

Establishing out Patient Participation Group

At present there are 12 members of the PPG. The recruitment process took several months. To recruit we designed a leaflet (Appendix 1) which we displayed on boards and display boxes at the practice. The reception team actively gave all patients the leaflet with an explanation of what the groups (both our PRG and Virtual PRG) role would be within the practice. We felt that this was the best way to engage with our demographic to ensure we had targeted patients from all backgrounds. Once we received the completed forms we made sure that we invited a representative from different ethnic backgrounds, targeted various ages and social demographics and we also tried to gain representation from patients with chronic health issues, carers and also patients with physical difficulties. The group is representative of all of the above. The group is chaired by Dr Kim Ruddy, it has been agreed that the group members will Chair the meetings when they feel more confident.

In order to include those who are unable to attend in person we also have a Virtual Patient Group which at present has around 150 members whom we communicate with via email.

We continually strive to recruit more members to our groups. Our recruitment form is given to all patients who register with the practice and all staff let patients know about the groups and encourage them to join. All patients have the option to join either or both groups, the PPG is now an open group and any patient from the practice can attend our meeting regardless of whether they are a member of our groups or not. We also receive enquiries to join the groups from friends and family or our existing members.

Prioritising issues to be explored via our practice survey with the PPG

In order to ensure that we developed a practice survey that was based on what our patients felt were important areas for discussion we emailed both the physical and virtual PPGs to ask for their ideas and input. We sent out 180 and received a reasonable number of responses which we collated to discuss at the next meeting.

Collation of views, development and distribution of the survey by the PPG

The PRG then had a meeting on the 13th October 2013 (Appendix 2) where these views were discussed. From this they determined what were the most important issues and these were basis for our practice survey. We discussed the best way to distribute the survey and it was decided that the best way to do this was by emailing patient in the Virtual Group a link to the survey and by having a hard copy of the survey in the reception area, on tables and the front desk and having these surveys brought to the attention of the patients by our reception staff.

162 patients were emailed with the link for the survey and 300 copies were left at the reception area with the understanding that if they ran out more would be produced. The survey was open for 1 month.

Discussion of findings and agreement of changes with the PPG

Once we received and collated the replies to our survey (Appendix 3) the PRG met to discuss the findings. It was clear from the survey that issues pertaining to getting though the practice and getting an appointment or speaking with a GP were the main issues. The following steps were taken tackle these issues:

You Said	We Did	Action Was
It could be a long wait to get through to the practice by telephone	1.The capacity issues on reception where discussed at a partners meeting and it was agreed to employ another receptionist 2. The telephone system was reviewed	1.Additional receptionist now in post 2. New telephone system in place
It could be difficult to speak to/see your usual GP without a long wait	The practice have implemented a new system whereby patient can have a telephone consultation with their GP (Appendix 4)	This new system is now in place and working very well. Implemented January Reviewed in whole team meeting March. Further review scheduled for June/
You would like more written information from your GP/Nurse about your problem	All practice staff are now proactive in giving patient as much information as possible with the use of leaflets or advising the patient of the best website to go to for information	To see how well we are doing with this we will get the views of our patients in July 2014

The PRG met the 8th January 2014 (Appendix 5) to discuss the findings of the survey. From this meeting the main issues from the survey were identified and solutions discussed and developed into an action plan.

Development of an action plan by the PPG

The action plan for 2013/2014 was agreed in January 2014 (Appendix 6). In order to make sure that the steps taken have made a difference to patients' needs – out practice survey from December will be re-run in July 2014.

The Patient Participation Report is publicised on the website along with being available at reception and being emailed to both groups.

The opening hours of the practice are publicised on our practice website, leaflet, outside the practice and in the waiting area. Advice on how to contact the practice is also available.

The practice opening hours are:

Morning Surgery

9.00am-12.00pm – Urgent Care

9.00am-11.30am – Doctors' Appointments

9.00am-12.00pm – Nurse and Healthcare Assistant Appointments
(we open our doors at 8.30am Monday-Friday)

Afternoon Surgery

2.30pm-6.00pm – Doctors' Appointments

2.30pm-6.00pm Nurses Appointments

Late Evening Surgery

Monday, Tuesday and Wednesday – 6.60pm-7.30pm – pre-booked appointments only
(for emergency cover see out of hours service)

Reception telephone hours to make appointments or book telephone consultations with your Usual GP

Monday and Tuesday 8am-6.30pm

Wednesday 8.00am-1.00pm then 2.00pm-6.30pm

Thursday 8.00-1.00 (early closing)

Friday 8.00-6.30pm

Publication and validation of our Patient Participation Report

This report and action plan was published on the practice web-site on 24 March 2014.

