

**Patient Participation Enhanced Service 2017/18 Annex D: (PPG Survey Report 2017/18)**

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 2018

Practice Name: **Abbey Road Medical Practice**

Practice Code: **F84111**

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

Date: 06.03.2018

Signed on behalf of PPG: Mrs Daphne Rodrigues

Date: 13.03.2018

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

Does the Practice have a PPG? <b>YES</b>
Method(s) of engagement with PPG: Face to face, Email, Other (please specify)  <b>We used several different methods to encourage patients to join our PPG. The method are as follows:</b> <ul style="list-style-type: none"><li>• Practice leaflet</li><li>• Information on the screen in the awaiting area.</li><li>• Displaying poster.</li><li>• Face to face meeting.</li><li>• Message on NHS Choices website.</li></ul> Our aim was to get a representative from all age and ethnic groups.

## Patient Participation Enhanced Service 2017/18 Annex D: (PPG Survey Report 2017/18)

Number of members of PPG: 14

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	4321 (53%)	3796 (47%)
PRG	7 (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	2077(25.6%)	1520 (18.7%)	1766 (21.7%)	1166 (14.4%)	905 (11.1%)	387 (4.8%)	192 (2.4%)	104 (1.3%)
PRG	0	1 (0.01%)	0	1 (0.01%)	3 (0.03%)	6 (0.07%)	3 (0.03%)	0

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	3346	99	189	1927	2372	3575	1539	281
PRG	3	1	0	4	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	713	538	2391	275	522	3106	1292	1469	57	65
PRG	3	0	1	0	0	1	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 have noticed that we still have difficulty engaging young, working group (30-40). We agreed that we need to do more to engage this group. For that we decided that 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

**Patient Participation Enhanced Service 2017/18 Annex D: (PPG Survey Report 2017/18)**

invite while booking and getting information about smoking or cervical screening.

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:

2. Review of patient feedback

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

**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.**

## Patient Participation Enhanced Service 2017/18 Annex D: (PPG Survey Report 2017/18)

### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p><b><u>Communication:</u></b></p> <p>This year our priority area for the improvement is practice communication i.e. practice staff handling and recording information needs to improve. Telephone consultations also need some improvement. Reviewing our survey results, complaints, comments and suggestions and 'NHS choice patient comments' and during the PPG meeting it has been mentioned that 90% has been improved since the last survey, however it still needs some improvement.</p> <ul style="list-style-type: none"><li>• Patients have shown less satisfaction in practice information handling, recording messages or information, interpreting test results etc. Clinical staff were not very clear about patients results and diagnosis which left them confused and making them come back to see another doctor.</li><li>• GP's filling results with no clear message.</li><li>• Action not taken on a timely manner on secondary and community care correspondence.</li><li>• Referrals not done properly or on time.</li><li>• Rejected repeat prescription messages not passed on time.</li></ul>
<p>What actions <u>were</u> taken to address the priority?</p> <p>Discussing the survey report with our PPG we agreed that when the clinicians are not very clear and not giving the patient appropriate time to listen to them during the consultations, things promised not done on time i.e. Referral to secondary care, the need of secondary care referral not explained to them properly and making sure that the patient has understood whatever discussed with them.</p>

## **Patient Participation Enhanced Service 2017/18 Annex D: (PPG Survey Report 2017/18)**

This makes patients confused and frustrated and they demand to speak or see the doctor again or leave the queries with receptionists. This falling on receptionists as patient needs answer straight away, doctors on the clinic and receptionist not able to speak to GP straight away to get answers. Patients assume the receptionist is blocking them and it makes the dissatisfied with the service and complaining about the reception staff attitude and behaviour.

- Doctors has been reminded to be more clear during their consultations, if they refer patient to secondary care they should clearly explain the procedure and the importance of that referral if it is urgent so patient will attend the hospital appointment
- If it is not urgent doctors should give the time frame when the referral will be done.
- We have query session for reception manager to deal with any complex queries and she can take some workload from the GP as well as from front desk staff e.g. any delay in hospital appointments to chase up, any additional information required by the secondary or community care, guiding and signposting patients to appropriate service or in-house booking with appropriate clinicians, any queries related to prescriptions, change of medication or strength to be discussed with GP and arranging prescription. She also handles patients complains and concerns and try to resolve the matter after discussing with Practice Manager or GP. Sometimes if patient needs to speak to manager she arranges the appointment.
- Staff has been reminded to use the query session for reception manager to deal with above queries or any patient complains.
- Staff has been given headphones to use so they can have hands free for recording any interaction with the patient in their notes.
- We also provided staff training about 'handling difficult situation' and telephone communication by MDU (Medical Defence Union).

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

## **Patient Participation Enhanced Service 2017/18 Annex D: (PPG Survey Report 2017/18)**

- Our query session nowadays is getting full because staff is using it effectively. Any complex queries they are forwarding to reception manager. She is also providing them support and training in some of the queries for them to deal.
- There are recording detailed patient interactions in the patient's notes e.g. what patient requested and what they have offered to the patient, any action completed by them or passed to anyone else has also been recorded.

### Priority area 2

Description of priority area:

#### **Dissatisfaction with the doctor's consultations and time given**

Patients' complaint that anything discussed and agreed with them during consultations was not satisfactory and not actioned on time. Sometime they feel the GPs are not listening and not aware of their medical history or any tests done previously, they do not check patients' records prior to see them. They do not explain to them properly the next clinical procedure or why this procedure needed.

Some patients feel that doctors are rushing and not giving them proper time to listen to them. Some patients has also complaint that when they book telephone consultations with GP they receive only one ring and when they ring the surgery back reception staff says that if you missed the call you need to book another appointment.

What actions were taken to address the priority?

After reviewing the complains we realized that this has also contributed towards staff attitude and behaviour when patient comes back to get more information about their previous consultations or procedure discussed with the GP and they wanted to book another appointment or wants GP to call them back straight away, sometimes they leave messages with reception staff to speak to GP and resolve matter asap. They found receptionist uncooperative and they are not doing their job properly.

- It has been discussed on the practice meeting and notified to the relevant GPs that his communication during consultations with the patient needs improvement. He has to make sure that patient has understood the outcome of consultations and it is clear about the treatment and if any further questions has related to that consultation.

## Patient Participation Enhanced Service 2017/18 Annex D: (PPG Survey Report 2017/18)

- Staff has been provided training how to handle this type of situations effectively, act in the best interest of the patient, get help and support from management.
- We have updated and implemented our telephone consultation policy e.i. when the doctor has failed encounter he can keep the patient on list and once he finished his session he can repeat that call, during this time if patient calls back reception staff will park the call for the GP to take that when free.
- All the clinical and reception staff has been provided training in telephone consultations and triage by MDU (Medical Defence Union).

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

### 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):

- Our survey results show that overall access has been improved and number of patients has mentioned that they are satisfied with practice appointment system. They have access available online to book face to face and telephone consultation appointments; they can order repeat prescriptions and check their records online.
- Our prescription system has also been improved a we have more patients on EPS (Electronic Prescription Service) an it saves patients journey to the practice.
- We realized that communication still needs some improvement.

## Patient Participation Enhanced Service 2017/18 Annex D: (PPG Survey Report 2017/18)

### 4. PPG Sign Off

Report signed off by PPG:

**Yes**

Date of sign off: 13.03.2018

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?

Yes

**Patient Participation Enhanced Service 2017/18 Annex D: (PPG Survey Report 2017/18)**

Do 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 2018.**

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