

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

London Region South London Area Team  
Complete and return to: [nhs.cb.lon-sth-pcc@nhs.net](mailto:nhs.cb.lon-sth-pcc@nhs.net) by no later than 31 March 2015

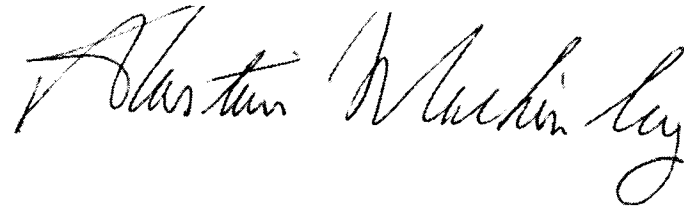
Practice Name: The Acorn Group Practice

Practice Code: H84007

Signed on behalf of practice: Dr N Jackson



Date: 18<sup>th</sup> March 2015



Signed on behalf of PPG: Mr A MacKinlay, Chairperson

Date: 18 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). PPG meetings face to face, email contact and email information on local CCG PPG events.

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Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	4003	4182
PRG	9	4

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1332	810	1224	1445	1272	1001	662	439
PRG	0	0	1	1	2	3	2	4

Detail the ethnic background of your practice population and PRG: Declined 21

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	2499	77	0	561	8	14	5	48
PRG	6	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	76	7	17	28	69	14	3	13	0	78
PRG	1									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: We have discussed with the PPG attracting membership from hard-to-reach groups. Their suggestion was to have a notice board in the waiting room for the PPG matters and this has been actioned. Posters have been displayed on this, inviting patients to join the group and some specific patient demographics have been highlighted on these posters. All advertising for new members for the PPG is available for all demographic groups (posters, fliers at reception & practice website etc).

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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?

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:

It was agreed that other sources of patient feedback would be collected such as the subject of complaints, but that the last patient survey would carry significant weight due to the number of patients responding to it. Relevant patient comments were discussed as appropriate from the Practice's information on suggestions box notes, the FFT feedback and suggestion and comment forms.

How frequently were these reviewed with the PRG? Each meeting the above was reviewed with the survey responses weighted for the 3 priority areas.

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### 3. Action plan priority areas and implementation

Priority area 1						
Description of priority area: Appointments.						
What actions <u>were</u> taken to address the priority?						
<p><b>Review of system</b> – triage, effect of doctors leave, availability beyond two weeks and cancellations, improvement with text messaging &amp; online appointments.</p> <p><b>Work towards changing areas</b> where suggestions are made. The proportion of patients who do not arrive for their appointment increases with the number of weeks appointments released. This information was before the advantages of text messaging, which helps patients remember their appointment enormously.</p> <p>It was felt that the surgery should try releasing some appointments at 10.30 in order to help patients who travel to work or on a school run at 8.30am. Releasing the 'new' week's appointments at a quiet time reduces demand on the 8.30am calls. Organising a trial on a three week appointment system would take the pressure off routine appointments in particular about booking an appointment for a partner who is on leave and only two weeks appointments are released. A walk-in clinic would be a good consideration for patients. The Practice planned to look at online appointments from April 2014 under NHS Services Online Access so that a wider choice of methods of booking appointments can be available to all patients.</p>						
<b>Timeline for implementation</b>	April	May	June	Aug	Sept	Dec
Discussion & initial improvements to be reviewed by practice	✓					
Plan changes		✓				
Training on Online appointments			✓			
Advertise online appointments				✓		
Implement					✓	
Review						✓

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Action	Completed
Release some appointments at 10.30 for patients who travel to work or on a school run	✓
Releasing the 'new' week's appointments at a quiet time	✓
Organise a trial on a three week appointment system	✓
A walk-in clinic would be a good consideration for patients – Flu clinics this year	✓
Online appointment access	✓
Move messaging to top floor	✓

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

The front desk queues were shorter and fewer patients waiting at 8.30 am for on the day appointments. A PPG member confirmed that when he requested a non-urgent appointment at 4.30 pm but needing to be seen soon, he was offered an appointment the following morning instead of phoning in at 8.30 am the next day. Another member said the staff are always very helpful with appointments. Publicised by poster on notice board in waiting rooms. In reception walk-in clinic advertised as well as outside window, text messaging and letters. Leaflets distributed for online appointments and forms available at front desk. Patient's representatives ie the PPG discussed and agreed the implementation of changes.

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**Priority area 2**

Description of priority area: Referrals.

What actions were taken to address the priority?

**Review of system** – Following the process from consultation to hospital appointment to identify delay areas. Review method of doctor dictation ie speech recognition dictation and whether removing the doctor proofing element would speed up the process. **Work towards changing areas** where suggestions are made. Improving referral waiting times were seen by the patient as too long. The Practice is currently doing some work on this. The process from doctor to secretary to referral management team and to hospital was not understood by patients. The management referral scheme vets referrals to meet certain criteria and to advise on shortest waiting times which added to the turn-around time. The referral management team would be visiting the practice when they will ensure that we are working the system most efficiently. Internally the Practice is working to keep all referral processes at an equal stage. Informing patients of the referral process by any means including a leaflet would help understand the system all doctors use and therefore reduce the patient expectation time for the referral to be produced.

