London Region North Central & East Area Team

Complete and return to: [england.lon-ne-claims@nhs.net](mailto:england.lon-ne-claims@nhs.net) no later than 31 March 2020

Practice Name: **Abbey Road Medical Practice**

Practice Code: **F84111**

Signed on behalf of practice: **Mrs Ghazala Jarwar (Practice Manager)** Date: 30.03.2020

Signed on behalf of PPG: PLAKHTIENKO, Hanna Date: 30.03.2020

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

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| Does the Practice have a PPG? **YES** | |
| Method(s) of engagement with PPG: Face to face, Email, Other (please specify)  We used several different methods to encourage patients to join our PPG. The method are as follows:   * Practice leaflet * Information on the screen in the awaiting area. * Displaying poster. * Face to face meeting. * Message on NHS Choices and practice website.   Our aim was to get a representative from all age and ethnic groups. | |
| Number of members of PPG: 12 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 4808(%) | 4207 (%) | | PRG | 5 (0.10%) | 7 (0.16%) | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | > 80 | | Practice | 2315  (25.6%) | 1812  (20%) | 2126  (23.5%) | 1407  (15.6%) | 1147 (12.7%) | 545  (6%) | 276  (3%) | 127  (1.4%) | | PRG | 0 | 1 0.01% | 0 | 3  0.01% | 3  0.03% | 3  0.07% | 2  0.03% | 0 | |
| Detail the ethnic background of your practice population:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | White | | | | Mixed/ multiple ethnic groups | | | | |  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed | | Practice | 3266 | 121 | 115 | 1584 | 97 | 3532 | 51 | 151 |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 713 | 538 | 2391 | 275 | 522 | 3106 | 1292 | 1469 | 57 | 65 | | |
| 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:  As previous years we are still having difficulty engaging young, working group (25-40). | |
| 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: | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  **Practice website, Annual Practice survey, Patient Complaints review and comments and suggestions from patients and from NHS choice website.** |
| How frequently were these reviewed with the PRG?  **3 times a year.** |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Overall the survey results, complaints and comments and suggestions review shows that the practice communication still needs improvement, mainly during the consultations with the clinicians.   * **Some of the patients have found that the clinicians were not very clear or informative enough about their treatment. They were also confused with secondary and primary care or community care treatment and referral criteria’s.**   It is agreed that doctors need to be more informative and clear about patients treatment and if they have referred patient to secondary or community care or they have received any correspondence back from these services, this needs to be explained properly to the patient.  Admin staff also needs to be polite while they are giving any information about practice or its services to patients.  We need to understand that a variety of health information is available on the internet from different sources which can also cause confusion in patients.   * **Some patients have also pointed out that we need to improve our communication in regards to handling their repeat prescription requests. They have said that once their request of repeat medication of any item rejected by GP, they were not informed on time by the practice which has caused unnecessary delay in getting their regular medication.**   According to our repeat prescription policy, any medication that the GP does not want to issue (due to various reasons) the patient should receive a call an SMS the same day to book a telephone consultation with a clinician to discuss this however, it seems that our policy is not being followed properly.  It has been agreed that the clinicians should use AccuRx messaging system to inform patients themselves or send a task to the receptionist with the clear message of the reason of the rejection. Reception staff must call patients the same day. The Practice/Reception Manager needs to review the current policy.   * **Patient concerns in regards to missed telephone call from a GP**   GPs need to follow practice policy to call those patients again that missed the call the first time at the end of their telephone consultation session. If any patient calls back during the session that call should be put on “telephone park system” and GP should be informed to take the call when free.  This procedure only needs to be tightened up. Reception Manager will review and update the policy and make sure that it is being followed by the team.   * **Our survey results show that about 26% of patients were not aware of our website or other online services.**   We need to promote our digital services as this will reduce the number of incoming calls. This will also reduce patients waiting too long in the queue of practice telephone lines. It will also save patients a journey to the surgery.  The use of our online triage system can improve our patient access as the team continuously checks the online triage forms and deals with it within 48 hours. All admin queries go to the Care Navigator, she takes action on the same day and sign posts and advise patients accordingly.  The Practice Manager will be reviewing and discussing this with the team on how to improve or promote our digital services. Reception staff will also be provided training by reception manager to promote digital services and give each patient online services leaflet.   * **A number of patients still prefer to see the same GP.**   To see preferred GP is not possible all the time. We tried to leave some telephone consultation slots for each GP every day to address this issue but it shows that we need to do more therefore we have agreed to change our telephone consultation system. We now have two doctors running telephone consultation sessions in the morning at different times and other doctors have two slots for telephone consultations at the end of their pre-booked clinic. This will give patients options to speak to a GP of their choice during the clinic times. This slot is called ‘GP of choice telephone consultation’.  We are also offering patients’ online triage of their preferred GP.  The Reception Manager needs to train staff to promote and offer patient to use online triage to leave message or query for preferred GP. |

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 survey result shows improvement in our practice services. Overall patient’s response was very good. Our appointment system has improved. This is due to the variety of appointment choices that are available. Our online booking and care navigator sign posted sessions are very popular with in our patients.
* Compared to previous years there have been no complaints about our appointment system and telephone answering which shows that there has been an improvement.
* The reason for having no complaints in telephone answering is due to our online triage system, the availability of our website, AccuRx messaging, online booking and designated result line for Healthcare Assistant every day.

The old method of communication i.e. letter (takes more than one day) and telephone call delays the communication.

The designated extra results line has also improved our telephone answering.

Availability of more clinical staff has also has a better impact on our services.

1. PPG Sign Off

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| Report signed off by PPG:  **Yes**  Date of sign off: 30.03.2020 |
| How has the practice engaged with the PPG:  We managed to have 3 meetings this year with the PPG members.  How has the practice made efforts to engage with seldom heard groups in the practice population?  We tried very hard to get patients from different ethnic groups and other categories. As we have a mixed ethnic population we did not manage to engage patients from all ethnic groups. Admin staff and clinicians personally tried to speak to them, but they seemed less interested due to language barriers and work and family commitments. Young and working population does not seem to be interested. During any complaints or other meetings with the patients practice manager and staff do encourage them to be a part of the PPG.  Has the practice received patient and carer feedback from a variety of sources?  Yes we have via patient practice survey, patient comments and suggestions box, patients’ complaints and NHS choice website.  Was the PPG involved in the agreement of priority areas and the resulting action plan?  Yes  Do you have any other comments about the PPG or practice in relation to this area of work?  During the PPG meeting we have requested to the group members that they can get more involved in the PPG activities and if they had any suggestions and ideas on how they can actively participate within the group as other practices the PPG team is very active. In most surgeries the PPG is working amongst themselves, arranging meetings, taking minutes and promoting the practice services amongst other patients.  Some members mentioned that they would love to get more involved but time is an issue.  GJ said to RK that if he could take initiative for arranging quarterly meetings and reviewing the services, designing a newsletter for the patients and if he needs any admin support we can provide this.  **Actions:**  **One of the young members of the group has volunteered to set up a newsletter if he gets support from the practice and it has been agreed that we will support him and he will arrange the next meeting in July 2020.**  It is also suggested by one of PPG Member to have ‘Home visit’ request line separate in our telephone system for the convenience of house bound patient who wants to book Home visits.  **Actions:**  **GJ said we will look into this matter and will be contacting our phone system provider.** |

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