

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: DUKES AVENUE PRACTICE

Practice Code: F85063

Signed on behalf of practice: NATALIE KER WATSON

Date: 24.3.2015

Signed on behalf of PPG: PATSY BAILEY

Date: 27.3.2015

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)			
We held 4 face to face meetings with the patient group this year. The below table shows when they were held and the numbers.			
Date of meeting	Attendees	Apologies	Email contributions*
18/6/2014	17	16	1
18/11/2014	14	16	6
19/1/2015	15	11	5
17/2/2015	26	14	12
We have had a consistently good attendance from the group, with the last one being the highest as a result of the survey which was carried out and asked if people would like to be involved.			
*When we invite the patients to the group, those who are unable to attend are invited to contribute by email to the practice manager.			
In addition to the above, two members of the group agreed to form a sub group (comments from one of them at the end of this report) to work on a document. They exchanged emails and met at the practice together on 19/3/2015 with the practice manager in part attendance.			

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Number of members of PPG: We have 76 patients who have signed up, with about half of those being active participants. Twenty six of those joined in November and December 2014 as a result of the annual survey which had a question about patient participation.

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	47%	53%
PRG	33%	67%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	20%	7%	17%	17%	14%	12%	8%	5%
PRG	0	1%	9%	7%	13%	30%	26%	14%

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	36%	2%	0%	32%	0.8%	0.5%	0%	1%
PRG	65%	1%	0%	10%	0%	0%	0%	2%

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.7%	0.2%	0.2%	0.6%	3%	0.9%	0.7%	0.8%	0.05%	3%
PRG	2%	0%	0%	0%	3%	1%	0%	0%	0%	1%

The practice population, upon doing this report, is 11816 of which 1991 have the ethnic category as 'unknown or decline to answer', which is 17%. For our patient group, this percentage is 15%.

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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:

We really want a representative group of the practice population and have therefore endeavoured to do this by advertising in a number of different ways. We have a stable core of patients who have attended the group for the last few years and we have also asked them how to encourage representation and have adapted our strategies.

- As was found last year, the most successful method of recruiting new members was via a text message with the link to the patient survey. We asked a question about whether they would be interested in being involved and received 109 replies from people who said that they would be. This converted to 27 people who actually engaged with us and of which 3 were from people in the age category 25-34.
- With help from the patient group, we adapted our patient contract, which is given out to every new registration, so that there is a specific question about joining the group;

We have a great patient participation group. Would you like to be a part of it? It can be either in person at meetings or through email contact? We're particularly looking to increase our membership from younger patients.

Yes please

No thanks

Email

We have had 7 new sign ups as a result of this initiative.

- Throughout the year we have had a notice outside the surgery inviting people to join the group. We then put up specific meeting invite posters in reception and in the waiting room a few weeks before the next patient meeting encouraging attendance. All receptionists have been reminded to send a patient task to the practice manager for anyone showing interest and then the practice manager texts/emails/calls them to acknowledge their sign up.
- Notices are put on the website advertising when a meeting is happening and also the minutes are put on there so people can read what happened, e.g. <http://www.dukesavenuepractice.co.uk/asp/news.asp?pID=9&nID=118>
- In addition to the above efforts, we had a young Asian member of the patient group who came on our Saturday Flu day on 11th October with the task to approach younger people and those from an ethnic minority background to ask whether they would like to be involved in the group. Many declined but we got one young mother who said yes and the point was that they were offered and awareness was raised about how to participate if desired. So we took targeted steps to make the group representative.
- We actively promoted the facility to contribute via email as a way to reduce barriers of contributing if people couldn't attend the meetings we arranged. This year we saw a larger number of responses in this manner, which showed the success.
- We held 3 meetings in the evening and selected either a Tuesday or Wednesday. There was also a meeting on a Monday afternoon with the CQC inspectors, where 15 people attended. When asked, the patients preferred evening meetings as it allowed those who work to attend.
- Despite all these different steps, we still have higher representation in our patient group from those aged 55-75+, a higher proportion of females to males and a higher proportion of White patients. However, the figures are more representative than last year so our endeavours are paying off.

