

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: THE MISSION PRACTICE

Practice Code: F84015

Signed on behalf of practice:

Date: 18th MARCH 2015

Signed on behalf of PPG:

Date: 24th 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) Face to face, posters, mail, text, telephone, email																																								
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>49</td><td>51</td></tr><tr><td>PRG</td><td>15%</td><td>85%</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>	%	Male	Female	Practice	49	51	PRG	15%	85%				<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>16%</td><td>11%</td><td>29%</td><td>17%</td><td>9%</td><td>6%</td><td>4%</td><td>4%</td></tr><tr><td>PRG</td><td>0</td><td>0</td><td>10%</td><td>40%</td><td></td><td>40%</td><td>10%</td><td></td></tr></tbody></table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	16%	11%	29%	17%	9%	6%	4%	4%	PRG	0	0	10%	40%		40%	10%	
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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	33%	1%	0%	1%	0.17%	0.008%	0.29%	0.77%		
PRG	55%	0	0	5%						
	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1.01%	0.26%	23%	1.08%	1.15%	0.008%	1.13%	3.09%	023%	
PRG					20%			20%		

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:



Next PPG Meeting Invite.docx



PPG promo flyer.pdf

Staff canvass patients in the waiting area inviting them to join the PPG. We pay particular regard to the age, gender and ethnicity of patients in an effort to reflect our patient population. For Bangladeshi patients we have a Bengali speaker to explain about the PPG. We publish an application form on our website, display posters on walls and notice board and leaflets at reception. Patients can also register on the digital patient call system and text messages.

We also hold impromptu open discussions with patients in the waiting area to invite them to join the PPG and to get feedback and suggestions they may have to improve services. This is useful in reaching patients who would not usually get involved in feedback/suggestions and particularly useful for patients who have a low literacy level.

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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?

We do not have any specific groups as detailed above

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

Not applicable

2. Review of patient feedback

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

We receive feedback via the NHS website, our own website, email, face to face consultations, PPG meetings and suggestion box.

How frequently were these reviewed with the PRG?

At every PPG meeting

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Waiting area - Patients felt the waiting area could be improved. They would like it more welcoming, tidy and more private.

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What actions were taken to address the priority?

We purchased good quality everlasting plants in planters. We added some more wall décor. We removed magazines at patients' request which made the area look tidier. The seating was re-arranged into smaller clusters thereby reducing the chance of patients sitting facing each other in close proximity or the back of someone's head. This changed the waiting into a more welcoming space and the plants added a sense of privacy. We put up a clock, installed additional waste paper bins and put in a set of scales

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

We felt the best way to evaluate the impact was to ask patients face to face. We thought this to be best method since it has to be experienced in person. Every patient asked has approved of the layout. The new layout publicised itself.

Priority area 2

Description of priority area:

Patients complained that telephone access was not good. Many said they often gave up waiting and sometimes came to the surgery in person as they lived nearby. This was not a satisfactory situation.

What actions were taken to address the priority?

We purchased a new telephone system. This had a better 'call waiting' service, a recording facility which helped improve the quality of dialogue between patient and reception. We also changed the format of reception staff to have a minimum number of staff dedicated to answering calls whilst those on the front desk dealt only face to face.

We've installed a display board in reception that shows the number of patients in the telephone queue so staff know how many patients are waiting

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

Patients were able to get through more easily to book appointments or make requests. They were aware of the queuing system making the call less frustrating. It was publicised by posters in the waiting room and on the notice board. However, the new service was apparent when calling the surgery

Priority area 3

Description of priority area:

The PPG suggested improved training for reception staff. They felt that whilst most reception staff were very knowledgeable some appeared not to have full grasp of procedures.

What actions were taken to address the priority?

We have introduced 1 additional members of staff at senior level so that we have more leadership and direction. These senior members of staff are responsible for induction, training and development of the reception team.

Their first step was to identify areas of weaknesses and strengths. We created a staff questionnaire. Extra training sessions were given to receptionists with particular emphasis on those areas which involved patient contact such as prescriptions, face to face contact, telephone queries etc. The newer members of staff were taken through induction and training again to ensure a deeper knowledge

All staff were also sent on an empathy training course. We have implemented mandatory training updates on an annual basis and actively encourage vocational training by releasing staff to attend locally organised PLTs.

Staff development over the year is reviewing during their annual appraisal.



reception
questionnaire re conf

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

This improved the face to face relations between receptionists and those patients who presented at the desk. There has also been an improvement on patient telephone experience. We know this because we carry out anonymous spot checks (the name of patient is unknown). Patients are handed a slip of paper asking if their contact with reception had been satisfactory YES/NO and the slip then dropped into a box. There has been a steady improvement.

Our F&FT reports show that over 80% of our patients will recommend us.



2014-12-01 F&FT
Report.pdf



2015-01-01 F&FT
Report.pdf



2015-02-01 F&FT
Report.pdf

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)

Points were – to expand PPG wider ethnic group, improve telephone queue system, update website with events, meeting reminders and reduce patient DNA.

