

Annex D: Standard Reporting Template

London Region [North Central & East/North West/South London] Area Team
2016/17 Patient Participation Enhanced Service – Reporting Template

Practice Name: Island Medical Centre

Practice Code: F84647

Signed on behalf of practice: Date: March 2018

Signed on behalf of PPG: Elizabeth Burdett

Date: 26th March 2018

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

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|---|------|--------|----------|------|---|-------|-------|-------|-------|-------|------|
| Does the Practice have a PPG? YES | | | | | | | | | | | |
| Method of engagement with PPG: The PPG engaged with the practice on a face to face basis in meetings held at the surgery on these dates: 23.05.2017 / 20.09.2017 / 29/09/2017 / 06.02.2018 | | | | | | | | | | | |
| Number of members of PPG: 26 | | | | | | | | | | | |
| 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 | 3967 | 3676 | Practice | 1195 | 714 | 2984 | 1574 | 662 | 322 | 172 | 112 |

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|-----|---|----|-----|---|---|---|---|---|---|---|---|
| PRG | 9 | 17 | PRG | 0 | 0 | 0 | 3 | 6 | 4 | 6 | 7 |
|-----|---|----|-----|---|---|---|---|---|---|---|---|

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 | 529 | 10 | 0 | 1733 | 35 | 30 | 36 | 337 |
| PRG | 10 | 1 | 0 | 2 | 0 | 1 | 2 | |

| | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | |
|----------|---------------------|-----------|-------------|---------|-------------|---------------------------------------|-----------|-------------|-------|-----------|
| | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 553 | 79 | 1214 | 569 | 270 | 139 | 55 | 73 | 7 | |
| PRG | 1 | 0 | 7 | 1 | 1 | 0 | 0 | 1 | 0 | 2 |

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:

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:

The practice has a very active PPG . To ensure that patients are representative from our practice population the practice uses the following methods to engage and communicate with patients:-

Methods used to invite patients to join the PPG 1) face to face 2) letter 3) patient board 4) posters 5) practice website .

Patients within the age category of 25-34 years, were an underrepresented group at our PPG meetings. The practice specifically targeted this group by inviting them to attend via a text message. The PPG facilitator also targeted this group by means of a PPG meeting invitation letter. The letter explained how invaluable their feedback is to the practice and how the practice was interested in hearing their views on the range, of services provided by the practice. This was handed out by a designated receptionist on a one to one basis at reception in order to target this difficult to engage group.

Patients from the Bengali and Chinese speaking communities were also targeted to attend the meetings held at the practice .The PPG Facilitator created an invitation letter and designated different reception staff members to target this difficult to engage group at every interaction over a period of time.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG?

Yes – Significant number of elderly carers who are under represented at the PPG

The practice had previously identified a group of patients who were carers back in 2014. They expressed interest in participating in PPG meetings and receiving more support from the practice. Previously workshops were arranged with The Carers Support Centre at the practice whereby patients/ carers were able to engage locally and obtain the necessary help and assistance they needed. Since then these patients have become regular members of the patient forum group. Obtaining their views is important in understanding the types of support required by patients and carers who regularly use our services.

YES - Patients with reduced mobility or are too unwell to attend

Patients with reduced mobility continue to be offered the opportunity of participating in PPG decision making by telephone or via their carer. The PPG facilitator offers them the opportunity to raise concerns, ideas and any suggestions for improvement via telephone consultation. They are sent feedback on PPG outcomes. This continues to be a successful way of communicating with patients who are seldom heard.

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?

No

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

2. Review of patient feedback

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

Ipsos Mori Survey – once yearly (20.09.2017)

Friends & Family Test Surveys – Quarterly (23.05.2017 , 20.09.2017)

Practice Newsletter – Once yearly (06.002.2018)

Complaints – 06.02.2018

PPG run Charity Event – a new suggestion form the PPG (29.09.2017)

How frequently were these reviewed with the PRG?

The above information has been shared with the PPG on the above dates.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

- Building Capacity Exceeded / Health and Safety Issues raised as a result of water damage

What actions were taken to address the priority?

| Priority Area | Actions | Who does this? | Deadline |
|--|---|---|----------------|
| <p>One of the priority areas that were raised by the PPG in 2016, was that of limited building capacity. Due to a growing practice list size clinical room capacity is now at a maximum.</p> | <ul style="list-style-type: none"> • The PPG agreed that this was an urgent priority to be addressed. External companies and contractors were called in to design space flow including four additional clinical consultation rooms, dedicated administration areas, Communications room, disabled utilites and staff facilities. | <p>NHS Property Services and the landlord are negotiating a start date.</p> | <p>Ongoing</p> |
| <p>After significant negotiations the landlord has agreed for the adjoining flat to be used by the practice to allow for extra consultation rooms. The condition of this is uninhabitable at present due to water damage/damp. However this is part of the proposed redevelopment works.</p> | <ul style="list-style-type: none"> • The practice informed the PPG in the following meeting February 2017, that the redevelopment works are planned to take place in three separate phases commencing from July 2017. The PPG | <p>PM</p> | <p>Ongoing</p> |