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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

2. Review of patient feedback

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

We decided to conduct a survey again this year, even though there was no requirement to do so. We decided this as it is the best way to canvass views from a wider section of the patient population (including those who don't use the surgery often) and therefore worth the money and time in investing in it.

We text every patient who has a mobile with the link to the survey, publicised the surveymonkey link on our website, on our notice board outside the surgery and also in the surgery on the waiting room monitor. We received 741 responses, mainly through surveymonkey but hard copies were also in the practice, which receptionists alerted patients to, with a box for hand written filled ones to be placed. Overall, we had responses from 6.3% of the population (11,600 raw list size as of January 2015) which is a good rate in survey terms and therefore credible.

The patient group met to form the questions for this survey as well as review the results of it and decide on an action plan.

Comments from NHS choices were discussed as well as friends and family test which started officially in January 2015 (test run in December). Complaints were also reviewed.

Patients also attended a meeting with the CQC inspectors and passed on their feedback to them. When we have their report we will discuss the findings with the patient group.

Two members of our group attended a pan-Haringey Healthwatch meeting to represent our practice and exchange examples of good practice and they fed back to the rest of our group at our next meeting.

How frequently were these reviewed with the PRG?

The results of the survey were reviewed after the closing date in the February 2015 meeting. Feedback from other sources was raised in each meeting as and when they arose.

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Action plan priority areas and implementation

These priority areas were agreed with the patient group in February 2015. Previous priority areas

Priority area 1
Description of priority area: Increase the number of patients signed up to use the Electronic Prescribing Service (EPS).
What actions <u>were</u> taken to address the priority? <ul style="list-style-type: none">• A notice was put on reception where people fill in the manual form to request repeat prescriptions encouraging them to sign up for this service.• The doctors were inviting those on repeat medication to sign up for the service.• All receptionists received training on how to nominate a pharmacy so would be able to respond quickly when asked by patients• The practice manager met with three local pharmacists to check that they were encouraging sign up of this for our patients
Result of actions and impact on patients and carers (including how publicised): <ul style="list-style-type: none">• Take up has increased by 917 in one year with now 2777 patients signed up to EPS. The impact on patients and carers is that their time is saved so they don't have to come into the surgery to pick up their prescription but go straight to the pharmacy making it quicker and more effective. We also have many patients who request prescriptions sent to a pharmacy near where they work or where they are on holiday ensuring their clinical care is continuous whilst away from the practice. We have had very positive feedback about how convenient this is for patients.• Increase from 41% to 58% of patients who were surveyed and said that they were aware of EPS (this equates to 268 more people).• Results discussed with the patient group, minuted, circulated and uploaded on to the website. Poster put up on the waiting room.• Publicised through the newsletter and poster in the waiting room.

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Priority area 2

Description of priority area: To increase awareness among the patients about the summary care record (SCR) which was going live on 9th February 2015.

What actions were taken to address the priority?

- Every new registration continued to get a form when they first joined and it is also on the website.
- Poster was displayed prominently in the waiting room
- On 30/7/2014 a notice was put on our website explaining SCR <http://www.dukesavenuepractice.co.uk/asp/news.asp?pID=9&nID=33>
- Minutes from the patient group meeting which discussed summary care records were uploaded to our website.

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

- The result of the survey was that 57% of respondents knew about summary care record (SCR). Those who answered 'no' were given information on where to find out more and what to do if they wanted to opt out.
- In the last year 60 people have signed a form to give their express dissent from the summary care record, showing that they have understood and made a choice which the practice has acted upon.
- The impact has been greater transparency on how data is used and choice of patients on whether they want it used in that way or not.
- Publicised in two newsletters and a poster in the waiting room.

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Priority area 3

Description of priority area: To promote understanding of our appointment system to enable better understanding and use of it.

What actions were taken to address the priority?

- One of the partners wrote up a one page information guide on how to use the appointments system.
- The patients from the patient group were circulated this guide and asked for feedback.
- Two patients formed a sub group to look at re-working the information about how to use the appointment system making it more accessible through better formatting.
- Posters were put up promoting 'Patient Access' – the facility to book appointments online.
- All receptionists were briefed about encouraging sign up to Patient Access and offering it on the phone when people ask for appointments.

