

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

**Hambleton Clinic Patient Participation Report 2014/2015**

Practice Name: The Hambleton Clinic

Practice Code: G85112

Signed on behalf of practice: Nick Christou, Regional Manager

Date: 20<sup>th</sup> March 2015

Signed on behalf of PPG: John King, Chair of Hambleton PPG

Date: 23<sup>rd</sup> March 2015

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

Does the Practice have a PPG? <b>YES</b>
Method(s) of engagement with PPG: <b>Face to face, Email, Other (please specify) Face to face and occasionally email communication</b>
Number of members of PPG: <b>39</b>

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Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	48	52
PRG	44	56

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	18	12	29	17	12	5	3	3
PRG	0	0	0	8	18	13	21	41

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	724	29	0	627	13	13	4	62
PRG	20	0	0	10	0	0	0	1

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	66	21	7	49	148	231	88	17	1	2
PRG	1	0	0	0	0	2	4	1	0	0

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 rang up patients, inviting them to the PRG, usually 2 weeks before the event. We sent invitation letters. Promoted the PRG on the Homepage website. Displayed posters, message on the LED JAYEX Board, had flyers and leaflets in Receptions and Patient waiting room. We had copies of Contact Forms in the Reception Foyer, asking patients to include their email address if they wanted to be contacted and updated about the Patient Group. We set the timing of our meetings in the evening at 6:30pm. We did this in particular to attract younger patients who may be working.**

**We have strategically placed patient recruitment leaflets, posters in the surgery.**

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Texting specific patients, calling specific patient groups.

**We have met with the Residence Manager at Kings College Halls of Residence (Champion Hill Site) and given flyers and posters to the Halls of Residence, with a view to attracting students to register at the practice and to be active members of our 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 – we traditionally have had a large student population, from the Halls of Residence in Champion Hill**

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

**We have met with the Residence Manager, Andrew Taylor, at Kings College Halls of Residence (Champion Hill Site) and given flyers and posters to the Halls of Residence, with a view to attracting students to register at the practice and to be active members of our PPG.**

**The A5 Flyers and the posters will be put on the Notice boards in the various parts of the Halls of Residence premises.**

### 2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year: **We have used a variety of sources of feedback about the practice. These include the new Friends and Family Test, Survey comments in our suggestion box, (located in the waiting room), comments and scores from our site on NHS Choices and the annual GP Patient survey. The GP survey is organised by Ipsos Mori and is entirely anonymous.**

**In the Friends and Family tests results we had numerical results as well as free text comments which we looked at for key themes. The**

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survey comments were given the same credence as the numerical results; we felt that patients who have made comments in the survey have actually thought about their experiences at the practice whether good or bad and been compelled to write about it. In January 2015 we received 29 Friends and Family Test responses. The majority were hand written, some surveys were completed online. The findings were very positive. 26 out of 29 responses felt they were 'extremely likely' or 'likely' to recommend our GP Practice to friends and family if they needed similar care or treatment. Key comments noted were "friendly and helpful staff", 'excellent care, surgery has time for you', 'Easy to make an appointment'. There was one comment that stated "...always well looked after but I rarely see the same doctor anymore..."

The key themes of these comments seem to be reinforced in the latest GP Patient Survey:

95% find it easy to get through to this surgery by phone (Local CCG Average 75%)

73% with a preferred GP usually see or speak to that GP.(Local CCG Average 53%)

86% describe their experience of making an appointment as good. (Local CCG Average 69%)

Area for Improvement in the GP survey were around the Nurse explaining tests and treatments, etc., The scores were high but lower than the CCG average.

The NHS Choices comments also reinforced the attentive service patients receive, but also indicated in 2014 there were times it was difficult to get through on the phone.

How frequently were these reviewed with the PRG? **Reviewed three times a year.**

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### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: <b>Reception Area:</b> It was noted at the meeting that some patients found the Receptionist not looking at you when you arrive in the surgery and the noise in the reception area could be heard in the patient waiting room. Other patient's however noted the excellent and professional manner of the Receptionists.</p>
<p>What actions <u>were</u> taken to address the priority? <b>All staff receives training, which includes a module around confidentiality. Furthermore the Management have noted this priority area from previous PPG meetings.</b></p> <p><b>Since December 2014, Nick Christou – Manager is regularly based in the little room in Reception, which enables him to observe how staff interact with patients. It also enables management to support and empathise with the day to day functions/issues that come up in the Reception area. It ensures AT Medics policies and procedures are being actively applied in the workplace. We also apply a secret shopper system, to see how many rings it takes for the telephone to be answered.</b></p> <p><b>Throughout 2014 the introduction and embedding of a culture of paperlight process's, workstations with 2 Monitors, using Docmail (Letters sent out without stamps, envelopes), Electronic Prescribing (EPS), and more recently promoting the Web GP Telehealth Tool.</b></p>
<p>Result of actions and impact on patients and carers (including how publicised): <b>We have noticed a marked improvement, in the time it takes for a Receptionist to pick up the phone when a patient rings up. Secret Shopper findings have ranged from 1 ring to 5 rings. The results have been publicised in our waiting room and Jayex Board.</b></p> <p><b>All staff have completed or in the process of completing by March 2014, Information Governance E-Learning modules around confidentiality and Core Learning modules, provided by the Skills Academy for Health. The modules included – Safeguarding Adults and Children. The training has a positive impact on patients and carers as staff have increased their</b></p>

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**knowledge and understanding of the issues facing vulnerable patients and carers.**

