

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

London Region South London Area Team

Practice Name: Akerman Medical Practice – APMS Solutions Ltd

Practice Code: G85695

Signed on behalf of practice: Neil Rodrigues

Date: 30/3/15

Signed on behalf of PPG: Mr Webb

Date: 30/3/15

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): Face to face, surveys by email and face to face to encourage more patients to engage and leave feedback.																																												
Number of members of PPG: ...20..																																												
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:																																								
<table border="1"><thead><tr><th>%</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>Practice</td><td>52</td><td>48</td></tr><tr><td>PRG</td><td>50</td><td>50</td></tr></tbody></table>				%	Male	Female	Practice	52	48	PRG	50	50	<table border="1"><thead><tr><th>%</th><th><16</th><th>17-24</th><th>25-34</th><th>35-44</th><th>45-54</th><th>55-64</th><th>65-74</th><th>> 75</th></tr></thead><tbody><tr><td>Practice</td><td>15</td><td>14</td><td>32</td><td>15</td><td>13</td><td>6</td><td>2</td><td>2</td></tr><tr><td>PRG</td><td>0</td><td>5</td><td>0</td><td>5</td><td>14</td><td>45</td><td>18</td><td>14</td></tr></tbody></table>					%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	15	14	32	15	13	6	2	2	PRG	0	5	0	5	14	45	18	14
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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		1		14		1	1	10
PRG	14	5		14	5			9

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1	2	2	3	6	15	9	7		28
PRG						19	9			23

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 have varied times and days of the week so that more patients can participate
- Have made contact via text (countdown from 1 month to the day before), email and notice in reception
- Posters in the reception
- Everyone on the patient list was asked and every meeting is advertised to the whole patient population only the above have engaged the meetings

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?

High percentage Black African, increasing Spanish population.

It was brought up in the meeting to engage people of different origins the signs should be in the most common languages so that patients feel more included.

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

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No direct measures were made to include specific groups of patient into the group, text and emails were sent to the whole population and signs were put in the reception room detailing the time and place of the groups meeting. However going forward the suggestion of the group will be taken into account regarding putting the messages in the different languages, practice manager to discuss with text messaging service about different languages as this may already be a function available.

2. Review of patient feedback

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

Main sources of feedback included:

Nhs Choices
Suggestion box
Emails
Survey

How frequently were these reviewed with the PRG?

Once a quarter these were brought to the PRG, this feedback were the reasons for choosing the priority areas below

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3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Access to Appointments – patient complained about not having access, when calling saying that the next appointment was in a couple of days.

Also that they did not get the option of a face to face appointment

What actions were taken to address the priority?

Appointment system was changed so that half of the telephone appointments were embargoed and only released during the day, morning were released at the beginning of the day and afternoon ones were released at 12pm

Staff trained to let patients have option of telephone consultation or face to face when they try to book an appointment.

After review and feedback from patients directly to admin, via nhs choices and suggestion box this was changed so that all embargoed appointments for the day would be released at 8 am when the surgery opens so patient did not have to call back at 12

More items designed to be handled on email consultations, such as repeat contraception; travel etc, this free's up daily appointments which patients can book.

Patient education into Patient access this way patient can book appointment at any time they want and have the same access to free appointments that the admin staff have.

Also discussed when new doctor start that they should have more face to face appointments so that patient can book

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

More appointments available for patients to book on the day population happier, however did not like that they had to call a second time at 12pm

After second change patient happier that they can call just ones and then given the next available appointment.

Publicised on website and quarterly newsletter, admin staff mention to patient during interactions.

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Priority area 2

Description of priority area:

Communications with patients, messages going from the practice were too formal and patients felt that it was not relevant to them. Need to communicate changes more affectively.

What actions were taken to address the priority?

Friendlier text being sent to patients.

Re-establishment of the newsletter better format,

More up to date and relevant messages on patient call screens

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

Patients more informed on what is happening at the practice change in staff etc...

What is happening within the locality, the formation of SELHP (federation), this need to be improved more in the next year,

Newsletter nicer format, brighter but needs to be altered to reflect changes described in the PPG meeting, such as list of staff and clinicians, section on self help, where people can go for common problems.

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Priority area 3

Description of priority area:

Service improvement: more availability, interaction, appropriateness

What actions were taken to address the priority?

Nurse appointments are the highest DNA percentage, patients are being called to remind them of appointment and to cancel appointment so they are available for others.

Doctors made aware during practice meeting of the impression that they are having on patients, review and discussed when patient make comments to the practice Manager. Ongoing review is needed.

Reception to ask patient what appointment is for so that they can make sure that the patient see the appropriate person and the patient doesn't have to make multiple trips to the practice for the same problem,

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

DNA are a little down, as patient who do not want their appointment on the day get cancelled and are open for other patient, but a lot more needs to be done as this is a huge waste and leave other patient without appointments unnecessarily.

Group say that has improved, admin staff are great, little work still is needed for one doctor.

Further action to be considered from patient survey is that there should be penalties for patients who repeat DNA appointments.

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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):

Issues	Actions to be taken	By When	Outcome
Agenda to be emailed out a week before meeting			
Practice Best practice of other PPG and what makes them so successful	Admin to contact other surgeries	Immediately	when patients take ownership of the meeting, agenda, still have get a group of members that come to every meeting.
Newsletter, as we used to have.	Admin 3 monthly	Ready for next meeting	Ongoing seems to have a good reception form patients
More signage around the building	Neil (Practice Manager) to ask at the next building user group	Ready for next meeting	More signage is only happen when there is a significant change in the building however that is currently happening and Neil will see that can be done
What non nhs service are likely to come into building	Neil to talk to building manager and see what plans have been made	Next meeting	No non-nhs service will be coming into the building as the cost of renting is too high for most service providers

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4. PPG Sign Off

Report signed off by PPG: **YES**

Date of sign off: 30/3/15

How has the practice engaged with the PPG:

Newsletters, meetings

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

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

Yes, Nhs choices, suggestion box, survey

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

Yes – discussed during PPG meeting

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

Improved some, still has to improve in few areas, such as service interaction

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

No

Complete and return to: nhs.cb.lon-sth-pcc@nhs.net by no later than 31 March 2015