

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: The Haider Practice

Practice Code: H85075

Signed on behalf of practice:

Date: 30.03.2015

Signed on behalf of PPG:

Date: 30.03.2015

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.

Number of members of PPG: 19

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<p>Detail the gender mix of practice population and PPG:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">%</th> <th style="text-align: left;">Male</th> <th style="text-align: left;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>52</td> <td>48</td> </tr> <tr> <td>PRG</td> <td>32</td> <td>68</td> </tr> </tbody> </table>	%	Male	Female	Practice	52	48	PRG	32	68	<p>Detail of age mix of practice population and PPG:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">%</th> <th style="text-align: left;"><16</th> <th style="text-align: left;">17-24</th> <th style="text-align: left;">25-34</th> <th style="text-align: left;">35-44</th> <th style="text-align: left;">45-54</th> <th style="text-align: left;">55-64</th> <th style="text-align: left;">65-74</th> <th style="text-align: left;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>14</td> <td>6</td> <td>32</td> <td>21</td> <td>11</td> <td>6</td> <td>5</td> <td>5</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>10</td> <td>10</td> <td>0</td> <td>10</td> <td>42</td> <td>26</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	14	6	32	21	11	6	5	5	PRG	0	0	10	10	0	10	42	26															
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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:

The patient group was formally set up in February 2014. An initial email and text message was sent out to all patients who we had either of these contact details for to inform them of the group and to gauge interest. This was sent out to 1956 patients. The practice list size at the time was 2933.

Out of this initial contact we had 25 responses of people who were keen to be an active part of the group. A lot of the group could not make meetings due to work commitments but were happy to be a part of the virtual group I set up for patients to contribute via email.

The group meet bi-monthly and we have between 5-10 regular attendees. The meetings have been in the afternoon as this has suited the demographic but in an attempt to engage the working population we discussed and have agreed at the February 2015 meeting to alternate the meeting times between afternoon and evening (out of working hours). This suggestion had come from a member of the virtual group.

The meeting rooms here at St John's Therapy Centre have previously not been open after 5:00 pm. Thankfully this is changing in May this year and the group and I have agreed with the building manager that we can have an evening meeting room on agreed dates until 7:00 pm from May onwards to encourage patients to attend who previously couldn't make the afternoon time slot.

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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

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

In our meeting in September I presented to the group various anonymous feedback, suggestions and complaints which we have received in writing to the practice via the suggestions form at the front of reception, any verbal suggestion given to reception and via NHS choices which is our main online format for receiving feedback. I suggested we could also have a look at the friends and family test feedback as and when this comes in but we were not due to get this set up until November 2014. It was agreed that this would be too late to review, agree an action point and make changes ahead of the end of March 2015.

Out of all of this feedback there was one theme which could incorporate all aspects of the suggestions and that was around 'access'. The main three areas that the group would like to focus on were;

1. The telephone message
2. Extending our opening hours
3. Walk-in vs pre-booked appointments

How frequently were these reviewed with the PRG?

During the meeting in September 2014 it was decided that the main priority areas around access would be what we focussed on in the time between then and the end of March 2015.

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3.Action plan priority areas and implementation

Priority area 1

Description of priority area:

Telephone Message

We had had a few different patients giving feedback and suggestions about similar points to do with our answerphone message. The issues that were raised by patients were that;

The answer phone message plays during opening times (between 8:00 am – 6:30 pm) if all of the reception team are already on the telephone and are unable to answer the call within 1 minute. Due to limitations with a telephone system that we do not manage, nor do we have any direct manipulation of, we only had the option of one voicemail at any time to be played which had to be the 'closed message'. The 'closed message' informs patients that we are not open, it gives our opening times and how to get access to urgent medical care when we are closed (by dialling 111). This essentially means that if a patient called up during our opening times and the reception team where unable to answer the telephone after 1 minute the message would play and inform the patient that we are closed. It was agreed by all parties that this was not acceptable.

A suggestion was made in writing by a different patient to have a 'busy message' that informed patients who called during opening hours and if all of the reception team were on the phone to please call back in a couple of minutes.

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What actions were taken to address the priority?

Work was undertaken with voice and data engineers at South East CSU. Communications with these colleagues continued for a couple of months until we finally achieved our goal. One of the reasons this took so long relates to the 'priority area 2' which created additional complications. The 'closed message' is now automatically switched off between the hours of 8:00 am – 6:30 pm Monday to Friday so when we are open patients will never hear a message to say that we are closed.

In addition to this a 'busy' message has been created which plays if receptionists are unable to answer the calls after 1 minute. Telephone calls are the priority for the practice and it is rare that reception cannot answer the phone after 1 minute. The busy message was agreed with the patient group and reads;

“You have reached the Haider Practice. We are very sorry but all of the staff members are dealing with other calls at the moment. If it can wait then please call us during our quieter times which are usually in the afternoon. If it can't wait then please do call us again in a few minutes and hopefully someone will be free to help you. You can now book appointments, request repeat prescriptions and access parts of your medical record online. For more information or to sign up for this service please speak to reception. Thank you for your patience.”