There has been very good progress on these issues as evidenced by the 2013-2014 Action Plan and minutes



PPG Action
plan_2013-2014.doc



20130829 PPG
Minutes.docx



20131121 PPG
Minutes.docx



20140220 PPG
Minutes.docx

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PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: The minutes of each meeting are sent to all participants of the PPG i.e. both staff and patients. This report will be signed off on the 24th of March at our next PPG meeting



20150324 PPG
Minutes.pdf

How has the practice engaged with the PPG:

Mission Practice has made and continues to make huge efforts to engage with patients in every way possible to obtain their feedback and gather their suggestions. This is the only way that our services can be improved. Patients who are happy with our services and feel part of our practice will have a better experience and we believe a better health outcome.

We plan the meetings well in advance and follow the same checklist every time. See document

It's continually difficult to find patients will to join the PPG and we have tried many approaches. We have mailed invitations to patients, canvassed them in the waiting area, offered invitations by leaflet, published invitation on our practice leaflet and published invitation on our website.



PPG Meetings - To do
list.docx



PPG Diversity.pdf

We publish the Agenda and the minutes are circulated. Please see embedded documents.

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20140515 PPG
Agenda.docx



20140515 PPG
Minutes.docx



20140814 PPG
Minutes.docx



20140814 PPG
Minutes.docx



20141113 PPG
Agenda.docx



20141113 PPG
Minutes.docx



20150202 PPG
Agenda.docx



20150202 PPG
Minutes.docx

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

The groups we have found to be the most difficult to reach are the housebound or in care homes, young people, those who cannot speak English or Bengali and those who have poor literacy.

When home visits occur for the housebound the visiting clinician, if appropriate and time permits, asks the patient if there is anything that we could do to improve our service to them. We also encourage carers to join the PPG by discussing and leaving a leaflet.

Care Homes are aware of our website and are encouraged to help their patients to participate to the best of their ability.

Most of our young patients are working with limited time. We do have PPG meetings in the evenings but most seem to be time short and reluctant to engage in that way. However, they do actively engage when face to face, through our text messaging and our telephone contact survey.

The largest group of non-English speaking patients are those of Bangladeshi origin. To accommodate these patients we have Bengali speaking staff able to explain the aims of the PPG and how, even though they cannot speak English, they can make their views known. This is very important for Mission Practice as we have 23% patients of Bangladeshi origin (though the majority do speak English). We have also found that verbal communication with this group (particularly older female patients) is invaluable since many are illiterate thus leaflets and posters are not appropriate. For other non-English speaking patients they invariably have someone with them who does speak English and can advise them how to get their views expressed. Evidently this group is difficult to engage but even small enquiries such as *Do you like the waiting room? Is there something that you would like to have available in the surgery?* does elicit some response and feedback.

Our impromptu sessions in the waiting room have proved very fruitful. This method cuts across all sections of our patient population as at any given times there is always a cross section of patient types. This is of particular of value for those who are illiterate, those with poor literacy skills and those patients who find it difficult to express themselves other than verbally.

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

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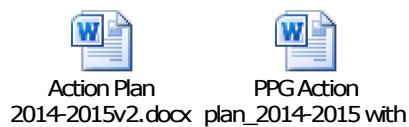
Yes. We regularly receive feedback from a variety of sources as mentioned – Our website, NHS website, mail, telephone, PPG, face to face, Friends and Family and comments box.

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

Yes the PPG are always consulted and agree priorities. The planned agenda for each meeting and the subsequent minutes of each meeting are posted to patients. The next agenda and subsequent meeting continue where the previous one left off. This continuity excludes the possibility of issues dropping off the agenda and the implementation of solutions is agreed, with the PPG, including which is more pressing to be tackled should there be a situation where we have to prioritise.

The 2014/2015 action plan is the culmination of the PPG meetings throughout 2014. The issues have been thoroughly gone over by all concerned and the PPG have distilled and prioritised the agenda. The result of this is the attached Action Plan

The action plan for 2014/15 has been agreed with the PPG



How has the service offered to patients and carers improved as a result of the implementation of the action plan?
Do you have any other comments about the PPG or practice in relation to this area of work?

This is a constant on-going process. Agreed plans from previous years have been achieved and some we are still working on.

One very important implementation agreed with the PPG is the appointment of an Outreach Community Networker. This has been of enormous benefit to patients enabling them to access services. Linking patients with community service does improve their health and social welfare. The service is clearly advertised in the surgery and clinicians also refer patients when appropriate.

Access is on on-going improvement. The new telephone system that we have installed has improved access considerably. However, to improve access further we now have online appointment booking. This not only enables some patients to book appointments more conveniently but also frees reception staff to answer calls more promptly.

The PPG are an essential tool to improve our services. The more involved they become the more they realise the complexities of running the practice. Their understanding of the possibilities and limitations means they do make very informed requests and insightful suggestions.

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