

**Patient Participation Enhanced Service 2014/15 Annex D**

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 2015

Practice Name: CUSTOM HOUSE SURGERY

Practice Code: F84047

Signed on behalf of practice:

Karen Cakmak



Date: 30<sup>th</sup> March 2015

Signed on behalf of PPG:

Veronica Deal



Date: 31<sup>st</sup> 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)

**We have regular face to face meetings, and also communicate via telephone with the Patient Group on a regular basis, we also put posters up in reception and hand out leaflets as a way of keeping patients updated with issues at the practice.**

Number of members of PPG: 13 members currently

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	47.5%	52.5%
PRG	23%	77%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	25%	11%	20%	16%	13%	7%	4%	3%
PRG	0	0	9%	23%	0	15%	38%	15%

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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 mixed
Practice	29%	1%	0%	14%	1%	1%	1%
PRG	84.62%						

	Asian/Asian British						Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	Black/African/Caribbean/Black British	Arab	Any other
Practice	3%	1%	4%	2%	2%	20%	3%	1%
PRG						15%		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:

**The practice works hard to engage patients of all backgrounds and makes efforts to engage in particular with those groups within the practice population who have larger representative numbers. However, we also wish to represent other non-ethnic based groups such as disabled people. We are fortunate to have a disabled member in our Patient Participation Group who can put forward the points of view of disabled patients and work together with us to improve facilities and services for this particular group.**

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 – a younger population has been highlighted**

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

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successful:

Significantly we have endeavoured to recruit younger members of the patient group via our well-attended Young Persons sessions run by Dr Eleanor Shore. Even though members have not committed to join the group as such currently Dr Shore engages these younger patients with the practice through the sessions and encourages patients to give feedback to the Patient Liaison Manager and the Practice Manager where appropriate. We continue to reach out to young patients and are thinking about ways we can further engage with them. One such suggestion is a dedicated Young Persons PPG – such as is done in other organisations like student bodies/parliamentary bodies/police service etc. and this is something we will focus on in the coming year.

In order to bring patients and groups from all backgrounds and groups together the Practice has begun to organise a range of 'information' meetings, the first of which took place on 17<sup>th</sup> January 2015. This was hosted at and by the practice with visitors and speakers from the charity Cancer UK, to give information to patients on new cancer campaigns and in order to de-mystify a diagnosis of cancer. The speakers also wished to encourage patients with possible symptoms to seek advice from their doctor at an early stage. The session was extremely well received and was attended by patients as well as clinical and non-clinical staff. The practice plans to continue with these education sessions as it has done in past years for patients with long term conditions such as diabetes.

### 2. Review of patient feedback

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

Feedback from patients was sought at several points throughout the year.

Patient surveys organised by the Borough  
Internal discussions arranged by the practice  
Discussion sessions during face to face PPG meetings  
Friends and Family test feedback



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**How frequently were these reviewed with the PRG?**

These were reviewed by the PRG at each patient group meeting. We hold these at least three times per year. In addition, we have a Patient Liaison Manager based in the practice reception area. Patients are encouraged to speak to her about any issues, complaints or suggestions whenever they wish. Therefore, this is a daily open forum for patients to feedback regarding services at the practice and also to discuss planned or suggested changes.

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### 3. Action plan priority areas and implementation

Priority area 1	
Description of priority area:	<p>It was highlighted that reception staff have been under pressure to provide appointments. When there is a limited number and there are no more available the staff sometimes struggle to deal with the frustration of patients and this has manifested itself through their own negative behaviour. The patients did however acknowledge that the staff are doing their best in very difficult times.</p>
What actions <u>were</u> taken to address the priority?	<p>Staff training in customer services was arranged, as well as courses in dealing with stressful situations, managing patients' emotions as well as their own and a range of topics to give them the tools to be able to cope with the daily stresses of front line work.</p>
Result of actions and impact on patients and carers (including how publicised):	<p>The training appears to have been beneficial. Patients seem to report that the service from reception staff has improved and there is an understanding that the role of front line staff is a difficult one. The results of this priority area were discussed at a PPG meeting in January 2015.</p>