You Said	We Did	Action Was
The wait time to see your usual GP was too long and agreed this could be due to amount of patients on a GP's individual list	We now allocate the usual GP on a rolling basis – every 3 months to ensure an even allocation of patients for each GP	Ongoing
You felt the practice could improve on its communication with patients	We now regularly update our website (a new website is also being developed). We also regularly produce a practice newsletter which is sent to our patient groups via email and displayed in the practice waiting room and local businesses. We also regularly update our display boards in the waiting area with practice information and news on local services and health information	Ongoing
You felt it would be a good idea to have awareness days at the practice	As it can be difficult for the practice to get outside agencies to come along to present an awareness day, what we have done is made use of a table and notice board to highlight different health issues and services available. An example of this was the practice involving a local chemist in advising patients on the local Minor Ailment Scheme.	Ongoing The next health issue highlighted will be regarding Parkinson's Disease

Patient Reference Group (PRG)



Would you like to have your say about the services we provide? Why not join our “Virtual” Patient Reference Group (PRG) by providing us with your email details so that we can contact you about specific issues discussed by our Patient Participation Group (PPG).

Our Patient Participation Group meets every 3 to 4 months at the practice to:

- Contribute to the improvement of services
- Improve Communication between the practice and its patients
- Help patients take more responsibility for their health
- Provide practical support and to help implement change.

If you are interested please fill out the contact form at the back of this leaflet.

*I wish/do not wish** to be contacted periodically by email (*delete as appropriate)

Please leave your details below and hand this form back to reception

Name: _____

Email address: _____

Postcode: _____

The additional information below will help to make sure we are trying to speak to a representative sample of the patients that are registered at the practice.

Are you? Male Female

Age:	Under 16	<input type="checkbox"/>	17-24	<input type="checkbox"/>
	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>
	45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>
	65-74	<input type="checkbox"/>	75-84	<input type="checkbox"/>
	Over 84	<input type="checkbox"/>		

To help us ensure our contact list is more representative of our local community please indicate which of the following ethnic backgrounds you would closely identify with?

White	<input type="checkbox"/>			
British Group	<input type="checkbox"/>	Irish		
Mixed				
White & Black Caribbean	<input type="checkbox"/>	White & Black	White & Asian	<input type="checkbox"/>
Asian or Asian British				
Indian	<input type="checkbox"/>	Pakistani	Bangladeshi	<input type="checkbox"/>
Black or Black British				
Caribbean	<input type="checkbox"/>	African		
Chinese of other ethnic				
Chinese	<input type="checkbox"/>	Any Other		

How would you describe how often you come to the practice?

Regularly	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Very rarely	<input type="checkbox"/>

Please note that no medical information or questions will be responded to

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.

Appendix 2

Amwell Group Practice Patient Participation Meeting 13th October 2013

Present: Dr Kim Ruddy - GP/Chair
Sonia Hehir - PPG Coordinator
DF - Patient
JW - Patient
JC-Patient

Apologies:

ER - Patient

1. Welcome, Introduction and Apologies

Dr Ruddy welcomed all to the meeting and gave apologies for those who could not attend

2. Review of minutes from previous meeting

Minutes were agreed.

3. New Members

The group discussed new members. An email was sent out to all patients on the Virtual Patient Group to ask if they would like to join the Patient Participation Group. 3 patients were keen to join the group and it was agreed to invite them to the next meeting.

Action: Sonia

4. Practice Survey

The main discussion at this meeting was deciding what should be included in the next patient survey. We started with a list of suggestions generated by the Virtual Group which highlighted the area they felt of most importance.

It was agreed that the main areas identified were, access to GP and the practice by telephone, service from reception, understanding of problem after seeing GP, written information, waiting times to see usual GP.

A survey is to be generated by Sonia and sent out to the Virtual Group and given to patients at reception. The result of this survey and the action that needs to be taken is to be discussed at the next meeting In January.