- Upgraded the telephone system to a CLOUD based system. Discussed with the patient group how many calls should be able to be held in a queue and decided on 15 (where previously it was 6).
- The upgraded system allowed messages to be toggled, so after the appointments were gone for the day, the message was changed.

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

- Double the number of people has registered for online appointment booking.
- Patients have reported that they like the queuing telephone system as it is clear where they are placed and gives them the choice of whether to wait or call back at a quieter time. Expectations are clearer as well with the messaging being toggled over so if a patient hears that appointments are gone they can choose to wait on the line for the duty doctor or call another day, rather than waiting on the phone to then be told there are no appointments.
- Information publicised on the website and in the waiting room.

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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):

We have very clear progress and the following tables document what the action plan was in 2013-14 and 2012-13 and what resulted from it.

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Findings in 2013-14	Actions	By when & by whom	Update 24/12/2014
Not everyone is aware that we offer the Electronic Prescribing Service	<ul style="list-style-type: none"> We've now raised awareness to 349 people who answered the survey and didn't know about it Internal reminder about it to Doctors. Laminate notices near where the repeat prescription paper is. An audit to see if there is any difference in take-up from now to 3 months time. 	<p>1/4/14 PM</p> <p>20/3/14 PM</p> <p>1/7/14 PM</p>	<p>Reminder given to Doctors in April and Pharmacists in July 2014.</p> <p>Laminate notice put out in March.</p> <p>Audit complete. From 28th March until 18th June, 312 extra people signed up to the Electronic Prescribing Service. Thus, an increase of 3% of the patient population.</p>
Most people are in favour of a card reader	<ul style="list-style-type: none"> Get a card reader 	25/3/14 PM	Completed in April 2014.
Not everyone is aware about the Care.Data and sharing patient information beyond direct care.	<ul style="list-style-type: none"> We've now raised awareness to 372 people who answered the survey and didn't know about it. We already have a notice on the notice board, on our website and on the waiting room screen. We will remain neutral and balanced in our information – it is the patients decision. 		External NHS England change – this care.data has been delayed so no further action taken but have kept notice still on board and on the website.
We have many different types of methods of communicating. How can we do even better?	<ul style="list-style-type: none"> Make the notice boards clearer – less is more and signpost people to the website. Investigate whether the newsletter can be emailed to people through a link on the website. Delete the twitter account. Currently the practice decision is to not use 	<p>Ongoing PM</p> <p>30/4/14 PM</p> <p>30/4/14 PM</p>	<p>Done</p> <p>Haven't found a way so will ask people for their emails and do it manually.</p> <ul style="list-style-type: none"> Twitter account deleted in April. Reconfirmed decision in November 2014

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	email for clinical correspondence to patients.		
Our overall satisfaction rates are very high	<ul style="list-style-type: none"> Worth publicising this – on the website and see if a newspaper will take up the article. 	Ongoing PM	Survey results published on the website and added to leaflets given to new potential patients.
Under 25's were under represented in filling in the survey	<ul style="list-style-type: none"> We will engage with the patient group as to how to trial methods of getting more involvement from younger people. 	Ongoing PM & Senior Partner	Added a section in the patient contract specifically asking for young people to sign up. Also on the website.
We didn't ask about our appointment system specifically, we received many comments about it and how some find difficulty in getting an appointment.	<ul style="list-style-type: none"> We have trialled different methods over the years and the current system which includes a duty doctor triage system offers the most number of appointments and guarantees that a patient can speak to a Doctor at least on the day that they call. We do tweak things here and there and won't be doing anything specific to note here. 		Demand and capacity work completed in June to look at appointments system. Fed back to the patient group.

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In 2012-13 patients said	Result reported in 2012-13 report	Further update as of March 2014
It was difficult to book with a specific doctor	We are trialling a new triage system designed to make sure patients are seen by the right person at the appropriate time	Duty doctor scheme was introduced.
You wanted us to review our telephone number	We are in active discussions with telephone companies about this and will be looking to change from the 0844 number.	0844 phone number was changed to a local 0208 number.
You wanted a regular newsletter	We agreed this would be a good idea. First newsletter published in March 2012	Action complete and newsletters are published each season
Better information on how to get test results	We have reworded the information given to patients. Hopefully everyone is clear how to obtain their results	Action complete.