There have been a couple of teething problems with the telephone message. Once the 'closed message' did not play during out of hours and another time the busy message was not working. Each time a member of the patient group has been diligent and given us the feedback straight away. We have been able to work swiftly and closely with the CSU to resolve any problems.

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

The results of the updated telephone messages were announced during the patient meeting in December. This also went out via email to the virtual group.

I also wrote to any of the patients who had specifically suggested it in writing so they had a written confirmation of the update and what had happened regarding their suggestion.

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Priority area 2

Description of priority area:

Extending our opening hours to include Wednesday afternoons.

This change has had the biggest effect on our patients this year. A few patients had written in to suggest opening on Wednesday evenings and we have wanted to do this for some time. A member of the patient group had emailed in to say that they thought that this should be one of the priority areas as part of the PPES.

What actions were taken to address the priority?

Dr Ban Haider (GP partner) and I did a lot of financial work to look at staffing costs and projections over the next 12 months to see how we could remain sustainable whilst increasing our workforce with an additional GP session once a week and also increasing the non-clinical support staffing costs. We knew we had to source some further income for this to be achievable. We decided that if we opened later (until 7:00 pm) we could apply for the extended hours DES for 1 and ½ hours (30 mins additional on Monday, Tuesday and Wednesday) which covers the maximum we could claim for our patient list size of over 3000 patients. This would give us part of the funding for the additional staff members.

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

We were able to go ahead with this starting from the beginning of January. Staff levels were adjusted to cover this additional time. A salaried GP increased a session to do 5 instead of 4 sessions. Additional reception hours were also created and staff sourced to provide full cover.

As this was such a change to our previous opening times it was decided, with the approval of the patient group, that an email and text message should be sent to all current patients that we have these details for. A notification message was sent out to 589 email addresses we had and 2469 mobile numbers.

We also had a poster up in the waiting room and at reception. We changed the information online via 'NHS choices' and 'my health London' website. The practice leaflet was updated too.

I also wrote to every patient who had written in to suggest opening on Wednesday afternoons to inform them of the change.

A member of the patient group suggested we should notify 'Brightside' to see if we could get into their publication to inform more patients. Brightside is a magazine for Wandsworth residents ran by Wandsworth Council. We thought this was a fantastic idea and so through contacting the editor we were able to get a paragraph in the March issue of the magazine which stated our new opening hours and that "we have increased them to improve access for patients".

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Priority area 3

Description of priority area:

Pre-booked vs Walk-in Appointments

When collating the feedback one patient had written in to say that they preferred when the surgery had no pre-bookable appointments and saw patients on a walk-in basis. There were no other priority areas that the patients had other than area 1 and 2 so it was decided that discussions around this suggestion would form our priority area 3 as it links in to access overall.

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What actions were taken to address the priority?

A few lengthy discussions were had at different meetings regarding pre-booked vs walk-in appointments with patients and the practice talking through the pros and cons.

The main areas of concern regarding reverting back to a walk-in system that were raised by the patients and the practice were;

1. An increase in waiting times at the surgery. Previous experiences were shared where wait times of over 2 hours were not uncommon.
2. It would be very difficult for the working demographic to see a GP in a timely fashion and would most likely force them to take time of work for routine appointments which can currently be seen outside of office hours. This could be seen as discriminating against this patient cohort.
3. It becomes very difficult for the practice to clinically triage any urgent patients if there is one large group of patient who all want to get seen at the same time. Receptionists are not clinically training so they should not be in charge of clinically triaging patients. This is a very significant safety issue.
4. GPs and other practice staff have many other aspects to their working day other than seeing patients such as attending meetings both externally and internally and completing a large amount of administrative work. This is very different to the Primary Care model from the past. Fitting in everything in that is currently required into one working day with a walk-in clinic would prove incredibly difficult.
5. It would be difficult to uphold any sort of continuity of care which is very important to the practice.

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

It was agreed as a group in the February 2015 meeting that we did not have enough information from the wider population group regarding making any definite changes at this stage. We, as a group, concluded that more views and opinions should be gained before any further action and that we will discuss at the next meeting. Given that the vast majority of the PRG were not in favour of changing from pre-booked to walk-in appointments, it was felt to be appropriate to delay this significant decision until the concerns raised above could be addressed and we had further feedback from a larger number of patients.

Progress on previous years

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Is this the first year your practice has participated in this scheme?

YES

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

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How has the practice engaged with the PPG:

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

Every patient who we had either a mobile telephone number or email address had been contacted regarding the group. All new patients are informed of the patient group, when we meet and how to join (including virtually). In my response to any suggestion or complaint I inform patients then about the group too.

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

Verbal, written, online, Friends and Family Test, formal (suggestions / complaints)

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

Yes, please see above.

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

A huge improvement in the way of access has been achieved for patients through the increased opening hours and amending the telephone system.

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

As a group we look forward to the next 12 months as we navigate through the changes within the NHS. We hope to build on what we have achieved this year and make improvements where we can to enhance our services for patients.

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