London Region South London Area Team

Complete and return to: nhscb.lon-sth-pcc@nhs.net by no later than 31 March 2015

Practice Name: Sidcup Medical Centre

Practice Code: G83066

Signed on behalf of practice: Louise Wright

Signed on behalf of PPG: Tina Farmer (Chair Person)

Date: 11/3/2015

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

Does the Practice have a PPG? **YES**

e nave a PPG? YES

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

We have a PPG that meet face to face every 2-3 months and we also have a Virtual Group, to attract the interest of any of our patients that may wish to be involved but for whatever reason would be unable to attend the face to face meetings. We send out Agenda's to all our members about 1 week prior to the meeting. The Agenda is constructed using feedback from the previous meeting that members want to discuss and areas that the surgery would like to discuss with the PPG. We also include areas of interest that have been highlighted by patients via our website or in our comments/suggestion boxes that are located in the reception area at both surgery sites. Minutes are then produced and sent to all members for their approval.

Number of members of PPG:

We have 10 members of the face to face PPG and 5 members of VPPG (Virtual Group). We are pleased that there are currently 21 new interested patients as highlighted by the recent survey. Our PPG Chairperson is currently in the process of contacting these patients to explain the role of the PPG/VPPG. We have a very friendly welcoming group. New members are very much welcomed into the group and their opinions, comments and suggestions are valued by the PPG and the surgery.

Detail the gender mix of practice population and PPG:

| % | Male | Female |
|----------|------|--------|
| Practice | 4000 | 4466 |
| PRG | 5 | 10 |

Detail of age mix of practice population and PPG:

| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
|----------|------|-------|-------|-------|-------|-------|-------|------|
| Practice | 1649 | 647 | 988 | 941 | 978 | 792 | 691 | 1098 |
| PRG | 0 | 0 | 0 | 1 | 0 | 4 | 6 | 4 |

Detail the ethnic background of your practice population and PRG:

| | White | | | | Mixed/ multiple ethnic groups | | | | |
|----------|---------|-------|----------------|-------|-------------------------------|--------------|--------|-------|--|
| | British | Irish | Gypsy or Irish | Other | White &black | White &black | White | Other | |
| | | | traveller | white | Caribbean | African | &Asian | mixed | |
| Practice | 979 | 11 | - | 51 | 42 | 17 | 37 | 22 | |
| PRG | 12 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | |

| | Asian/Asian British | | | | Black/African/Caribbean/Black British | | | Other | | |
|----------|---------------------|-----------|-------------|---------|---------------------------------------|---------|-----------|----------------|------|--------------|
| | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 107 | 42 | 34 | 70 | 35 | 51 | 15 | 9 | 3 | 1 |
| PRG | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |

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 invite all new patients to join the PPG or Virtual Group as we advertise the existence of this on the covering letter of the registration form to newly registering patients.

On the annual survey that we carried out we invited patients to join the PPG or Virtual Group and the Chairperson of the PPG contacts them directly to give further information about the PPG and/or VPPG.

We advertise the PPG Group in the Disabled Toilets at both Surgery sites to try and encourage our Disabled patients to attend the group.

We frequently send out flyers advertising the PPG and VPPG to our Residential/Nursing Home patients.

We target particular ethnic groups within the waiting room area to try and make our groups as representative as our patient population.

We advertise the PPG and VPPG in the waiting areas at both surgery sites.

We continually strive to try to get a truly representative PPG/VPPG 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?

The surgery has 6 Residential Homes which include Nursing Homes under its care.

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

We regularly send out invites to our Residential and Nursing Homes to try to encourage new members to join. This does obviously prove difficult because this is often targeting elderly people who often have health problems and mobility issues and are therefore often unable to easily attend the meetings. We feel that it is very important that we continue to offer a Virtual Group so that this remains an option for patients that want to be involved but are unable to attend face to face meetings.

2. Review of patient feedback

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

We have a website where comments and suggestions can be left, we print these comments out and advise the PPG.