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|---|---|---|--|
| <p>Working Capacity further impacted by loss of working areas for admin staff. This was due to dampness and water damage resulting in fungal growth in landlords flat. This escalated in the adjoining admin rooms in the practice making the space unusable.</p> | <p>approved of the works to be carried out but they felt strongly that existing service provision should not be disrupted or compromised during the redevelopment period.</p> <ul style="list-style-type: none"> • The works did not start on the due date and liaisons continue with the Landlord and the senior Hurley Managers and NHS Property Services. • The PPG asked to be shown the plans for the restructuring work. <p>Senior staff were affected by the damp issue and as a result had to move out of the office they were occupying as the stench of damp was overpowering</p> <p>Contractors sealed up the door to the flat and work in the kitchen area for many months while the severity of the damp issue was addressed in the adjoining flat. Air purifiers were purchased in order to provide some remedial benefit during the interim period to the affected area.</p> | <p>The Hurley Group NHS Property Services & the landlord in negotiations</p> <p>PM</p> <p>Private contractors commissioned by HG to address the damp in the interim period to make it safe for staff and patients</p> | <p>Ongoing</p> <p>This was taken to the last meeting 06.02.2018.</p> |
|---|---|---|--|

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

Clinical service provision has had to be rearranged around physical room capacity due to the list size growth. The practice had to create a detailed room rota maximising room time. The practice uses external providers from the community i.e:- Midwives, Health Visitors, Phycologists and a CVD nurse, Dietitian and a Mental Health Nurse. In order for these services to run smoothly meticulous planning is needed to accommodate the current services.

The PPG acknowledged that the space in the waiting room had become reduced due to a number of filing cabinets now needed to store new records as a result of list size growth. The practice no longer has the ability to segregate any areas of the waiting rooms for PPG / practice meetings without them being continually interrupted by patients attending for their appointments. Once gain this is due to the list growth and capacity issues. Therefore the plans for building expansion are intrinsic to resolving the capacity problem. This problem has not impacted negatively on service users yet as the practice has been able to use all rooms to maximum capacity presently. There has been no loss of service to patients and carers. However the practice is now at maximum capacity and the redevelopment works will provide additional consultation rooms thus providing sufficient clinical space for expanding practice population.. This information is shared via the PPG meetings and the priority issues raised by the PPG. They are also available to read on the Patient forum board in the practice.

Priority Area 2

Description of priority area:

Internal Electronic Communications Board

What actions were taken to address the priority?

| Priority Area | Actions | Who does this? | Deadline |
|--|---|---|--|
| <p>Also being carried over from the previous years' PPG was the issue of the replacement of the LED board. The PPG felt that this was a fundamental piece of equipment within the practice that communicated changes, updates and acted a calling in system for clinicians.</p> | <p>Previously the PM looked into fixing this but it proved uneconomical.</p> | <p>PM</p> | |
| <p>Due to the non-functioning of the LED board the Chair of the PPG asked for a leaflet to be put together at the first meeting of the year (23.05.2017) in order to keep patients up to date with the internal changes at the Practice. The PPG agreed that this would be a good way to communicate changes during the Interim period. They also wanted the leaflet to specify how many doctors, nurses and sessional doctors were available including days and times of their clinics.</p> | <p>The PPG Facilitator designed the template for the leaflet and the Admin assistant completed the leaflet for distribution. The leaflet was taken to the PPG meeting in September 2017.</p> | <p>KB & SB</p> | <p>Take to PPG meeting on 20.09.2017 July 2017</p> |
| <p>Director of Operations at the Hurley explained back in February 2016 that she would look into seeing if the CCG could fund a self-check in system and a TV call in option.</p> | <p>Director of operations confirmed approval for LED call in system and self-arrival service at the end of February 2018. We are currently waiting for the date of installation to be confirmed</p> | <p>Senior business manager in the process of purchasing</p> | <p>This will be taken to the PPG meeting in May 2018</p> |

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

At each meeting the PPG have been regularly updated regarding any progress made by outside contractors to remedy the fungal growth problem. However as of yet this has not impacted on patients and carers. There is a potential risk to patients being exposed to fungal spores. This could affect the at-risk group of patients. Also reduced working space for staff could potentially put at risk the performance of service delivery. This information has been shared with the patients at the PPG meetings throughout the year.