**In addition all Management Staff have completed modules around Equality and Diversity awareness.**

**Constant use of Paper light process's has ensured that even with increased demand – (due to increased list size, 30% rise in 1 year) that the staff are able to perform their functions to a high standard due to the smart way of working described above, thus ensuring resources are being focused more effectively. The Hambeden clinic is now a true example of how a GP practice is using the management principles of LEAN SIX SIGMA (collaborative team effort to improve performance by systematically removing waste).**

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### Priority area 2

Description of priority area: **Improving access to services, easier to make appointments and more continuity of care.**

What actions were taken to address the priority? **The practice and PPG will encourage greater use of on line services for making appointments, obtaining repeat prescriptions and getting advice. The practice is piloting a new GP online advice service. It is called WebGP and patients can find information and advice on it, and make contact with GPs for advice or consultations on the 18<sup>th</sup> February 2014. Nick Christou demonstrated to the PPG how to go through the WebGP link for patients to check their own symptoms, advice and if necessary request an online consultation. Patients would be called back by a GP within 24hrs.**

**The list size at the practice has increased by almost 30 % in 1 year. Since December 2014 the practice provides an extra session a week from 16 sessions a week to 17 sessions a week.**

**The new 8 till 8 service at the old Lister Walk in Centre was discussed. It is no longer possible to just walk in. Patients in need of urgent care should call their GP. If there is no appointment at the surgery for that day, and the need is for treatment that day, an appointment will be made to see the doctor or nurse practitioner at the Lister.**

Result of actions and impact on patients and carers (including how publicised): **By increasing the number of sessions at the practice from 16 to 17 a week, it means an additional 864 face to face appointment slots in a year, to meet increased patient/carer demand.**

**Since mid-February 2014 the activity figures from WebGP – Tele health are 6 users have used the Self Help function, 2 users used the Pharmacy self-help, and 2 users have completed consults. – This has a positive impact in patients educating themselves and filtering out unnecessary face to face appointments.**

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### Priority area 3

Description of priority area: **Communication with Patients & Intelligent Planting:**

What actions were taken to address the priority?

**A list of email address of patients in the PPG Group to be created 18<sup>th</sup> February 2015**

**Two PPG Reps have agreed to liaise and look at Producing the first Practice News Letter sometime in May 2015, on publisher, with a view to promoting meetings and attract new members.**

**Publish useful telephone numbers on the website - including telephone numbers for: Southwark Carers, Samaritans etc. Also publish on the website various Self-Referral forms and flyers including Smoking Advice, Diabetic Eye Screening,**

**Set up a working group to help with the planting in the front of the surgery.**

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

**Since 2014 the practice website has a comprehensive list of useful numbers and self-referral forms and flyers which will enable patients and Carers to better access a wide range of services. This is being updated constantly. For example on the 1<sup>st</sup> July 2014 the Physio and Wart Help sheets are now available on the self-referrals page.**

**Working group for planting will be publicised in the website, and new Practice News Letter.**

**Minutes of the PPG meetings will be up on the notice board in the patient waiting area.**

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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):

- **The practices premises are have been refurbished in line with CQC Guidance – March/April 2013**
- **Majority of repeat prescriptions are made via Electronic Prescribing (EPS) this makes the process much easier for the patients to get their prescriptions and save GP time - 2014**
- **More GP appointment capacity to meet increased list size. December 2014**
- **Stable clinical workforce – Continuity of GPs –August/September 2012**
- **Extended Hours on Mondays and Tuesdays, thus enabling patients who work to make GP appointments in the evening. - August/Sept 2012**
- **Embedded a culture of training and awareness via comprehensive appraisals focusing on Adult/Child Safeguarding, Confidentiality and Health and Safety. – 2012/ 2013**
- **Admin staff have the opportunity to be trained to become a HCA/Phlebotomist, so far 3 Administrators have been trained up and have been working at Hambleton as a Health Care Assistant. – 2013**
- **Introduced paper light procedures in the practices, which has improved output and productivity, less money spent on Toners, Stationary, and freed up time for Reception staff and Managers to focus on patient care. 2013/14. Workstations with two screens, Introducing DOCMAIL, and the continual embedding of WebEx meetings.**

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### 4. PPG Sign Off

Report signed off by PPG:

**YES**

Date of sign off: 23 March 2015

How has the practice engaged with the PPG:

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

**The practice has been taking active steps to engage with the various underrepresented groups namely the under 50s and ethnic minority patients. The following best endeavours have been applied, Posters in the foyer and waiting room, flyers, signs on the patient call system encouraging patients to complete a contact form, which includes asking a patients' gender, age, ethnicity and email address. This confidential information would be used to compile a mailing list for and ensuring we have a good cross section of the practice population.**

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

**The practice receives feedback from a variety of sources – Friends and Family questions, NHS Choices, Suggestion Box, patient complaints, PPG Meetings; annual patient survey organised by Ipsos Mori and is entirely anonymous.**

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

**Yes the PPG was involved in the agreement of the priority areas and the resulting action plan, a PPG meeting was held on the 18<sup>th</sup> February 2015, where the priorities were agreed and resulted in the 3 priority areas in the action Plan 1. Reception Area, 2. Access, 3. Communication and Intelligent Planting.**

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

**As mentioned previously, service has improved for patients and Carers, the premises being updated ensures for a more pleasant and cleaner environment. Resulted in the introduction of evening clinics till 8:30pm for 2 out of 5 days. Increased GP capacity to meet the increased list size. Patient and Carer Education and information are published via our website, posters, flyers and Jayex Board. Furthermore we have developed close links our local stakeholders the CCG– Our Chair, John King, sits on the Southwark Engagement and Patient Experience Committee which is a subcommittee of Southwark CCG and National Association for Patient Participation.**

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

**No Comments**