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Priority area 2	
Description of priority area:	
<b>Lack of appointments for patients</b>	
What actions <u>were</u> taken to address the priority?	<p>Due to increased demand and difficulty with clinical staffing levels (due to various reasons such as long term sickness and compassionate leave and doctors leaving the practice) the surgery has had to look at ways to manage the drain on resources. Doctors now do the on-call duty for a half day only (previously they did this all day) therefore sharing the workload between colleagues. The practice has looked at other ways of meeting demand such as increasing telephone triage appointments where a doctor calls the patient back to discuss their medical need.</p>
Result of actions and impact on patients and carers (including how publicised):	<p>There has been some success with this, however the lack of doctors currently at the practice due to retirement and other factors is continuing to have an impact. Patients are kept up to date with the situation when they call in or attend at the practice, as well as discussing this at subsequent PPG meetings.</p>



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Priority area 3	
Description of priority area:	
<b>Not being able to get through on the telephone to the practice.</b>	
What actions <u>were</u> taken to address the priority?	<p>The telephone system previously in place had a 'voice card' system which meant that when patients phoned in during particularly busy times (especially the mornings) they would be taken to a message informing them that the phones are busy and their call would be answered as soon as possible. However, this meant that patients were frequently having to hold on longer as during the time they were being given the message another caller could phone in and take their place. To address this issue a new telephone system with a more up to date version of voice cards was purchased by the practice and installed. Now patients who phone in and have to wait are reassured that they will not lose their place in the queue.</p>
Result of actions and impact on patients and carers (including how publicised):	<p>In the main, the new system has been an improvement for patients and they now get through in a fairer and much quicker fashion. Some patients are still unhappy with the system but this may be due to sheer volume of calls at busy times. The practice works closely with the provider of the telephone equipment and lines to ensure that this is in working order and if any complaints come through these are checked with the telephone company immediately.</p>

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**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):

In our previous feedback from patients, they have suggested that we implement early morning appointments, both for working people and for those needing have 'fasting' blood tests. This has been put in place in our extended hours' provision when a nurse sees patients two mornings a week from 7am to 8am.

We have also responded to working people's needs by ensuring that we have a 'walk in' smear session available for women both in the early morning slots (from 7.30am) and also later in the day (after 6pm). These are offered by both nurses and doctors.



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**4. PPG Sign Off**

<p>Report signed off by PPG:</p> <p><b>YES</b></p> <p>Date of sign off: 31<sup>st</sup> March 2015</p>	<p>How has the practice engaged with the PPG:</p> <p>How has the practice made efforts to engage with seldom heard groups in the practice population?</p> <p>As already outlined we have made efforts to engage with our younger patient community through our Young Persons Clinic. We look to engage all patients but have worked hard to get feedback from disabled patients, both through the forum and speaking to individual patients on a one to one basis. We are currently looking at installing ramps at the back of the practice to make access easier (we already have disabled access to the front of the premises).</p> <p>Has the practice received patient and carer feedback from a variety of sources?</p> <p>The practice receives feedback from both patients and carers in a number of ways. Surveys given out in the practice, discussions at the PPG meetings, telephone conversations held with the Practice manager and the Patient Liaison manager and the Friends and Family test.</p> <p>Was the PPG involved in the agreement of priority areas and the resulting action plan?</p> <p><b>YES. The PPG have been fully involved in the priority areas.</b></p>
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How has the service offered to patients and carers improved as a result of the implementation of the action plan?

The telephone system and customer service from front line staff have definitely improved as a result of the action plan. Lack of appointments is still an ongoing issue and the Practice is working hard to try different ways of meeting and managing patient demand.

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

The practice has engaged with the patient group in other ways as well as improvements to our service. For example, we have encouraged our patients to get involved in our fund-raising for charities and this year we have taken part in the 'bucket challenge' and coffee mornings to raise much needed funds for Macmillan nurses and cancer care. The patients have been very supportive to us in our charitable work by donating what they can (money, cakes, time etc.) and this has been seen as a very positive step by the group. Staff raise funds throughout the year via many methods, and give from their own salary on a weekly basis which sees many hundreds of pounds go to a local charity each year. The patients are very appreciative of this and often the practice chooses a charity which is important to one or a number of our patients. We will continue to build these strong bonds together to make our patient and practice communities more cohesive.

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