We do an annual patient survey, the topics of which are determined during our PPG meetings. We have found this an excellent way to connect with our patients and be able to be guided by their thoughts, comments and suggestions. The PPG along with the Surgery then decide upon an Action Plan as a direct result of the surveys findings.

We have a comment/suggestion box in the Reception area at both sites which we encourage our patients to use, we regularly review these and pass these on to the PPG, where appropriate. For example if it is a confidential matter it would be passed to the Practice Manager to deal with directly with the patient.

How frequently were these reviewed with the PRG?

We hold regular 2-3 month meetings with our PPG and are in regular communication with our VPPG. We constructed the survey with our PPG and VPPG. We then showed the PPG and VPPG the Analysis of the findings of the survey which was truly transparent as we documented all the comments that patients had made. We forwarded this analysis report about a week prior to the meeting to give adequate time for the findings to be reviewed. We held a meeting with the PPG to decide upon an Action Plan which is a true reflection of the PPG's interpretation of our patients needs from the Survey. We sent out a copy of this Action Plan to our PPG and VPPG for their approval. We regularly update our PPG and VPPG of the ongoing aspects of this Action Plan. The Survey Analysis report is available for all patients to read on our website and a hard copy is available on the notice board at both surgery sites.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

To Provide more Doctor Appointments - To provide more appointments with a Doctor, although it is agreed that Nurse Practitioners provide an excellent role within the surgery patients still request more access to Doctor's appointments.

What actions were taken to address the priority? -

To liaise with Dr Ravi to find out the possibility of him providing extra sessions at the Church Avenue and Burnt Oak Lane surgeries.

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

Dr Ravi has agreed to work at the Surgery for 5 extra sessions. More Doctor appointments will be available to patients. Patients will be aware of this as extra sessions will be available for them to book with Dr Ravi.

Priority area 2

Description of priority area:

Waiting Time when Attending Appointment - It has been noted that patients sometimes experience unacceptable waiting times when waiting to be seen in the surgery by Doctors, Nurse Practitioners and Practice Nurses.

What actions were taken to address the priority?

Roll out the existing 'One Problem One Appointment' ethos to be used by all clinicians. Clinics often over-run when patients attend with a single appointment but a multitude of problems.

To ensure that all clinics start on time, logging on and getting the room ready for patients is done prior to the clinic start time.

To ensure that this becomes practice policy and patients and clinicians alike follow this.

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

To assess clinics to see if this is improving patients waiting time experience. One Problem One Appointment is advertised in waiting areas at both sites and also in each of the clinicians rooms.

Priority area 3

Description of priority area:

Display screens providing information to patients – It was agreed that the new screens that are now up and running at both surgery sites were of great benefit to the surgery. To ensure that up-to-date information is provided.

Information should be replaced and changed to ensure that many topics that would be of interest to patients are covered.

What actions were taken to address the priority?

To assess the information that is being shown.

To obtain useful information that would benefit our patients.

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

To continue to up-date and assess information that is being displayed.

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 On-going Action Plans from DES 2013/14;

Suggested Areas of Improvement

Telephone Triage

Ongoing

To continue to assess the Telephone Triage System to ensure that patients are happy with the service and it employs the best use of Clinician Time.

New

New script to be compiled for Receptionists to read to ensure that patients are given the correct and same information by all Receptionists. The script would therefore become Practice Policy.

Action Required

Ongoing

Continuously analyse the triage system to ensure that it is working well.

Liaise with Clinicians/Other staff members and patients to ensure that the telephone triage is working well and any problems are looked in to and corrected.

New

New script compiled. Staff meeting has taken place to advise staff to read from script before putting patient on triage list. To continue to assess how this new script is working.

Outcome

Ongoing

For triager to check through the appointments system and the telephone triage to ensure that patients are being given the best possible appointments/care.

Suggested Areas of Improvement

Practice Nurse Appointments

Updated from DES 2013/14

We recognise the need for more nurse appointments since one of our regular Nurses left the surgery.

Action Required

Ongoing

Assess the appointment system to see where extra clinics would be most beneficial.

Consult with the Senior Partners and Practice Manager to see where improvements can be made.

