London Region North Central & East Area Team

Complete and return to: england.lon-ne-claims@nhs.net no later than 31 March 2019

Practice Name: **Abbey Road Medical Practice**

Practice Code: **F84111**

Signed on behalf of practice: **Mrs Ghazala Jarwar (Practice Manager)** Date: 27.03.2019

Signed on behalf of PPG: Mrs Hanna Plakhtienko Date: 27.03.2019

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

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| Does the Practice have a PPG? **YES**  |
| Method(s) of engagement with PPG: Face to face, Email, Other (please specify)We used several different methods to encourage patients to join our PPG. The method are as follows:* Practice leaflet
* Information on the screen in the awaiting area.
* Displaying poster.
* Face to face meeting.
* Message on NHS Choices and practice website.

Our aim was to get a representative from all age and ethnic groups. |
| Number of members of PPG: 12 |
| Detail the gender mix of practice population and PPG:

|  |  |  |
| --- | --- | --- |
| % | Male  | Female  |
| Practice | 4995(52%) | 4450 (47%) |
| PRG | 5 (0.1%) | 7 (0.1%) |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | > 80 |
| Practice | 2292 (24.2%) | 1757(18.6%) | 2060(21.8%) | 1351(14.3%) | 1107(11.7%) | 519(5.4%) | 230(2.4%) | 129(1.3% |
| PRG | 0 | 1 0.01% | 0 | 30.01% | 30.03% | 30.07% | 20.03% | 0 |

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| Detail the ethnic background of your practice population and PRG:

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| --- | --- | --- |
|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 3707 | 108 | 194 | 1784 | 97 | 3532 | 51 | 151 |
| PRG | 3 | 1 | 0 | 3 | 0 | 2 | 3 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 713 | 538 | 2391 | 275 | 522 | 3106 | 1292 | 1469 | 57 | 65 |
| PRG | 3 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 5 |

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| 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 are still trying to engage the younger population aged between 25-55. In today’s meeting we agreed with the PPG that we should have more members from the younger age group. PPG members have also agreed to promote this in the neighbourhood. We will continue identifying them at our front desk staff, nurse and HCA, including GPs will identify young, working patients and invite them to join the group. All our patients for extended hours will be given leaflet to read and think about it. This group we can invite while booking and getting information about smoking or cervical screening. We have also advertised this on our website. |
| 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? **NO**If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:**Practice website, Annual Practice survey, Patient Complaints review and comments and suggestions from patients and from NHS choice website.** |
| How frequently were these reviewed with the PRG?**3 times a year.** |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:**Practice Communication:*** Practice Communication still needs improvement, staff needs to improve their listening skills and provide proper information to patients. They need to listen to their problems and explain practice policies with the correct information.
* GPs need to be more clear and informative about patient’s treatment and their medications. If any concerns regards to prescribing medications, for example generic or brand, acute or repeat. This needs to be properly explained to the patient why we are unable to prescribe.
* Test Results are not explained properly and on timely manner and this also needs improvement.
* Discharge summaries form hospital also needs urgent action and medication needs to be reviewed and updated alongside with new diagnosis.
* Admin team also needs to be more informative, if they don’t have emergency appointments they need to offer patients alternative i.e. telephone call, or online triage and 7days access to Newham Primary Care services
* Some other important concerns also raised by patient in regards to a death certificate completed incorrectly and they had to contact the practice a few times which has caused unnecessary delay and distress.
* There was also a concern with regards to staff asking patients the nature of the problem at the time of booking the appointment.
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| What actions were taken to address the priority?* To provide clear information about the services or practice policies for emergency appointments, tele consultations, prescriptions, test results etc. we have launched our practice website. All the information has been updated in the waiting room area Jayex screen.
* According to previous procedure for test results GPs used to give abnormal results and for any normal results staff used to give this to the patient after checking with the doctor.
* We have reviewed this procedure and the GP has trained the Health Care Assistant to give normal results. To minimise reception staff interaction with patients regarding results we have allocated a result line for a specific time during the day for our HCA to receive calls and give them their normal results .For any abnormal results she books with the doctor.
* We have also introduced Accurx messaging system to our team to provide effective and timely communication to our patients. Doctors are also sending message to patients if they see any normal results there and then.
* We have also introduced Online Triage system (e-consultation) for those patients who have difficulty in accessing telephone lines during busy times, they can send their admin/clinical query to the practice from the practice website. A trained care navigator or senior staff member looks into these queries and responds within 48 hours.
* We have reminded all GPs to update patient medications as soon as they receive the summary. The person who scans the documents and clinical coder has also been advised to send discharge summaries with high priority to the GPs. We are also looking into appointing a clinical pharmacist in the near future.
* To improve our access within 48 hours we have started online triage, where patients can leave their queries for the admin team to get back to them. We now also have the facility to book patients directly to’ Newham 7 days access to primary care services’.

