

Annex D: Standard Reporting Template

London Region [North Central & East/North West/South London] Area Team
 2015/2016 Patient Participation Enhanced Service – Reporting Template

Practice Name: The Limehouse Practice

Practice Code: F84054

Signed on behalf of practice: Warwick Young

Date: 31/03/16

Signed on behalf of PPG: Mr Nuruz Zaman

Date: 31/03/16

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

Does the Practice have a PPG? YES												
Method of engagement with PPG: Face to face, Email, Other (please specify): Face to face, email, sms, phone and letters												
Number of members of PPG: 245												
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:							
	%	Male	Female		<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
	Practice	51	49		2	10	27	18	11	7	3	3
	PRG	43	57		0	10	32	21	12	14	6	5

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	7	1	1	15	1	1	1	1
PRG	14	0.5	0	19	0.5	0	0.5	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	2	1	29	3	1	3	1	3	1	28
PRG	3	0.5	34	3	0.5	2	2	1	0	8

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:

Opportunities are given at new patient registrations to be members of the patient group. The patient group is advertised at the GP practice and the website so we can ensure a wide range of patients is given the opportunity to sign up. The website is able to translate in to many languages which enable the practice to have patients become members who speak different languages and/or are from different ethnic backgrounds.

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

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

We have a large Bangladeshi population, which makes up 29% of our practice population. Our patient advisor actively encourages our Bangladeshi patients to sign up to the patient group, which has been successful.

2. Review of patient feedback

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

Complaints, NHS Choices and patient survey. The reception apprentice did a survey of patients who did not attend (DNA) their appointments, as this was highlighted as a priority by the group at the meeting in November. The group wanted to understand the reasons for patients who did not attend their appointments. Therefore, 50 patients who had DNA'd their appointments were telephoned, and asked why they couldn't make the appointment. Results of this survey were presented to the patient group on 16th March 2015.

How frequently were these reviewed with the PRG?

Feedback and priorities were reviewed and discussed on 25th November 2015. Results of the survey were reviewed and discussed on 16th March 2016.

3. Action plan priority areas and implementation

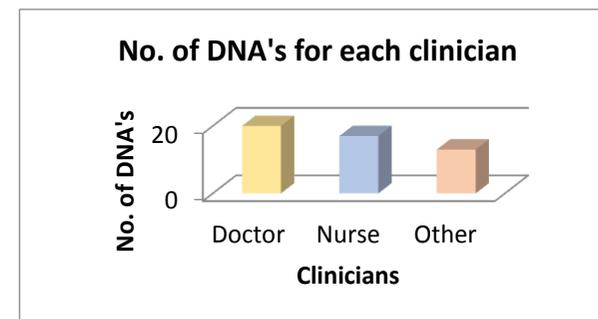
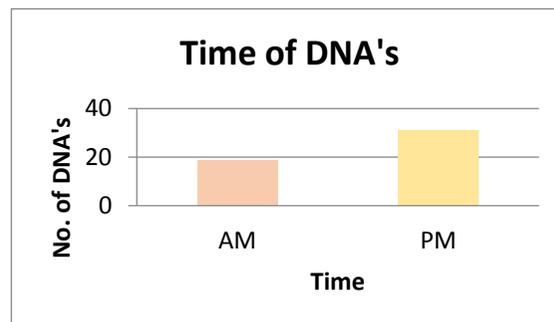
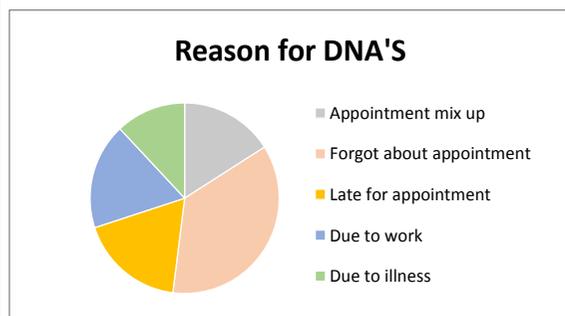
Priority area 1

Description of priority area: DNA – **Did Not Attend appointments**

The practice currently has no policy on DNA's for clinicians. From May to November there was an average of 57 DNA's per week. In the last 2 months we have had 77 DNA's per week which worked out to 4.5 sessions. There are currently no consequences for patients when they DNA appointments. The Tower Hamlets DNA average is 8% whilst the practice has a DNA rate of 12% which is very high.

What actions were taken to address the priority?

A survey was done by our apprentice receptionist who looked at our current DNA statistics.