New

Employ a New Nurse after assessing the above 2 points.

Outcome

Ongoing

Continue to analyse the Practice Nurse clinics to ensure patient satisfaction.

New

New Nurse has been employed.

Suggested Areas of Improvement

Surgery Website

Ongoing

We posed the question on the survey of any ideas patients had in regard to information they would like to appear on the surgery website.

Action Required

Ongoing

Analyse the ideas with the PPG, Clinicians and other surgery staff.

Some of the ideas were not relevant because the information was already on the website eg..opening times of the surgery or it was going to become a requirement for us to offer online appointments/prescriptions

Decide on the information that we are going to put on the website.

Ensure that the website is continually looked at and updated.

Outcome

Ongoing

To put this extra information on the website.

To keep the website updated.

Suggested Areas of Improvement

Patient Satisfaction

Ongoing

To generally ensure patient satisfaction with the surgery to constantly up-date patients on surgery news and ask for their opinions, advice and ideas on improving where necessary.

New

Produce a survey to invite patients comments/thoughts/opinions and ideas.

Action Required

Ongoing

To continue to constantly meet up with the PPG and to invite their thoughts and opinions on the surgery.

To encourage new members to join the PPG or Virtual Group.

To ensure that information is relayed to patients in the waiting areas and on the website.

New

Analyse Report. Present PPG with findings and discuss a New Action Plan to run alongside the existing Action Plan that has been agreed upon for DES 2013/14.

Outcome

Ongoing

Arrange regular PPG meetings.

Produce Newsletter.

Continue to think of new ways to invite new PPG/Virtual Group members.

To ensure that patients are always kept updated with relevant surgery information.

New

Put the topics on an Action Plan and work on achieving the set out goals.

Progress on previous years

4. PPG Sign Off

Report signed off by PPG:



Date of sign off: 17/3/2015

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom heard groups in the practice population?

Has the practice received patient and carer feedback from a variety of sources?

Was the PPG involved in the agreement of priority areas and the resulting action plan?

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 have a very active enthusiastic PPG and VPPG. We hold regular face to face meetings with the PPG where we alternate the surgery meeting site so that it is fair and gives equal opportunity for members to attend. We have also varied the meeting time to also suit all members.

We continually strive to encourage all groups to attend the PPG or VPPG – We advertise, we invite new patients and we canvas minority groups in the waiting area at the surgery.

The survey was carried out in direct accordance with the PPG, we held a meeting to decide on the topics the survey should cover. We also invited input from our VPPG. We sent out a draft survey to all members for their approval. After the closing date for patients to complete the survey we arranged a meeting to discuss the Analysis report. An action plan was agreed from the findings of the survey. The proposed action plan was sent out to the PPG and the VPPG for their approval. We then acted upon the Action plan to improve patient experience. We will continue to advise the PPG and VPPG group on the on-going issues from this Action plan.

The Analysis Report of the survey was made available on the website and on the notice boards at both surgery sites. The report was completely transparent as all findings including every comment that was made on this survey was documented on this report.

We are extremely proud of our PPG and VPPG. We value their opinions and advice. We often ask for their opinions and advice. In particular since introducing the telephone triage system we have sought their feedback from a patient point of view and have adjusted how the telephone triage works as a result.

We have sent a copy of this Patient Participation Enhanced Services 2014/15 Report to all our PPG and VPPG members. We have put a hard copy of this report on the noticeboard at both our waiting rooms. A copy can be viewed on our website. We have put a poster up in the waiting rooms that this report can be viewed on the website. We have advised the PPG and VPPG that the report is available to be seen in all of these locations.

We have explained on the website and on noticeboards in the Surgery waiting areas the process regarding the survey. We explained that the survey was analysed and an Action Plan decided upon with our Patient Participation Groups. This Action Plan will continually be reviewed and worked upon to meet the targets the PPG/VPPG have set out and this will be continually conveyed to our PPG/VPPG.

Complete and return to: nhscb.lon-sth-pcc@nhs.net by no later than 31 March 2015