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3. PPG Sign Off

Report signed off by PPG:

Yes

Date of sign off: 27.03.2015

Below are the responses from Patsy Bailey, member and on behalf of the patient group.

How has the practice engaged with the PPG:

“We always have a good attendance at the PPG meetings; patients who cannot attend also contribute by email. We have publicised the PPG via the annual survey and had an increase in attendance following the last survey. The survey is available both on paper for those attending the surgery and online, publicised by text messaging”.

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

“Initially the attendance at the PPG tended to be older patients, reflecting the age groups that use our services most. We have now increased the attendance of younger people to get a wider view. We hold the PPG meetings at different times and on different days of the week to try and increase attendance”.

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

“The practice receives feedback in a variety of ways. These include regular meetings with the PPG and the annual survey of patients. There is the friends and family comments box and review of complaints”.

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

“The PPG is involved with developing the annual survey. Some questions in the survey are to track progress with previous

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priorities and some questions help to identify possible new priority areas The PPG is again involved in reviewing the results of the survey and agreeing the priority areas and the action plan. The action plan is shared with the PPG and progress against the action plan is reviewed at the PPG meetings.”

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

“We have made a number of improvements particularly around what we communicate and how we communicate. For example:

- Content of the newsletter and putting it on the internet
- Improving the notice board so that it focuses on key issues
- Improving our website?
- Publicising electronic prescribing and the benefits for both the practice and the patient
- Discontinuing our Twitter account - this was time consuming and there was no perceived benefit
- Getting mobile phone numbers for more patients so that we can contact them by text
- We have also got a card reader so patients can make payments (eg for travel immunisations) by card
- Clearer information about how to use the appointments system”.
- Do you have any other comments about the PPG or practice in relation to this area of work?

“We feel we have an active and enthusiastic PPG who are keen to work with the Practice to make improvements”.

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In addition to the comments by Patsy Bailey above, these 5 comments were given by patients who were happy to be quoted;

1. I find it very difficult to leave the house but prioritise getting to PPG meetings because the surgery is so wonderful and have kept me alive and functioning for the last 12 years. I also take part because the surgery does indeed listen to patient views and, crucially, makes changes in line with these wherever possible. Warm regards, Marion Janner
2. The practice has set up a successful patient's group which engages actively with the issues raised at its meetings. The meetings are chaired very capably; discussion is welcome; and members of the group contribute actively to these discussions. John Roots - PPG member
3. The PPG project at the Dukes Avenue GP practice has achieved much in a short time. Well-conducted meetings between representatives of patients with a representative of the doctors and the manager of the practice have given rise to opportunities to open discussion of the running of the practice - and to act upon any suggestions arising.

In a short time we have tackled a diversity of subjects, ranging from the appointment system, the telephones, results of the collection of comments and complaints and how best to improve communications between the practice and its patients. We have also been kept informed about changes in the relationships between the practice, the local health authority and local clinics and hospitals. We are already seeing improvements in the delicate links between the practice and its patients. Brian Harding

4. Thank you for sending me the minutes of the 17 February PPG meeting; it is clearly a successful group - congratulations. I am impressed by the numbers attending. I am impressed by the high quality of the minutes and by their prompt distribution. Patrick – first time member of the group.
5. I welcome the opportunity for the PPG to be involved in commenting on and contributing to the drafting of the note to patients about the practice's appointments system. I volunteered to help develop the draft note. I have been working together with another member of the group on improvements to make the information as easy to understand as possible and to help patients to think carefully about the range of options before seeking an appointment. I think our perspective as patients has been central to the improvements we have been able to make. Our professional skills - of writing, in my case - are also an asset in this role. Carrying out this task has of course also been informative for me about the issues and choices involved in designing the appointments system. It has been most helpful to have had the opportunity to meet with Natalie, the practice manager, and to discuss aspects of the appointments system with her. It is also good to think that one is giving something back to a practice that gives us so much.

I found attending one meeting of the PPG informative about what the practice does and how it is perceived.
Louise London

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