Action: Sonia

5. Christmas Party

The group thought that it would be good to hold a Christmas Party for patients in the community room at the practice. It was agreed that a Tuesday p.m would be the best for all involved.

Dr Ruddy discussed this with the partners who felt that this would be disruptive to the clinics that run on Tuesday afternoons; the main one being Baby Clinic with the Health Visitor, so felt at this time a party would not be appropriate. This idea is something that could be revisited next year.

Date of Next Meeting: 8th January 2014 - 6.30-7.30pm






1. How do you rate your ability to get through to the practice by telephone?

		Response Percent	Response Count
Excellent		45.5%	15
Very Good		33.3%	11
Good		18.2%	6
Average		3.0%	1
Poor		0.0%	0
Very Poor		0.0%	0
answered question			33
skipped question			2






2. How do you rate the level of confidentiality you receive at reception?

		Response Percent	Response Count
Excellent		29.4%	10
Very Good		35.3%	12
Good		23.5%	8
Average		2.9%	1
Poor		5.9%	2
Very Poor		2.9%	1
answered question			34
skipped question			1

3. How do you rate the level of courtesy you receive at reception?

		Response Percent	Response Count
Excellent		51.4%	18
Very Good		22.9%	8
Good		8.6%	3
Average		14.3%	5
Poor		0.0%	0
Very Poor		2.9%	1
answered question			35
skipped question			0







4. When you last telephoned the practice how did you rate about the time it took for your call to be answered?

		Response Percent	Response Count
Excellent		31.4%	11
Very Good		25.7%	9
Good		37.1%	13
Average		2.9%	1
Poor		0.0%	0
Very Poor		2.9%	1
answered question			35
skipped question			0




5. Please give us any additional thoughts you may have about the service you receive from reception at the practice

	Response Count
	20
answered question	20
skipped question	15

6. How do you rate the waiting time to make an appointment to see your usual doctor?

		Response Percent	Response Count
Excellent		2.9%	1
Very Good		17.1%	6
Good		20.0%	7
Average		25.7%	9
Poor		14.3%	5
Very Poor		20.0%	7
	answered question		35
	skipped question		0

7. Would you be happy to see another GP if it meant the waiting time would be shorter?

		Response Percent	Response Count
Yes		32.4%	11
No		17.6%	6
Sometimes		50.0%	17
	answered question		34
	skipped question		1







8. If you felt the wait to have a face to face consultation with your usual GP was too long how would you feel about booking a telephone consultation with them if it meant you spoke to them sooner

		Response Percent	Response Count
I would be happy to have a telephone consultation		80.0%	28
I would not be happy to have a telephone consultation		20.0%	7
answered question			35
skipped question			0




9. How do you rate your ability to speak to your usual GP by telephone?

		Response Percent	Response Count
Excellent		30.3%	10
Very Good		18.2%	6
Good		24.2%	8
Average		12.1%	4
Poor		9.1%	3
Very Poor		6.1%	2
answered question			33
skipped question			2

10. How do you rate your ability to speak to any GP at the practice by telephone?

		Response Percent	Response Count
Excellent		21.9%	7
Very Good		15.6%	5
Good		28.1%	9
Average		18.8%	6
Poor		12.5%	4
Very Poor		3.1%	1
		answered question	32
		skipped question	3

11. If you were unable to speak to your usual GP would you be happy to speak to another doctor at the practice?

		Response Percent	Response Count
Yes		40.0%	14
No		20.0%	7
Sometimes		40.0%	14
		answered question	35
		skipped question	0

12. Please give us any additional thoughts you may have about access to your GP or any other doctor a the practice

	Response Count
	13
answered question	13
skipped question	22





13. When you last saw a GP or a practice nurse how do rate the information or explanation they gave you about your problem?