Since the non-functioning of the LED board this has led to breakdowns in communication. Negative feedback has been reported by the following groups of people:- 1)patients who are hard of hearing 2)those whose first language is not English and 3) patients with the same name. These breakdowns in communication could have been avoided on occasion if the clinicians correctly identified the patients on presentation, by asking for the patient's full name, date of birth etc. For those who are hard of hearing and those whose first language is not English have not responded when being called. At times those hard of hearing have waited longer to be seen as they did not hear the clinician call their name. This feedback has been received and addressed by practice management and consequently shared with all staff. The practice has now in the process of purchasing an alternative digital calling in system and patient self arrival.

Priority area 3

Description of priority area:

A new telephone system pending more lines and a queuing system

What actions were taken to address the priority?

| <i>Priority Area</i> | <i>Actions</i> | <i>Who does this?</i> | <i>Deadline</i> |
|--|---|-----------------------|-----------------|
| The third issue requested by the PPG was that of a queuing management system to be activated on the telephone lines. The PPG facilitator explained that this was an area that was explored in September 2015. However after much research it was found that the current system could not facilitate this option. | The Telephone provider was contacted by the PPG facilitator with all viable options explored .The telephone message was changed and improved in order to direct patients to the appropriate service. Subsequently this improved services in 2015/16 as it enabled calls to be directed more effectively by diverting them more quickly to the appropriate service:- i.e 1)details on how to register 2)how to obtain results 3) how to book check and check the timing of an appointment by using the automated system 4) find out surgery opening & closing times 5)being alerted to how to consult with a GP on line. This signposted patients to the correct services and reduced delayed waiting times for telephone access to a receptionist as a large number of calls were being made just to find out information on how to register. | KJB | Completed 2016 |

| | | | |
|--|---|---------------|--|
| <p>However due to the planned practice restructuring work the PPG <i>again requested</i> for the queuing system and more lines to be installed. They said that this would lead to a better patient experience, as longer waiting times led to more dissatisfaction and frustration with accessing services. They asked for a system that would be able to estimate the patients waiting time in the call queue. However, by increasing consultation rooms the practice would require a more advanced telephone operating system to support this. This would be taken forward as a priority within the redevelopment works.</p> | <p>The practice started investigating telephone operating management systems that could be used i.e switch medical, shape networks etc.</p> | <p>PM/ KB</p> | <p>Before completion of restructuring work is completed.</p> |
|--|---|---------------|--|

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

The PPG felt strongly that they wanted the practice to install a telephone queuing system and more lines. This has not significantly impacted on patients and carers. The PPG understand that the practice have done their utmost to improve the telephone message but at times they have had to wait for their call to be answered particularly during busier times of the year.. The impact on patients and carers during busy times is that of prolonged waiting for their call to be answered resulting in frustration and disappointment. The practice will work hard to pursue a system that can operate a queuing system. Patients were updated at the meeting in February 2018 regarding the progress being made and a "you said we did poster" was put on the patient forum notice board. This will be taken forward with the redevelopment works.

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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):

| Priority Area | What action has been taken? | Who is responsible for this? | What action still needs to be taken? | Deadline |
|---|---|------------------------------|---|-----------|
| In May 2017, the PPG requested an internal leaflet to be put together explaining all the services available at the practice. They wanted it to specify days and times of clinics with named clinicians. | The practice designed a leaflet and this was disseminated in September 2017. This has proved helpful for our practice population and informative to new patients registering. | KJB/ SB | Make sure leaflet is always updated to meet current clinical access. | Ongoing |
| Nurse Capacity – An issue raised from the previous year's PPG outcomes is that of obtaining a regular nurse | The practice secured a fourth nurse at the beginning of October 2017. This has helped to balance out demand & availability throughout the week with a nurse. | PM | No action necessary | Completed |
| Lack of Regular Doctors. This is an issue that has been raised over the last few years of PPG. | The practice continues to secure longer term sessional doctors until this position is filled. | PM/ Lead GP | Once positive feedback has been received regarding a certain locum from patients. The PM will inform them of the internal vacancy | |

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 26/03/18

PPG Chair Dr E Burden

How has the practice engaged with the PPG:

The various methods have been used to engage patients to join the PPG such as :- 1) face to face 2) letter 3) patient board 4) posters 5) advertisements and by referral from reception and GP .

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

YES

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

Yes

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

YES

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

See year end poster "You said We did."

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

NO



FEB 18 feedback
poster.docx

PPG 2017 -18 minutes available upon request.