London Region North West Area Team

Complete and return to: [england.lon-nw-claims@nhs.net](mailto:england.lon-nw-claims@nhs.net) by no later than 31 March 2015

Practice Name: Shaftesbury Medical Centre

Practice Code: **E84062**

Signed on behalf of practice: **Dr Azeem Nizamuddin & Dr A Musa**  Date: 30th March 2015

Signed on behalf of PPG: **Alpna Chavda**  Date: 30th March 2015

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

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| Does the Practice have a PPG? **YES** | |
| **Method(s) of engagement with PPG**:  We engage with our PPG in various ways such as:   * We publish a newsletter to advertise the group * We put up posters to advertise * We inform patients on the prescription RHS to join * Face to face * Email * Post * Jayex Communication LED board * Telephone housebound patients   We also combined an application form for patients to hand in at Reception for processing. | |
| Number of members of PPG: **16 Members** | |
| **Detail the gender mix of practice population and PPG:**   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 50% | 50% | | PRG | 60% | 10% | | **Detail of age mix of practice population and PPG**:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 23% | 10% | 18% | 16% | 15% | 9% | 5% | 4% | | PRG | 0 | 0 | 1 | 2 | 5 | 7 | 0 | 1 | |
| **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 | 9% | 2% | 0% | 19% | 1% | 2% | 1% | 5% | | PRG | 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 21% | 4% | 1% | 2% | 17% | 6% | 5% | 3% | 1% | 5% | | PRG | 6 |  |  |  | 1 |  | 1 |  |  | 1 | | |
| **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 decided to expand our group of patients by contacting them directly, with the understanding that we would not only increase our member numbers, but we would also have an accurate representation from within other areas. The invitation sent out included an application form which had to be returned for the attention of the Practice Manager. We identified patients (patient Searches & QOF registers, District Nursing Lists with consideration to the wider practice population, to include:   * Male and Female aged between 18 and 85 * From various groups such as: disabled, housebound, parents, ethnic community, immigrants, carers and those known to us from the gay community * Patient on a chronic disease register * Patients who have had 5 or more appointments in the previous year * Patients chosen by the practice team, who felt they could contribute constructively to the PPG, some known to have previous experience of being members of a committee * House bound patients   The practice is a multicultural environment which crowds many international languages and cultures, so, everyone canvases around to get patient to engage in the PRG. Our ethnicity profile illustrates that we provide care for a diverse ethnic population. Using this, the practice has established a group with different backgrounds. Hard to reach groups and minority groups are invited by telephone. Housebound patients, disabled, carers, learning disability patients are all contacted and the views collated and raised during the PPG meeting. The patients has diverse multicultural population, hence word of mouth is a good method used to canvas patients to engage in the PPG. | |
| **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 –** House bound patients and patients in the nursing home  **If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful**:  Nursing home patients were sent a letter to invite them to the PPG Forum and housebound patients were contacted by telephone.  A housebound patient wanted to register to use the access on-line service for repeat prescriptions. | |

2. Review of patient feedback

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| **Outline the sources of feedback that were reviewed during the year:**  All comments, complaints and suggestions received via practice email, in person, in writing or NHS choices & Practice website, patient survey and via suggestion forms available on the front reception desk were looked over by the clinical team and administrative staff and then discussed in monthly staff meetings. Patient feedback (complaints & Compliments) is a standing item and is reviewed with the team immediately.  The comments that appeared most frequentlywere taken seriously and acted upon immediately to change the practice code of conduct, this is done via a Critical Incident form or a Significant Event Form.  We also discuss theses regularly at Clinical Meetings and Reception staff Meetings.    The priorities for the survey were discussed at the PPG meeting and an agreement was reached to improve access, looking at ways to improve early GP appointments via on-line booking and greater access to be seen quickly, within 48hrs and with a view of improving waiting time. Here are some of the Concerns raised during 2014-2015   * Handling of patients when arriving late – Created a Protocol * Reduce waiting time to book an appointment with GP * Patients to be seen on time * Access to on-line booking for earlier appointment before 9.30am * Very Caring GP practice get to the bottom of problem without rushing * Reception Desk staff are pleasant * Appreciation of the services provided |
| How frequently were these reviewed with the PRG?  General commentary from patient questionnaire.  To get a patient feedback on the surgery and to help identify what patients like about the practice and what they would like improved, we looked at data from the National GP survey and Friends and Family Test results. We revise these concerns regularly at PPG meetings twice a year. The importance of our Patient satisfaction and care is the main objective of the practice. Attached is the recent GP patient survey and results of Friends and Family Test |