		Response Percent	Response Count
Excellent		54.3%	19
Very Good		28.6%	10
Good		14.3%	5
Average		2.9%	1
Poor		0.0%	0
Very Poor		0.0%	0
answered question			35
skipped question			0



14. When you last saw a GP or a practice nurse were you offered any written information about your problem?

		Response Percent	Response Count
Yes		36.4%	12
No		63.6%	21
answered question			33
skipped question			2



15. If you were offered written information did you rate the quality of information given?

		Response Percent	Response Count
Excellent		35.7%	5
Very Good		50.0%	7
Good		7.1%	1
Average		0.0%	0
Poor		7.1%	1
Very Poor		0.0%	0
answered question			14
skipped question			21

16. If you were not given written information would you have found this helpful?

		Response Percent	Response Count
Yes		56.5%	13
No		43.5%	10
answered question			23
skipped question			12

17. Once you had seen a GP or practice nurse did you feel more able to manage your own health problem?

		Response Percent	Response Count
Yes		81.3%	26
No		18.8%	6
answered question			32
skipped question			3

Appendix 4

Telephone consultations 20/11/2013

RCGP—Used appropriately, telephone consulting enhances access to health care, aids continuity and saves time and travelling for patients. Due to complexities of telephone triage clinicians should be using the telephone primarily for managing follow up appointments when diagnostic assessment has already been undertaken.

Objectives

1. Improve patient access by providing an alternative to face to face consultations
2. To improve the visibility of work currently managed via encompass
3. To develop a system that clearly defines how telephone messages are handled and signposted at reception.

Aims

1. To have a net gain in number of appointments available to patients (5 : 2)
2. To have a net reduction in encompass messages that generate telephone consultations
3. To have a system that has the flexibility to expand with demand
4. To have a system that supports our usual doctor system and promotes continuity

Definition

A telephone consultation should by definition be one that does not require examination of face to face encounter with a GP/nurse

Inclusions:

1. Requests for extensions of medical certificates
2. Requests for forms relating to pregnancy/chronic health problems
3. Requests for letters
4. Follow up appointments (ideally using the slips)
5. To discuss abnormal results
6. Routine medication queries or reviews
7. Usual GP unless slip generated

Specific Exclusions:

1. New patient queries
2. Where examination is necessary
3. Urgent messages/prescription requests
4. Where a patient actually wants to see a GP

Urgent messages

Def: any message that needs to be handled between 9-1 or 1-6.30

Should be directed to the duty doctor via encompass

Urgent prescription requests

Def: those that need to be actioned within 24hrs or before usual GP is next in the building

Should be directed to the post in doctor via encompass

Booking

I would suggest that we agree a limit to how much in advance they can be booked as patient availability may be more of an issue the further in advance they are booked. I would suggest 48hrs initially

Anyone can book but patients **cannot** book via the internet.

Encompass

The role of encompass should remain the main choice for messages between admin and clinicians regarding patients that do not need to have a consultation with a GP and for information sharing.

Reception should be discouraged from saying "I can get your doctor to call you back" and send a message to the doctor with the patient query so that the doctor can instruct reception how to handle the message- The outcome could be a call from the GP. This may be what we call the surplus calls which we will need to monitor.

Flexibility

If we find that there is a lot of demand for telephone appointments we need to look at increasing the capacity for these to replace F2F calls.

If we find that the telephone consultations have a large impact on our waiting times for routine appointments we should reconsider this pilot.

Capacity

Paul 22

Kim 25

Rob25

David 20

Karina 20

Anna 15

John 15

Total telephone consultations 142

At a cost of **56** F2F consultations

NET GAIN 86 consultations per week

PLAN MOVING FORWARD

1. Partners have already agreed this pilot in principle- I would like a decision to be finalised today if possible or we may agree to look at alternative models.
2. Peter needs to look at the practicalities with regard to the rota and how these are added
3. Practice meeting (whole team) 27th booked for discussion with the wider team. I would like to present the above document as PowerPoint presentation and follow this with an interactive session with definitions and scenarios
4. We need to agree a date to implement this system into the rota.
5. We need to ensure that we give a clear message to patients via website, red notice and newsletter
6. Patient slips need review to include “telephone follow up ... weeks”
7. Update telephone message protocol
8. Trial period 3m and further team meeting to discuss issues at 1 and 3 months.

**Amwell Group Practice
Patient Participation Meeting
8th January 2014**

Present: Dr Kim Ruddy - GP/Chair
Sonia Hehir - PPG Coordinator
DF - Patient
JC-Patient
ER-Patient
LB-Patient
AD-Patient

Apologies:

JW - Patient

6. Welcome, Introduction and Apologies

Dr Ruddy welcomed all to the meeting and gave apologies for those who could not attend

7. New Members

New members were welcomed and introductions were made.

8. Practice Survey

The group discussed the results of our recent patient survey (the results are published on the practice website).

The points of main concern were identified.