Admin team has been provided training that if there is no emergency appointment available on the day or next day for the doctor/nurse we can offer patients alternatives such as telephone call, online triage or 7 day primary services.`* Admin staff needs to ask the nature of the appointment in order to book patients appropriately according to their needs. To avoid patient complaints and to make them aware that our staff are fully trained in confidentiality. We have also put this message on our telephone system.
* We have noticed that mainly miscommunication and patients high expectations from Clinicians is causing complaints at front desk and reception staff are having to deal with the brunt of it.
* Admin Staff need to be more polite and courteous towards patient, not to get into an argument with them,
* Staff should continue approaching care navigator or reception manager in case they have any complex queries or have difficulty handling patients.
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| Result of actions and impact on patients and carers (including how publicised):* Patient access has improved due to the online booking and online triage.
* Communication has also improved due to patients using our website, eg: they can book appointments, request medications, get the registration form; requesting sick notes/private letters, getting information about the services and travel vaccinations, viewing their medical records online. It has minimised their interaction with the reception staff and reducing their journey to the surgery.
* Designated result line has also improved patients satisfaction as they can call surgery at a specific time on a dedicated line where a trained Health Care Assistant can answer the phone and give them their normal result and for any results that needs further clarification from the GP, she can book the appointment. This has speeded for patients to get the result quickly, also reduced admin time and postal delays and costs as previously doctors used to view results and send task to staff, staff used to send patients letters to call and book and appointment.
* With Accurx messages patient can get the information promptly. Clinicians can directly contact patients if they need to inform them about hospital letters and results witout any admin support.
* With ‘Newham 7 days access to primary care service’ patients can get emergency appointments during the weekend and this has also improved patient access and patient communication as patients are not complaining at the front desk.
* Having a trained Care Navigator in the practice has also improved patient communication as they can speak to someone in the practice with their complex admin queries or any other social concerns. She can advise them and sign post them accordingly. This has also minimised front desk staff interaction with the patients dealing with their complex queries. They can approach Care Navigator for her advice and support.
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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):

* All the above actions have helped in the smooth running of the practice and the quality of service has improved.
* Our access has improved as there are a variety of methods available for patients to book appointments.
* Communication has also been improved as we have tried to use a number of ways to communicate with the patients, i.e use of Accurx messages, online triage system and practice website.
* In a few weeks’ time we will be starting video consultations for our patients.
1. PPG Sign Off

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| Report signed off by PPG: **Yes** Date of sign off: 28.03.2019 |
| How has the practice engaged with the PPG:We managed to have 3 meetings this year with the PPG members.How has the practice made efforts to engage with seldom heard groups in the practice population?We tried very hard to get patients from different ethnic groups and other categories. As we have a mixed ethnic population we did not manage to engage patients from all ethnic groups. Admin staff and clinicians personally tried to speak to them, but they seemed less interested due to language barriers and work and family commitments. Young and working population does not seem to be interested. During any complaints or other meetings with the patients practice manager and staff do encourage them to be a part of the PPG.Has the practice received patient and carer feedback from a variety of sources? Yes we have via patient practice survey, patient comments and suggestions box, patients’ complaints and NHS choice website.Was the PPG involved in the agreement of priority areas and the resulting action plan?YesDo you have any other comments about the PPG or practice in relation to this area of work?It is very difficult to get all members of the PPG together which is suitable for everyone and the practice.**Actions:****The next meeting has been arranged for June 2019.** |

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