Action plan priority areas and implementation

**ACTION PLAN 14/15**

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| Priority area 1 |
| Description of priority area:   1. Reduce waiting time to book an appointment with GP of choice 2. How to notify patients of the waiting times or when GP clinics are running late ?   **Survey Results:**  Shows that 65% of patients were able to see or speak to the GP of choice and 59% patients usually wait 15 minutes or less after their appointment time to be seen |
| What actions were taken to address the priority?  **How to notify patients of the waiting times or when GP clinics are running late ?**   * Monitoring of the waiting time in the surgery, explore reasons and support individual clinician. * The staff are also advised to reduce interruptions to minimum for the clinicians while doing the surgery * Telephone calls and messages are dealt by the clinicians at the end of the surgery unless urgent * Enabled and updated the EMIS patient check in screen to indicate to the patient is there is an expected waiting time for the doctor * Reception staff to inform patients that the doctor is running late when they check in at the front desk * From time to time reception staff to inform patients in the waiting room that doctor is running late * The clinical team to inform patients that they are running late   **Reduce waiting time to book an appointment with GP of choice**  The practice has employed 2 salaried GP’s and has a GP registrar which has increased number of GP appointments, in addition, it is offering patients more choice of doctors |

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| Priority area 2 |
| Description of priority area:  Access to earlier on-line GP appointments |
| What actions were taken to address the priority?  **Access to earlier on-line GP appointments (before 10.20am and 11.15am)**   * Where possible updated appointment system and incorporated access to earlier on-line GP appointments to 8.40am and 9.40am   Promoting patients awarness of the access on-line service   * Displayed posters in the waiting room and in clinical rooms * By including the information in practice leaflet * By including information sheet and application form for patient to complete and register for on-line access via website or in reception * The access on-line registration form is included in the new registration pack * Staff to promote and encourage patients face to face to use the on-line access service to those patients who have not already signed up * A message is displayed on Jayex LED board located in the patient waiting room |
| Result of actions and impact on patients and carers (including how publicised):  -Patients have commented very positively to access on-line to early on-line GP appointments  -Verbal comments to reception staff were positive  -FFT paper completion has shown very positive feedback about the practice appointment system  -Staff are better trained in dealing with patients waiting in reception  This information was published at the patient forum and in house. The patient participation report will also be published on the practice website [www.shaftesburymedical.centre.co.uk](http://www.shaftesburymedical.centre.co.uk) detailing the changes. Find attached the report |

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| Priority area 3 |
| Description of priority area:  **Patient suggestion to access on-line repeat prescription service via EMIS** |
| What actions were taken to address the priority?  **Patient suggestion to access on-line repeat prescription service via EMIS**  At present EMIS access on-line repeat prescription is temporary switched off and patients are using the practice website to order repeat prescriptions  This Priority is still pending as the practice had two internal important changes that took priority e.g. EPS ( Electronic prescribing service) and DOCMAN  (Electronic system where automatically incoming hospital letters, clinic letters, discharge summaries are transferred into patients medical records) therefore, this will be completed by December 2015. |
| Result of actions and impact on patients and carers (including how publicised):  However we did discuss with patients to get their views. They said it would be better method of ordering on-line repeat prescriptions via EMIS and once this service is working and available they would like to be notified via following methods :   * Displaying posters in the waiting room and in clinical rooms * By including the information in practice leaflet * By including information sheet and application form for access to on-line service * Staff to inform patients visiting the practice * A message to be displayed on the LED board in the patient waiting room |

**Progress on previous years**

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

**NO started 2010-2011**

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

**Action and summary of progres made from previous years.**

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Offer Telephone consultations

