

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

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	48	52
PRG	40.66	59.34

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	13	11	29	14	10	6	4	2
PRG	0.55	9.34	37.36	14.29	13.19	11.54	6.04	0

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	49	2	0	25	1	0	3	4
PRG	48.35	1.65	0	26.37	0.55	0	0	8.24

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1	0	1	5	1	2	1	1	1	7
PRG	1.65	0	0.55	4.40	0.55	1.65	0.55	0	1.10	3.85

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:

Our PPG was advertised throughout the practice, patients are given information and a registration form when they register with us and posters advising patients about the PPG are advertised locally. We also asked existing members to encourage their friends and families to join. Our group at present is a good representation of the practice population; we monitor this and if we feel there is an imbalance of ethnicities we would make an extra effort to ensure ethnicities poorly represented are. We have found that staff directly approaching patients is the best way to do this. The practice also encourages patients either by email or in person to put forward

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any ideas or concerns they have in relation to the service at the practice.

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/NO

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

We have locally large student populations- encouraged to join the PPG when we attend there freshers week- due to transient nature of this group very few join the PPG for a significant length of time

2. Review of patient feedback

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

The majority of the feedback that we reviewed during the course of the year came from our patient questionnaires (appendix A and B). In order to gauge what issues were of interest to patients to use in our questionnaires we regularly reviewed at our Patient

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London Region North Central & East Area Team
Complete and return to: england.lon-ne-claims@nhs.net no later than 31 March 2015

Practice Name: Amwell Group Practice

Practice Code: 3294

Signed on behalf of practice:

Date:

Signed on behalf of PPG:

Date:

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

Does the Practice have a PPG? YES / NO

Method(s) of engagement with PPG: Face to face, Email, Other (please specify) – Telephone, Email, Face to Face, Post, Text

Number of members of PPG: 184

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Participation Meetings (PPG) (Appendix C) comments on NHS choices, letters of suggestion from patients, issues raised with GP's and reception staff and also sent emails to the wider group (virtual) asking for their opinions on what is important to them. The PPG would then review all the information then make a decision on what was felt to be the main areas of importance.

How frequently were these reviewed with the PRG?

At quarterly PPG meetings and more regularly via email.

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3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

DNA of appointments – how best to tackle the issue of wasted appointments through patient's non-attendance in particular those patients who DNA appointments on a regular basis

What actions were taken to address the priority?

On reviewing DNA's it was clear that a great many appointments were being wasted which contributed to patients waiting longer to make an appointment with a GP, waiting times for appointments was also a concern for patients so it was important that we address this. Data from a search was put to the patient group and they were asked to think of ways we could improve attendance. Different ways of addressing this were discussed including calling the patient on the day of their appointment, the doctor discussing attendance at their next appointment and sending letters to the patient. Agreeing on when a patient should be contacted was an issue deciding how many times a patient DNA's an appointment before they were contacted regarding this.

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

It was decided that the best way to address DNA's was for the patient to be sent a letter (Appendix D) reminding them of the importance of keeping their appointments but if any unable to do so reminding them to cancel. It was agreed that a patient would only be sent a letter if they DNA's 3 appointment within a 3 month time scale and their GP would advise administration when the letter needed to be sent. This was introduced in February 2015 and the plan going forward to is to review Data over the next 3 & 6 months to see if sending patients a letter reminding them of the importance of keeping appointments reduces the DNA rates. The minutes of meeting were sent to all patients in the PPG and put in the waiting rooms at the practice. We also highlight the

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importance of keeping appointments via our JAYEX board in the waiting area. Notice that we will be sending patient's letters was also advertised in the reception area.

Priority area 2

Description of priority area:

Reception – Patients felt that there could sometimes be a long wait for their telephone call to be answered by reception staff.

What actions were taken to address the priority?

On reviewing the demands of reception it was clear that in order to answer calls and help patients in person more efficiently we would need to employ more reception staff. It was clear that some of the administrative duties the reception team had as part of their role could interfere with the prompt answering of the telephone and helping patients face to face. The times were usually early morning and late afternoon. We identified the times of the day where the volume of calls was high and also when the reception desk was at its busiest. To help with demand at reception the practice employed two additional receptionists and two new administrative staff.

Priority area 3

Description of priority area:

Patient Access – Carrying on from our work the previous year we wanted to work on making doctors more easily available to patients. Patient felt that there could be a long wait to see or speak to their Usual Doctor.

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What actions were taken to address the priority?

To improve access to doctors the practice started a 'Pilot Scheme' offering patients Telephone Consultations with their usual doctor. These appointments were originally available to book 48 hours in advance. These slots were not introduced to deal with urgent medical problems or advice but for a patient to discuss their results, follow-up from previous face to face consultations, non-medical advice, for medical certificates, routine medication requests or reviews and requests for forms relating to pregnancy and chronic health problems.

This scheme proved very successful and we have over the year increased the amount of telephone consultations available with doctors and also made them available to book 1 week in advance.

From looking at access to doctors it was clear that due to the increasing practice size we would need to look at the number of GP's and nurses employed by the practice and look at some of the clinical rooms at the practice making them more suitable for patients to be seen by a GP or Nurse.

We have employed two new salaried GP and are in the process of recruiting a new GP partner. We have also employed another nurse.

We proposed improving the environment of 3 of our consulting rooms, looking in particular at improving lighting in these room. This proposal has recently been approved and works will be starting later in the year.

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

By increasing telephone consultations with doctors we have improved access and care to our patients. We have also reduced the waiting times for our patients to be seen in a face to face appointment through these new consultations and by employing new clinical staff. By making changes to 3 of our clinical rooms therefore improving on the space available to us we hope to be able to

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offer more appointments to our patients.

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Progress on previous years

Is this the first year your practice has participated in this scheme?

YES/NO

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

Practice Website – Members of the PPG group and patients felt that improvements could be made to our practice website. Over the past couple of years we have worked on the website ensuring that it holds up-to-date information. In 2015 our new practice website went live – this site is clearer and more user friendly and makes using on-line services easier for the patients, in particular enabling us to provide a link for patients to access their GP records.

Patient Information – continuing the use of the reception area boards to advertise local resources, we also have installed a patient information screen where information is downloaded centrally from the CCG. Patients are encouraged to bring to our attention any groups or awareness events relating to medical conditions. These items are advertised at a special board and table in the waiting area and are updated regularly, previous awareness events include, COPD and Parkinson's disease.

Frequent GP attendance – The practice has previously reviewed the patients in this group and worked towards helping them – this includes given them a better understanding of their illness and providing clear information for them. Since the introduction of the Unplanned Admissions DES, gathering information on these patients has become easier, monthly reviews take place and care plans are produced to help the 2% of patients at their most vulnerable.

Urgent Care Appointments: The practice continually reviews the demand for same day urgent appointment. They have recently made changes to this service by offering a mix of bookable appointments and triage by a GP thus ensuring that patients are given access to a GP on the day they require whether this be in person or over the telephone.

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4. PPG Sign Off

Report signed off by PPG:

YES NO

Date of sign off: 19/3/15

How has the practice engaged with the PPG:

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? -

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

We feel that by offering telephone consultation with doctors the wait to see a GP has reduced, the employing of new doctors has also helped to improve this.

By employing more reception & admin staff, patients calls and queries are answered more quickly than before, improving service to patients. We hope by monitoring DNA rates + sending letters to patients who repeatedly DNA appointments the practice can reduce waiting times for patients.

The practice + therapists have strived to put into place systems which improve service for patients. We understand the importance of getting the views of the wider practice population & will continue to do so over the coming year.

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