

Annex D: Standard Reporting Template

London Region [North Central & East/North West/South London] Area Team
 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Limehouse Practice

Practice Code: F84054

Signed on behalf of practice: Warwick Young

Date: 31/03/15

Signed on behalf of PPG: Mr Zaman

Date: 30/03/15

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, Other (please specify)											
Face to face, email, text and phone											
Number of members of PPG: 167											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female									
Practice	5390	5201	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	62	105	Practice	2211	1119	2806	1882	1119	714	352	281
			PRG	0	13	37	37	22	29	14	15

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	687	94	1	1360	62	19	41	88
PRG	39	1	0	19	0	0	1	1

	Asian/Asian British					Black/African/Caribbean/Black British			Other		
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other	Ethnic category not stated
Practice	212	92	3212	376	155	280	132	110	44	34	40
PRG	2	2	78	5	3	1	3	3	0	3	6

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:

Opportunities are given at new patient registrations to be members of the patient group. The patient group is advertised at the GP practice and the website so we can ensure a wide range of patients are able to sign up. The website is able to translate in many languages which enables the practice to have patients become members who speak different languages and/or are from different ethnic backgrounds.

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 large Bangladeshi population, which makes up 46% of our patient group. Our patient advisor activity encourages bangladeshi patients to sign up to the patient group, which has been very successful.

2. Review of patient feedback

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

Complaints, NHS Choices and patient survey. The patient survey was conducted by 2 medical students on a busy morning and the questions were based on the priorities identified in the patient meeting on 24th September, 2014 60 patients were surveyed at the practice. Results were presented to the patient group at a meeting on 4th February 2015.

How frequently were these reviewed with the PRG?

Feedback from the patients group was reviewed on 24th September, 2014 and then the results of the survey 4th February, 2015.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: Telephone Access</p> <p>Patients at the meeting stated how it was very difficult to get through to the practice on the phone. During the survey we asked patients what their preferred method of booking an appointment, and the results showed that 63% of patients stated that their preferred method was via telephone. It was also noted that some patients would also like more online appointments if they couldn't access the practice via telephone during busy periods or when the practice was closed.</p>
<p>What actions were taken to address the priority?</p> <p>The telephone system has now been changed. The previous telephone system was changed from a ring only system to an option system. 3 options were introduced in to the practice. First option took the patient to a cancellation line, second option to the booking line and third option to query's line.</p> <p>Further online appointments have been added.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>A problem was encountered with the new telephone system. The telephone system happened to go on a loop when the call was not answered. This meant patients had to re-pick the option. The practice spoke to the company providing the telephone service. The problem with the system has now been resolved and patients were notified at the patient group and in the newsletter.</p>

Priority area 2

Description of priority area: **Waiting times**

It has been identified that patients have been waiting a while before they are going in to see their clinicians. The doctors and nurses try hard to run on time, but sometimes they need to spend longer with a patient. This can lead to the clinician running late. At the patient group meeting on 24th September, patients felt like they were waiting longer than they should before being seen. The survey done at the practice showed us that 38% of the patients surveyed were waiting for >30 minutes.

What actions were taken to address the priority?

At the last patient group meeting the results of the survey was discussed. Patients have suggested having a white board in reception to inform patients about which clinicians running late. Also the introduction of the GP Triage system will help with the waiting times. A white board is something that is being looked at by management to see if this is something we can facilitate. Also the calling board will be updated by the receptionist to inform patients of which GP is running late and what the possible waiting time would be.

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

The GP triage system will be starting May/June of 2015. GP's will go on a rotation and we hope this would help GP's run on time as they wouldn't be have to manage urgent request for appointments. The triage system will be advertised within the practice. It would be featured as a topic on our website and newsletter. The patient centred noticeboard will have this new system advertised as well.

We have already implemented regularly updating the calling board if doctors are running late. Patients have already felt this is positive, and don't need to keep approaching reception to ask how long it will take for them to be seen.

Priority area 3

Description of priority area: **Urgent Appointment Access**

Patients have been finding it difficult to access appointments at the GP practice, especially urgent appointments. Discussions around introducing a GP triage system was spoken about at the patient meeting. This would take in to account all the difficulties patients are having with getting an urgent appointment and waiting times.

GP triage system will mean that the receptionists will be taking messages for a duty doctor. These messages will go on a central call list. The duty doctors will then ring the patients for a telephone consultation if they felt they needed to speak to a doctor urgently. The outcome could be a face to face appointment, a prescription, a referral or just telephone advice.

What actions were taken to address the priority?

The practice trialled out the GP triage system on Friday 30th January 2015 during the morning. Reception took about 40 calls and about 8 of those calls needed a face to face appointment. We found the appointments were more effectively and appropriately used.

We will be trialling this out on other days (15, 20 and 27th April) and we will be rolling out May/June 2015. GP's will go on a rotation and we hope this would help GP's run on time as they wouldn't be have to manage urgent request for appointments.

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

The GP triage system will be starting May/June of 2015. The triage system will be advertised within the practice. It would be featured as a topic on our website and newsletter. The patient centred noticeboard will have this new system advertised. Once this is implemented we hope to offer improve access for patients requesting urgent advice from the doctor.

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):

The Limehouse practice has had issues around their appointments system. Last year we introduced a new appointment system for our patients. Under the new system each GP offered, in each morning's clinical session the following:

- 6 - 15 minutes
- 9 - 10 minutes
- Each GP offered a range of appointment booking times: Book up to 6 weeks ahead, Open on the day and some protected appointments that GPs could book for patients with urgent medical problems
- Telephone triage
- 3 Telephone consultations which patients can book in advance (follow-up, advice)

We found that although this system worked for a little while, clinicians are still running late and patients are unable to get appointments for on the day. It was identified in the patient meeting that patients are finding it very difficult getting an appointment at the GP.

We have been looking at the GP triage system to help us improve the way we structure our appointments. We hope this change will help patient's book appointments easier and also help the running of the clinics smoothly.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30/03/15

How has the practice engaged with the PPG: Two evening meetings at the practice on 24th September 2014 and then on 4th February 2015.

How has the practice made efforts to engage with seldom heard groups in the practice population? The patient advisor speaks sylheti, and translates during PPG meetings. Patient advocates also actively encourage patients to join the patient group. Furthermore, we offer all patients registering the option to join the patient group. The practice also engages with numerous community partners in Tower Hamlets to ensure a variety of groups of patients are represented.

Has the practice received patient and carer feedback from a variety of sources? Yes through verbal feedback on a regular basis and a comprehensive documented survey.

Was the PPG involved in the agreement of priority areas and the resulting action plan? Yes on the meeting on 24th September the areas of priority were discussed and this was used as the basis for the survey.

How has the service offered to patients and carers improved as a result of the implementation of the action plan? Access to the practice has improved greatly from changing the telephone system. Patients are now clearly directed using three options. One are that has been a success is the cancellation line, which has meant cancelled appointment have been made available a lot faster to enable ensuring they aren't wasted. The introduction of the duty doctor system has been very successful on the days it has been trialled. It has meant telephone access is improved, as receptionists are taking a brief description of the reason why the patient want to be seen, and then recording it onto a central duty doctor list. On the days it has been trialled the doctors have ran on time, as previously they were all dealing with these urgent requests, which sometimes impacted on the running of their surgeries. The practice hopes to see further improvements as discussed once it is introduced fully in May and June 2015.

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