Improve early on-line GP appointments

 Waiting to see Dr of your choice

 Urgent appointments

From last year’s action plan we have achieved all the actions but one. The access to on-line repeat prescription will be carried into the following year and hopefully completed by August 2015

**Priority Action Plan 2015-2016**

* On-going plans merger plans going ahead with Roxbourne Medical Centre
* Shared Nurse Practitioner working from both sites Roxbourne and Shaftesbury Medical Centre
* To communicate better to patients by updating the practice website and maintain it with the latest news
* Access to on line prescription via EMIS (rolling over from previous year)

Shaftesbury Medical Centre Practice Report 2015



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| **Report signed off by PPG**  **YES** Date of sign off: 24th March 2015 |
| **How has the practice engaged with the PPG:**  The presence of PPG members meeting on a regular basis provides informal opportunities to both inform and receive feedback from patients attending the practice.  A minimum of two practice members attend PPG meetings, usually the Practice Manager and a GP. Meetings have been very productive with an open, collaborative atmosphere. Matters raised by PPG members have been investigated where necessary, considered and responded to in a timely manner.  The practice has noticed a pleasing increased uptake of PPG members.  The Practice Manager and the GP supports the running of the PPG, also attended the CCG-wide event together where they raise various issues relating to improvements in Primary Care  **How has the practice made efforts to engage with seldom heard groups in the practice population?**  The practice hosts many languages and cultures within the team so everyone canvases around to get patient to engage in the PRG  Our ethnicity profile illustrates that we provide care for a diverse ethnic population. Using this, the practice has established a group with different backgrounds. The PRG profile parallels our patient demographics as closely as possible.  All staff at the practice tried hard to reach those that could not speak English as their 1st language. Word of mouth techniques were used to try and access these patients.   * **Has the practice received patient and carer feedback from a variety of sources?**   The practice receives much feedback form a variety of sources from patients and also carers of patients that are registered at the practice the following sources are usually the way we receive feedback.   * NHS Choices website * Practice Website * Patient Suggestion Box in Reception * Through District Nurses from house bound patients * And those patient that are carer for other often give feedback * The Friends and Family Test * **Was the PPG involved in the agreement of priority areas and the resulting action plan?**   The PPG were fully involved in the decision making of the action plan as each patient reprehensive was given out a copy of the survey results and we also got agreement from them on the free text comments and comments made from the patient via the suggestion box   * **How has the service offered to patients and carers improved as a result of the implementation of the action plan?**   The Action plan has help guide the practice in general day-to-day work goals. Without a strategic framework we would not be able to improve on our practice. It is likely that the action plan has helped the patient experience and staff roles. The Practice has an overview of planning to help patients to see how we have taken on board their comments and improved our service. The practice found that the implementation of a good action plan located within a clear strategic framework helps our practice to make a significant impact. Following on from the implementation of the action plan feedback obtained from patients, carers, housebound patients have been positive. Patients are able to book early appointments using access to on-line booking, better communication between reception staff and patients as they are informed of waiting times and increased in number of GP appointments which reduces the waiting time for the patients to book for GP of choice.   * **Do you have any other comments about the PPG or practice in relation to this area of work**   We are happy working along are PPG who have over the years really helped improve many areas from a patient & carers point of view, and the feedback that were given during the meetings was very essential for this piece of work. Patient involvement has enhanced the relationship between the Practice and increased patient satisfaction. The Practice and patients now have a forum where both parties are able to address concerns and discuss mutual topics of improvement. This offers the opportunity to communicate developments and discuss areas identified for improvements.  We look forward to developing the PPG further over the coming years, in order to improve not just the way we work, but to work more effectively for our patients. The practice will continue to update the website and continue cascade messages and improve communication with patients. This should enable patients to gain easy access to wealth of information, ranging from access to services, health information and self-management of disease.  Dr Musa and the Practice Manager are extremely grateful to all members of the PPG, for their enthusiastic contribution, and especially to those  who have kindly given their time for meetings. The input from our patients is invaluable to improve our services |

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