- i) Patients felt that there could sometimes be a wait for their telephone call to be answered by reception. This was felt to be due to there not being enough staff available to answer incoming calls. The best way to ensure calls are answered quickly is to have another member or staff on reception. The practice has already acted upon this and a new team member has joined the practice.

Action: Partners

- ii) Patients felt that there could be a long wait to see or speak to their usual doctor. To overcome this, a pilot scheme has been put into place offering patients "Telephone Consultations" with their usual doctor. The slots can be booked at reception up to 48 hours in advance. They can also be booked by their usual doctor. These slots are for when patients needs to speak to a doctor

regarding their results, follow-up from previous consultations, non-urgent medical advice, for medical certificate, routine medication requests or reviews, requests for forms relating to pregnancy and chronic health problems. These slots are not to be used to urgent medical problems or advice.

Action: Partners

- iii) The group also discussed confidentiality at reception which some patients felt could sometime be an issue. Sonia talked about ways reception try to deal with this and it was decided that it would be good idea whenever possible to make patients aware that they could be taken to a side-room if they preferred not to discuss what they need in the open reception area. Reception already offer this to patients but it was felt that perhaps they could make this clearer. Sonia will discuss ways of doing this with the receptionists at the next administration meeting along with other reception feedback from the survey.

Action: Sonia

- 9. The group discussed the importance of awareness of the pilot scheme for 'telephone consultation". It was agreed that this should be advertised in the next practice newsletter.

Action: Sonia

- 10. The topic of aggressive and abusive patients was again brought up by the group. The practice does have a 'zero tolerance' policy towards this but it was felt by the group that perhaps some posters in the waiting area highlighted this would be a good idea. It was felt the poster available through the NHS were perhaps too forceful. DF advised that there is a poster used at the school she works at that she felt would be appropriate to use at the practice. She will bring a copy to Sonia and if the practice manager was in agreement she would be happy to arrange a few copies to be made up for us.

Action: DF/Sonia

Appendix 6

Amwell Group Practice Action Plan 2013/2014

The practice produced a survey in December 2013 which was sent to all patients in our Patient Participation Group (PPG), Virtual Patient Group (PRG) and given out to all patients visiting the practice at reception.

In order to gauge what issues patients felt were important to them we sent an email to the PPG and PRG advising them we would be running a survey and asked them to let us know what they felt should be included in this. From the responses we received it was clear that the main issues were:

1. Accessing the surgery by telephone
2. Accessing their usual doctor for an appointment or via the telephone
3. Accessing any doctor for an appointment or via the telephone
4. Continuity
5. Information given by the doctor or nurse

The practice then raised a survey ensuring that these were the points covered. The following action points were then taken from the results we received.

Survey Result	Action	Responsibility	Completion Date
Many patients felt there could be some improvement in the response time from reception in answering their call.	The practice is to employ a new member of the reception team.	Partners/Practice Manager	January 2014 (completed)
Patient felt that the waiting time to see their usual GP was often too long. They also felt that they would prefer to see or speak to their usual doctor in order to have a good level of continuity.	From the feedback given in the survey it was clear that patients would be happy to speak to their doctor by telephone for many issues if they were unable to get an appointment. It was agreed telephone consultations would be put in place whereby patients could leave a message for their GP	Partners/Practice Manager	July 2014 (In progress) A pilot scheme of this new system is now in place. During the six months from the date of the survey the practice will continually look at this service to see how it is running and make improvements to it where necessary.

	and be called back at a bookable date and time. These slots are for when patients need to speak to a doctor regarding their results, follow-up from previous consultations, non-urgent medical advice, for medical certificate, routine medication requests or reviews, requests for forms relating to pregnancy and chronic health problems.		
The majority of patients felt happy with the level of information their doctor gave them about their problem although the majority were not aware that they could be given written information.	It is important that patients feel that they fully understand their problem and the practice is aware of the importance of verbal and written information	All doctors and nurses at the practice will proactively ensure that patients are given as much information about their problem as possible, either verbally, with the use of leaflets or signposting them to specialist websites.	January 2014 (On-going)
How to ensure patients are happy with actions we have taken following the survey.	In order that we can ensure that the changes we have made have made a difference to patients at the practice we will re-run the December 2013 survey in 6-months' time and review the responses then	Clinical Administrator	July 2014