<b>Timeline for implementation</b>	April	May	June	July	Feb
Discussion & initial improvements to be reviewed by practice	✓				
Plan changes		✓			
RCAS Visit			✓		
Implement date ordering				✓	
Implement patient leaflet					✓
Review					✓

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<b>Action</b>	<b>Completed</b>
Give RCAS leaflet to patients to inform them of the referral process	✓
RCAS to visit and to ensure efficiency of the system	✓
Equalise different referral processes by date	✓

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

The actions of implementing an outside review of the how we use the RCAS system and staff turn around of referrals as quickly possible have improved waiting times. The Doctors give RCAS booklets explaining the RCAS system. The new surgery leaflet produced in-house publicises to patients the complete referral process from doctor consultation to obtaining their hospital appointment. Patient's representatives ie the PPG discussed and agreed the implementation of changes.

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**Priority area 3**

Description of priority area: Waiting times

What actions were taken to address the priority?

**Review of system** – Patient / Doctor relationship, keep to schedule time, number of problems discussed in one consultation. Doctors starting on time and run on time. Informing patients better of doctor delay and options for patients other than waiting for the doctor.

**Work towards changing areas** where suggestions are made. There is a balance for the doctors about being approachable and dealing with the medical issue but also keeping strictly to time, so as not to keep other patients waiting. Discussing two or three items in one ten minute consultation causes appointments to over-run. Usually it is a medical reason that delays a doctor's schedule. The patient's view is that it is the duty for doctors to run to time whenever possible as patients are also busy and may have further appointments. It was recommended that reception staff inform patients better of any delay or fewer appointments are scheduled and inform patients of other options than waiting.

<b>Timeline for implementation</b>	April	May	Dec	Feb
Discussion & initial improvements to be reviewed by practice	✓			
Plan changes		✓		
Schedule surgeries to the doctors daily programme			✓	
Check in machine upgrade			✓	
Review				✓

<b>Action</b>	Completed
It was recommended that reception staff inform patients better of any delay and inform patients of other options than waiting.	✓
Upgrade check in screen to more accurate information of patient's waiting	✓
Schedule surgeries to a doctors daily programme	✓



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

Patients have more information available to them about what their choices are if they find themselves in the position of a wait to see the doctor. The Check-in system publicises to each patient on check-in the number of patients waiting ahead of them to see the doctor. Patient's representatives ie the PPG discussed and agreed the implementation of changes.

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 main focus of previous years was to establish the patient satisfaction survey led by the PPG rather than using available off the shelf solutions. We were lucky to have members of the PPG with great experience in this area. An enormous amount of work was undertaken by members of the PPG both in the formulation of the survey document and in approaching patients at our surgery asking them to complete the survey.

This stood us in great stead this year in that the previous experience was invaluable in the production of last year's survey. Time was therefore freed up allowing us to concentrate on our new agreed priority areas.

The progress made over previous years is that, with the PPG, all areas highlighted in the survey have been discussed, decided and implemented. An example of this is-

Access, which was not chosen as one of the three priority areas for example was discussed and improved on-

One survey question of the issue of Teddington Memorial Hospital being used by local GP's, was the required geographical statement 'It is important to me that my GP practice is near to where I live.' 86% said 'yes' with 11% 'no' and 1% 'not sure'.

We have participated in a borough wide initiative on improving access with GP's at weekends in Richmond CCG. One surgery is now open in each of four areas, where patients can be referred by A&E departments.

The PPG members were anxious that an increase in access should not be to the detriment of service levels falling or the quality of medicine.

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### 4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: 18<sup>th</sup> March 2018

How has the practice engaged with the PPG: The Practice has engaged with the PPG well through meetings with the group and via email.

How has the practice made efforts to engage with seldom heard groups in the practice population?  
The Practice has posters in the waiting room requesting new PPG members especially patients from seldom heard groups.

Has the practice received patient and carer feedback from a variety of sources?  
Yes, a member of the PPG is a carer and gives very helpful information to discussions; relevant patient comments were discussed as appropriate from the Practice's information on complaints and comments, the suggestions box notes and the FFT feedback.

Was the PPG involved in the agreement of priority areas and the resulting action plan?  
The PPG decided on the priority areas and were unanimous in the agreement of these. The resulting action plan was established from discussions and agreed in the PPG meetings.

How has the service offered to patients and carers improved as a result of the implementation of the action plan?  
There has been a specific improvement in these three priority areas. We believe patients are more content and there is a reduction in adverse comments from patients in these areas.

Do you have any other comments about the PPG or practice in relation to this area of work?  
The Practice representatives are good to work with and are responsive to ideas we suggest. The Practice feels we offer ideas and suggestions from a different perspective which they have not necessarily investigated. It is frequently a question of bringing together two or more ideas to benefit both parties for the best.