We identified the 5 most common reasons patients did not attend their appointments. 54% of the patients had either forgot about their appointment or said that they couldn't attend due to work commitments. The patient group felt that these weren't acceptable reasons for not attending appointments, and a policy should be put in place to address this issue to help reduce the number of DNAs. We discussed sending out letters as warnings with information around what to do when you are unable to make your appointments, which was felt to be the best course of action. In addition to this the group felt it is important to ensure receptionists regularly checked to ensure we had up to date mobile numbers for patients so we could send text message reminders of appointments. This is regularly done by reception, but this will be reiterated in practice meetings.

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

Publicity around DNA's and what to do if unable to make appointments has been put around the practice, and on all clinician doors to encourage patients to contact the practice if their appointment is no longer needed. The practice will be trialling out writing to patients if they DNA to see if it has any effect on the rate of patients not attending their appointments. The practice hopes that the changes within the management of DNA's will help reduce the percentage of DNAs.

Priority area 2

Description of priority area: **Duty Doctor Triage System**

The Limehouse Practice introduced the duty doctor system after last year's PPG identified issues around waiting times and urgent appointment access. The duty doctor system started May 2015. This was implemented in the mornings, and has been well received by the patients. The practice is now looking at ways to implement this in the afternoon to improve patient access, and reduce DNAs.

What actions were taken to address the priority?

The patient group met on November 2015, and we agreed that a trial of the afternoon duty doctor system would be carried out in December. We trialled the duty doctor in the afternoon during the Christmas holiday period to see how well it was received and how effective it was. The practice found that the system worked well in the afternoons and is now looking to at options to implement it. One interesting aspect gathered from the DNA survey was that that the DNA rate was higher in the afternoon sessions then the mornings, which may be due to the duty doctor system in the morning.

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

Duty doctor is publicised within the practice, and one the website. Further data collection and analysis on the current system will be carried out before they system is rolled out in the afternoon. Once this is implemented we hope to offer improved access for patients requesting urgent advice from the doctor in the afternoon. This will be reviewed again at the next patient meeting in May 2016.

Priority area 3

Description of priority area: **Funding for the Limehouse Practice**

The PPG identified that information around the funding provided via the Locally Commissioned Service was not widely advertised and patients wanted further information about the outcome of the SOS campaign and how this would impact the future of the practice.

What actions were taken to address the priority?

In conjunction with the Save Our Surgeries group, a leaflet was produced explaining the outcome of the SOS Campaign. Information on the Locally Commissioned Service was put on the practice website, around the practice and in our newsletter. Furthermore, this was discussed at length in the meeting in March, where the patients were informed that the practice would need to reapply in April for further funding for 2016/7.

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

Patients felt more informed regarding the SOS Campaign, as many patients within the practice had campaigned tirelessly for the practice by gathering hundreds of signatures and supporting the practice when a health minister visited in July 2015. Notices were put up in the practice and on the website regarding the funding the practice received via the Locally Commissioned Service, and patients who helped in the campaign were thanked for the work and time they had given to help support the practice.

Progress on previous years

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

PPG 2014/15 Priority 1: Telephone Access

A problem was encountered with the new telephone system. The telephone system happened to go on a loop when the call was not answered. This meant patients had to re-pick the option. The practice spoke to the company providing the telephone service. The problem with the system has now been resolved and patients were notified at the patient group and in the newsletter.

UPDATE: The practice is still looking at ways to improve the current system, and is in negotiations with NHS England on options for funding a new phone system.

PPG 2014/15 Priority 2 and 3: Waiting Times and Urgent Appointment Access

The GP triage system started on May/June of 2015. The triage system was advertised within the practice.

UPDATE: The triage system worked very well in the morning, and we feel it has led to reduced waiting times, as there are less interruptions for the doctors in the morning. The practice is now looking at implementing the system in the afternoon which is one of the priority objectives set for the year.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 31/03/2016

How has the practice engaged with the PPG:

How has the practice engaged with the PPG: Two evening meetings at the practice on 25th November 2015 and then on 16th March 2016.

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

The patient advisor speaks sylheti, and translates during PPG meetings. Patient advocates also actively encourage patients to join the patient group. Furthermore, we offer all patients registering the option to join the patient group. The practice also engages with numerous community partners in Tower Hamlets to ensure a variety of groups of patients are represented.

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

Yes through verbal feedback, complaints, NHS Choices, Friends and Family Survey and survey's carried out by the practice.

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

During the meeting on 25th November the areas of priority were discussed and this was used as the basis for the survey.

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

Access to the practice has improved greatly from changing the telephone system from the previous year. The introduction of the duty doctor system has been very successful since it has been implemented. The afternoon trials has been successful and it means that the implementation of the afternoon duty doctor triage system will improve access for the patients.

DNA system will improve the appointments available for our patients and reduce the current rate of patients not attending the appointments, as currently the practice does not have any DNA policy. The aim of implementing a DNA policy will help the practice improve access, and utilisation of appointments.