

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: **CRAYFORD TOWN SURGERY**

Practice Code: **G83642**

Signed on behalf of practice: *M. Howden (M. Howden)* Date: *24.3.15.*

Signed on behalf of PPG: *[Signature] (L. Eastmond)* Date: *24.3.15*

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). Regular face-to-face meetings, use of email and PPG Facebook page.																																					
Number of members of PPG: 9 members in the core group and 50 in total (including virtual members).																																					
Detail the gender mix of practice population and core PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 20%;">Male</th> <th style="width: 20%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>3551</td> <td>3810</td> </tr> <tr> <td>PRG</td> <td>3</td> <td>6</td> </tr> </tbody> </table>	%	Male	Female	Practice	3551	3810	PRG	3	6	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>1902</td> <td>742</td> <td>1268</td> <td>1109</td> <td>1037</td> <td>575</td> <td>390</td> <td>338</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>2</td> <td>2</td> <td>4</td> <td>0</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	1902	742	1268	1109	1037	575	390	338	PRG	0	0	0	1	2	2	4	0
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NB: The Facebook page is run by a member of the PPG so in terms of patient confidentiality it has not been possible to provide ethnicity and ages unless the members have freely opted to do so.

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	96	32	2	237	33	20	0	Not recorded
PRG	7	0	0	1	0	1	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	100	2	43	38	74	Not recorded	35	16	1	2890
PRG	0	0	0	0	0	0	0	0	0	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:

- Adverts being placed on the PPG notice board.
- Patients being verbally asked opportunistically.
- Specific recruitment days, which took place during Flu Clinics due to the high volume of patients coming to the practice.
- Patients being given the option of either attending the regular meetings and / or becoming a virtual member.
- More use of social media such as Facebook.
- Representatives being sought via the Teenage Health, Ante-natal and NHS Health Check clinics.
- Seeking representation from residential homes and hostels for the mentally ill.

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- Working with nursing home staff to find ways in which to engage patients (this has resulted in a separate survey currently being undertaken which include nursing home staff and families).
- Midwives and Health Visitors providing information during consultations.

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?

The practice continues to have a higher number of males and females in the 30 – 34, 40 – 44 and 45 – 59 age ranges than both the Bexley and National prevalence's.

The practice has one nursing home the patients and staff of which will be completing a separate survey to gauge improvement since taking it on in July 2014.

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

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2. Review of patient feedback

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

- Complaints
- National Patient Survey
- In house practice survey
- Healthwatch Survey
- NHS Choices
- Postings on Facebook
- FFT

How frequently were these reviewed with the PRG?

In some case as they arose i.e. Facebook postings, or during the programme of 6 weekly meetings. The remainder on at least an annual basis.

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <ul style="list-style-type: none">To review capacity and demand within the practice in relation to appointments as this remains an ongoing issue for patients.
<p>What actions <u>were</u> taken to address the priority?</p> <ol style="list-style-type: none">Additional telephone appointments offered.Introduction of 'one problem' 5 minute slots offered.Duty clinician introduced to ensure same day access where clinically necessary.Pilot of 1 – 3 to begin in February 2015 with weekly reviews during Clinical Meeting.
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The above was only implemented in February 2015 following a settling in period in the new premises. Initial anecdotal feedback from patients / carers that have used the service has been positive in that they have quick access to a clinician and only need to visit the practice if clinically necessary. The demand for appointments however continues to outweigh capacity. In view of this weekly meetings are taking place to look at capacity and ways in which the system can be 'flexed' to meet demand on a daily basis. Feedback on progress is provided to the PPG via one of the Partners.</p> <p>Members of staff have informed patients of the availability of the aforementioned when ringing or presenting in the practice. Information has also been provided via the Facebook page and the practice notice boards.</p> <p>The results will also be displayed as part of this end of year report on the practice website and in the practice.</p>

