Cancer Test	Was this going to happen in Wandsworth? Check with Maria Wallace clinical lead. Deferred to May meeting. Practice carrying out cancer audit by 31 Mar.	Bev	
8		Chair	Disability access training at reception	Rani would be doing as part of productive GP.	Rani	
9		Bev	Ch 5 filming.	Practice had received lots of positive feedback about the programmes. Revealed number of issues being dealt with by GPs – particularly mental health. Discuss promotion of Wellbeing hub (CCG) at May meeting - signposts patients to wide range of		

				health and social care services in Wandsworth.		
10		Bev/all	Update and Discussion on 2014/2015 priorities	<p>Telephone – capacity and demand. Telephonists were backed up by admin staff 8am – 8.30am which had improved access.</p> <p>Group requested recorded message re waiting time to be added to phone lines.</p> <p>Team PAs – the introduction of this had improved continuity between reception and GPs</p> <p>Nurses – could be booked for last appointment only.</p> <p>Group requested priority in 2015 of promotion of the system including how teams work – on website and in newsletter.</p> <p>Online patient records access – priority for promotion of process in 2015.</p>		
	Date of next meeting	Bev	Tuesday 19 Mar, 2015	7pm CHANGE OF DATE DUE TO BANK HOLIDAY AND CHANGE OF TIME TO ALLOW ACCESS TO THOSE WISHING TO ATTEND EARLY EVENING.	Library, 2 nd floor	

Priority area 3

Description of priority area:

On-Line Booking appointments and prescriptions

What actions were taken to address the priority?

We have actively encouraged the use of this facility during the year and currently have 47% of the population (11697 patients) with on-line access to appointments and repeat prescriptions which is an increase on last year's figures and on the target the organisation set.

We are currently working on access to medical records with a summary of medications, allergies and vaccinations once patients register for this service along with photo-identity. We anticipate this service being slower than the uptake for appointments and prescriptions due to the governance of needing to have a signed request for access along with photo ID. Until the area of confidentiality attached to children, we have allotted not to provide access to under 18 years olds at this stage until the Child Safety guidelines are completed.

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

Online booking has benefitted patients to book their appointment or request a prescription 24/7 at their own convenience using a number of media options i.e. it is compatible with computers, laptop, iPad or Phone. For our working population this has been a popular enhancement for patient access and has in reality also improved the telephone access at busy times.

Patients have fed back how beneficial they find the service, particularly OOH for children.

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):

We are particularly pleased with on-line access uptake identified as a priority last year when 13% of the population (3223 patients) were registered. We set the practice target at 25% uptake during 2014-15 and are delighted this has exceeded our target and expectation at 47% (11697 patients). The benefits of this have also been felt in reduced phone calls at 08.00 start of day.

Front of House – we continue to work on the principles of Productive GP with staff and our patient group, and part of the stream lining of reception staff and Team Administrators was aligned to this work.

Results Line – we have made changes to the number of people involved in providing patient results and trained more staff as back for the service.

Capacity Doctor – The Team Administrators are now passed low level administrative queries that patients require to better align clinical time and workload with Teams. Patients seem to prefer being put through to an administrator who can action some non clinical areas of need i.e. a copy of their results, a private referral etc

Last year we engaged with Seldom Heard Groups with a visit to Rise which is a project engaging with the isolated elderly initiated by Regenerate. This year, having found the Rise visit rewarding and of benefit as a community resource for the Primary Care team we have embarked on another visit. This time we visited Generate Opportunities in Dec 14 which is an organisation that supports adults and children with learning disabilities along with GP training through the Easyhealth project. The work of Generate Opportunities particularly supports the work we do in primary care with learning disabilities, and raises awareness of the vulnerability of such groups.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

How has the practice engaged with the PPG:

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

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

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

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

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