

Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

London Region North Central & East Area Team

Complete and return to: england.lon-ne-claims@nhs.net no later than 31 March 2015

Practice Name: **CEDAR PRACTICE**

Practice Code: **F 84036**

Signed on behalf of practice: *Signed by Jane Haile*

Date: 25th March 2015

Signed on behalf of PPG: *Signed by Sue Irvine*

Date: 25th March 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, Other (please specify)

The PPG have Quarterly Meetings face to face. Regular information is sent out to the PPG via e-mail and Royal Mail (for those patients who do not have readily available computer access).

Number of members of PPG:

We have 17 PPG Members on our e-mail list that are available to attend the PPG Meetings, 8 PPG Members who are on our Virtual PPG List e-mail listing, that are not able to attend Meetings and 5 PPG Members on our Royal Mail Listing (as they do not have easily available computer access) who are available to attend Meetings.

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<p>Detail the gender mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>3399</td> <td>3600</td> </tr> <tr> <td>PRG</td> <td>13</td> <td>17</td> </tr> </tbody> </table>			%	Male	Female	Practice	3399	3600	PRG	13	17	<p>Detail of age mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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>1233</td> <td>633</td> <td>2471</td> <td>1309</td> <td>939</td> <td>570</td> <td>277</td> <td>200</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>1</td> <td>3</td> <td>4</td> <td>6</td> <td>12</td> <td>4</td> </tr> </tbody> </table>		%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	1233	633	2471	1309	939	570	277	200	PRG	0	0	1	3	4	6	12	4																																										
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<p>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:</p> <p>The Practice and the PPG have continued to encourage New Patients and members to join the Practice PPG, via personal contact, face-to-face at the Reception Desk, via our In House Health Advocates and also via our Practice Website and Newsletters and Patient Information Board and Patient & Public Involvement Leaflet.</p>																																																																																		

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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

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

Sources of feedback have been coming via the FFT, CQC Visit Survey (which we await the final Report) – PPG members were talked to and gave feedback to the CQC – there will be a written Report, but verbal feedback was shared with the patients.

A Survey Monkey has been done to obtain feedback from patients regarding the 5 types of Appointments.

Towards the latter part of the year, for the last 6 Months we have been reviewing our DNA Rates and sharing this with our Patients via our Patient Information Noticeboard in our Waiting Area on on our Practice Website.

How frequently were these reviewed with the PRG?

These were reviewed with the PPG by e-mail on a monthly basis and also as appropriate, when issues, matters arose during the year and also at the face-to-face PPG Quarterly Meetings throughout the year.

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3. Action plan priority areas and implementation

Priority area 1
Description of priority area: Appointment Systems
What actions <u>were</u> taken to address the priority? Practice re-assessed its Appointment System, so that we now offered 5 different types of ways patients could make appointment/speak to a GP. The 5 Types of Appointments:- <ol style="list-style-type: none">1) Make an Appointment with GP within 48 hours.2) Make an Advanced Appointment with GP within the next 4 weeks.3) Access Telephone Consultation and speak to a GP (which may then no longer require an Appointment), but if an Appointment needed:-4) GP able to Book an appointment slot that 'only GP able to book'.5) Make an Appointment with Patient Access Online.
Result of actions and impact on patients and carers (including how publicised): These 5 Types of Appointment have been advertised on our Practice Website and has been discussed with our PPG and all have commented how easy it is to make an Appointment and we have also carried out a Survey Monkey which has also given positive feedback regarding our 5 different ways of getting Appointments to see/speak to a GP.

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Priority area 2

Description of priority area: **DNAs (Did Not Attends)**

What actions were taken to address the priority?

The Practice started putting up Notices in our Reception Waiting area on our Patient Information Noticeboard, regarding the numbers of patients who DNA and the number of Practice Appointment hours wasted; this highlighted how much time was wasted for Appointments not used and how other patients, needing Appointments, could have made use of them.

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

The Practice has been running searches regarding our DNAs monthly and these have been put on our Practice Website to inform our patients and also a copy is laminated each Month and put on our Patient Information Noticeboard in our Waiting Area, providing further information for patients visiting the Practice. We have also recently been e-mailing the information to our PPG Members.

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Priority area 3

Description of priority area: **SMS – Text Messaging Reminders**

What actions were taken to address the priority?

We had previously not been using the SMS system in EMIS Web – so it was ‘Switched on’. Previously, we had been telephoning patients to remind them of their Appointments to ‘specialist Clinical Appts’ or early 7.00 am – 8.00 am GP Appointments. Once the SMS was turned on in EMIS Web, every Appointment Booked was sent a text Message reminder, where we have the Patient’s Mobile number.

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

Reminders are now going out to patients and we hope this will have an impact on our DNAs rates next year.

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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):

As the media highlights – the public mention that Appointments with a GP are difficult to get. The Practice has over the last 3 years constantly been seeking to improve its Appointment Systems and DNA rates and have always involved our PPG in trying to look at various ways in which this can be achieved. This has been an ongoing issue and one that we hope we are beginning to see some real improvements this year and going in to next year.

When the Practice moved from EMIS PCS computer system to the EMIS Web computer system, some other facilities became available, like the SMS texting system for Appointments and we are hoping that this technology, in conjunction with a Reception Team member telephoning in the evening to remind patients of their early morning 7.00 am – 8.00 am Appointments, so that they remember to attend their Appointment, that this will reduce our DNA rates.

We hope that information communication to all our patients, by our website, our Practice Patient Noticeboard, our Newsletters will keep them all informed on how to make the best use of their GP Services and especially the Appointment System.

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4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: Wednesday 25th March 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 does not currently have any representatives from our local Turkish community, although there are quite a few patients. This is a concern, but the Practice is addressing this by discussing this with the In House Turkish Health Advocates, to get them to encourage some of the Turkish Community to join the PPG, for which the Practice would be able to arrange Turkish interpreting.

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

All the GP Partners have done 360 degrees multi-source feedback Patient Questionnaires and the results have been analysed.

The CQC visited spoke with some of our PPG Members and gave a brief feedback at the end of their Visit on 11th February 2015, which was extremely positive – we still await their Report. Part of the CQC visit was patient feedback for the CQC.

The Practice is using I Want Great Care for FFT, via a link from the Practice Website, as well as FFT Forms from patients – we analyse these monthly and give feedback of our Results on the Patient Information Noticeboard and via our Practice Website.

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

The PPG was involved in the agreement of priority areas and the resulting action plan for the:-

- 1) Appointment System – 5 different ways of getting an appointment/speak to GP.**
- 2) SMS – text messaging.**
- 3) DNAs**

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

We have improved a number of ways of access to Appointments for our patients. We have SMS Text Messaging, which is useful for patients and believe it will impact on our DNA rate ultimately. From our recent Survey Monkey it does appear that there are improvements.

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

We appreciate having the Forum of patients closely involved with the Practice to help in the audit, self-assessment and self-criticism and find it very useful.

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