

Standard Reporting Template

London Region [North Central & East/North West/South London] Area Team
 2015/16 Patient Participation Enhanced Service – Reporting Template

Practice Name: BRUNSWICK MEDICAL CENTRE

Practice Code: F83048

Signed on behalf of practice: J Kaur

Date: 22.3.16

Signed on behalf of PPG: *J. Durrant*

Date: 22.3.16

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

Does the Practice have a PPG? YES																																					
Method of engagement with PPG: Face to face,																																					
Number of members of PPG: 8																																					
Detail the gender mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>2796</td> <td>2986</td> </tr> <tr> <td>PRG</td> <td>48%</td> <td>52%</td> </tr> </tbody> </table>	%	Male	Female	Practice	2796	2986	PRG	48%	52%	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>697</td> <td>1066</td> <td>1654</td> <td>876</td> <td>593</td> <td>423</td> <td>281</td> <td>192</td> </tr> <tr> <td>PRG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>4</td> <td>3</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	697	1066	1654	876	593	423	281	192	PRG						1	4	3
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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	Other mixed
Practice	2140	131	1	1059	17	35	72	167
PRG	5	2	0	1	0	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	135	56	480	390	380	41	55	40	53	160
PRG	0	0	0	0	0	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:

Text messages to patients that do not attend the practice often, Leaflets attached to prescriptions/details of next meeting on right side of prescription. Posters in surgery, sign up sheet in reception, advertised on Patient information screen (Envisage), verbally invite patients. Details and sign up included in New Registration packs. Vary the times PPG is held i.e evenings/afternoons etc.

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

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

We have a high number of students and young patients who do not attend the surgery frequently, to target these patients we send out text messages, emails and advertise on our website, also details of sign up and PPG are included in new registration packs

We have a high number of Bengali speaking patients and these are invited verbally when they attend the surgery or letters are sent to invite to meetings, interpreters are booked if enough patients state they can attend,

2. Review of patient feedback

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

PPG meetings, patient complaints verbal and written, KPI/Internal survey, Friends and family comments/suggestions

How frequently were these reviewed with the PRG? This year we only had one PPG meeting due to staff changes/shortages and suitability of available dates. The meeting on 3.12.2015 only attended by 2 members of the PPG. All feedback reviewed quarterly internally with staff.

3. Action plan priority areas and implementation

Priority area 1			
Description of priority area: Preferred GP – many patient only want to see one particular GP, however this means that patients have to wait longer to see their preferred GP			
What actions were taken to address the priority?			
Priority Area	Actions	Who does this?	Deadline
Preferred GP	Review current appt system regularly. Currently recruiting permanent GPs. Only using regular locums to cover vacancies.	Surgery	ongoing
Result of actions and impact on patients and carers (including how publicised): Currently recruiting for a new GPs to cover 8 sessions, 4 vacant sessions covered by long-term locum remaining 4 sessions covered by regular locum from internal bank so that patients are able to see the same GP wherever possible for follow ups etc. Any other sessions that need to covered we try to use locum who is familiar with surgery and patients.			

Priority area 2

Description of priority area:

Access; length of wait for a routine appointment

What actions were taken to address the priority?

Priority Area	Actions	Who does this?	Deadline
Insufficient appointments to meet demand either routine or same day	Improve appointment waiting time Demand capacity audit Monitor service demand daily Duty doctor system implemented Same day appointments procedure changed – patients call at 8am for morning appointments and 1pm for afternoon appointments. Online consultation service promoted, advertised on website/in-house and included in new registration packs. Extra sessions added after discussion with regional manager in order to meet capacity as and when needed. Ensure staff book appointments appropriately, i.e NP instead of GP where possible, Promote Camden Saturday Clinics	Surgery	On-going

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

Still ongoing problem, continually monitored. Currently meeting contractual requirements in regards to appointments per patients, however demand has increased, also due to list increase, extra sessions have been added. This will need to be reviewed on a monthly basis in order to try to meet demand. Staff training to ensure appropriate use of appointment, i.e could patient see NP instead of a GP, we now have Saturday clinics arranged through the federation, all staff aware on how to book these appointments, this will improve access especially for working patients who are unable to attend during the week.

Any changes to the appointment system are advertised in the waiting room and updated on the website. Improved access will increase patient satisfaction. We will monitor this through our quarterly surveys.

Priority area 3

Description of priority area:

Patients failing to attend their New Patient Health checks/LTC Clinics

What actions were taken to address the priority?

Priority Area	Actions	Who does this?	Deadline
DNA – failing to contact surgery if unable to attend their new patient health checks and long term condition clinics Has an impact on appointment availability to see the HCA/Nurse and GP appts.	We contacted nurse at college/university for students that miss their appts advising on importance of attendance and registration process Text reminders/call patients especially for LTC clinic. Persistent DNA's – patient contacted.	Surgery	On-going process

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

Some improvement in rate of DNA due to above actions. We advertise the number of appointments not used due to failure to attend on our envisage screen monthly. Information regarding LTC clinics available in surgery for patients. GPs when asking patient to be seen in LTC clinic explain to the patient benefits of attending, i.e for patient's continuous care and for implementing their care plans.

Improvement in DNA rate will ensure better access to Nursing appointments.

Progress on previous years

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

Priority Area	What action has been taken?	Who is responsible for this?	What action still needs to be taken?	Deadline
Telephone access	New telephone system installed, with more functions	Surgery	None	N/A
Appointment waiting times	Continue to monitor, ongoing issue, recruiting for permanent GPs. Appropriate appt booking	Surgery	Continuous monitoring	On-going process
DNA rates	Letters have been sent to persistent offenders, text reminders,	Surgery	Still an issue for LTC clinics and New Patient Health check appts, mainly for students – see priority area 3	Continue to monitor

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 22.3.16.

How has the practice engaged with the PPG:

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

Regular meetings, although attendance has dropped, advertise within surgery, letters sent to previous members, included in new patient registration packs,

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?

It is an ongoing process, adjustments are made daily according to demand, for DNA's this had some improvement on less appointment wastage.

Do you have any other comments about the PPG or practice in relation to this area of work? No