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Priority area 2
<p>Description of priority area:</p> <ul style="list-style-type: none">• Improving telephone accessibility to the practice.
<p>What actions <u>were</u> taken to address the priority?</p> <ul style="list-style-type: none">• Staff rota's have been changed to deploy more staff during peak periods throughout the day i.e. between 0800 – 1000.• The new telephone system has a queuing system which indicates how many patients are waiting and provides a choice as to whether to wait or call back.• Programming of reception desk telephone as overflow if admin room phones busy.• Additional lines coming into the practice so that outgoing calls not blocking lines.• Patients encouraged to ring after 1000 if call is not appointment related.
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Although staff rota's were changed there have been ongoing shortages through sickness, annual leave and resignations that have meant that staff have had to be spread across all duties which has had an adverse effect on the telephones being answered. Adverts are currently out to replace staff with closing dates of early April.</p> <p>Person on reception desk is not always able to pick up overflow calls as priority is to deal with patients presenting. This has caused some frustrations for both staff and patients and should be eased when new staffs are in post.</p> <p>The results will be displayed as part of this end of year report on the practice website and in the practice</p>

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Priority area 3
Description of priority area: To look at ways in which the waiting time to be seen when in the practice can be reduced.
What actions <u>were</u> taken to address the priority? <ul style="list-style-type: none">• Agreement from staff to arrive at least 10 minutes before their official start time in order to log-in into clinical system. Where this is not possible a nominated 'buddy' to ensure computer, printer etc switched on.• HCA's to undertake restocking of rooms so that clinicians have everything to hand during consultations reducing the need to leave the room in order to collect supplies.• Clinicians only to be interrupted during surgery in the event of an emergency.• Any issues with IT, equipment etc to be reported as soon as identified to ensure room not taken out of use.• Where appropriate admin slots to be interspersed with normal appointments to allow for catch-up.• Reception / Admin staff reminded of the need to book appropriate single, double, triple appointments depending on what is required i.e. baby check 20 mins, implants 30 mins.
Result of actions and impact on patients and carers (including how publicised): <p>The above has only been in place since March 2015 following the practice move and completion / review of the in-practice and national survives, FFT qualitative information and NHS Choices feedback. Initial feedback from clinicians is that the system for restocking the rooms is working well and better utilises time. There remains an ongoing issue with the speed of the IT system which has been reported to the appropriate organisation / supplier. Staff have endeavoured to arrive earlier but this has not always been possible resulting in surgeries starting late so needs to be revisited, especially the buddying system. In light of the capacity issues some of the admin slots have been converted to appointments which if running late has had a knock on effect throughout the surgery. New appointment sheet for staff introduced.</p> Feedback from patients has been mixed as running late remains an issue. This will be discussed with the Clinicians and PPG so

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that other solutions can be identified.

The results will be displayed as part of this end of year report on the practice website and in the practice.

Progress on previous years

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

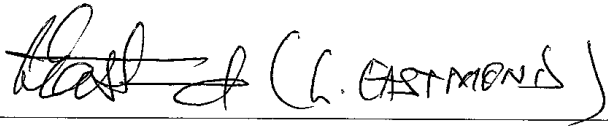
NO

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

1. The practice has now moved from a temporary portacabin after 7 years into a permanent building.
2. A new telephone system has been installed to improve access.
3. As many staff as possible are deployed to answer the telephones at peak times throughout the day.
4. Customer service training attended by staff.
5. Feedback from patients shared with staff.
6. Patients regularly informed of waiting times should a clinician be running late. Further development will be to add to patient display screens.
7. Additional Nurse Practitioner employed prior to premises move.
8. Choice of Doctor offered to patients.
9. Continuation of patient survey.

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4. PPG Sign Off

Report signed off by PPG: YES Date of sign off:  24/3/15
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? As detailed above although given the implementation date of some a full evaluation has yet to be completed. Do you have any other comments about the PPG or practice in relation to this area of work? No.

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