# Annex D: Standard Reporting Template

Hillingdon Area Team

2014/15 Patient Participation Enhanced Service - Reporting Template

Practice Name: The Harefield Practice

Practice Code: E86007

Signed on behalf of practice: Tamzin Jamieson Date: 27/03/2015

Signed on behalf of PPG: Geoffrey Taylor Date: 27/03/2015

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

Does the Practice have a PPG?						YES							
Metho	od of engageme	pecify)	Face to	face and	email								
Numb	Number of members of PPG:					11 (oper	n to all pa	tients)					
Detail	Detail the gender mix of practice population and PPG:					e mix of p	oractice p	opulation	and PPG:				
	%	Male	Female		%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
	Practice	4774	4766		Practice	1920	839	1249	1309	1512	1101	841	769
	PRG	5	6		PRG					1		6	4

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	3289	121	8	277	19	36	50	41	
PRG	11								

	Asian/Asian British						Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other	
Practice	166	8	10	22	109	79	14	14	40	9	
PRG											

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 promote the PPG to parents when inoculating their children.

We promote the PPG to all our patients through posters displayed in the practice waiting room.

The PPG has a presence at Flu clinics providing tea and promoting the PPG.

Patient transport to and from the practice is run by the PPG. They use this as an opportunity to promote the PPG.

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/NO **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:

We receive feedback from other local groups when they have issues raised that have an impact on the surgery or relate to the surgery in any way. (Community Voice & Harefield Residents Association).

We have used the feedback from the Friends and Family test.

The practice manager has an open door policy with regard to patients wanting to air their opinions, advice, suggestions and issues. These are logged (with the patient agreement) and brought to the PPG meetings for discussion.

Letters and emails to both the practice and to members of the PPG are brought to the meetings for discussion.

How frequently were these reviewed with the PPG?

Quarterly at a formal meeting. Informally through email and face to face when an issue has been raised that can be quickly solved or escalated.

3. Action plan priority areas and implementation

## Priority area 1

Description of priority area:

Implementation of EPS (Electronic Prescribing Service)

What actions were taken to address the priority?

A trial was run in June/ July 2014 but there were too many problems due to moving to a new IT system. It was put on hold until January 2015. Taking account of the feedback from the PPG we took a step by step approach to reintroducing electronic prescribing. It was implemented in stages, one GP at a time, to ensure that problems were picked up and rectified before introducing a new GP to EPS.

Completed: 13<sup>th</sup> February 2015

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

Over a third of all prescriptions are already being done electronically.

Both local care homes are using the service and we have had positive feedback from patients and carers about the new service.

Patients are informed of the new service at reception when they request a repeat prescription, by their GP when creating a prescription or through their pharmacy.

We have publicised the new service on the website, in the waiting room and on the Patient Online site.

## Priority area 2

Description of priority area:

DNA (did not arrive) - missed appointments that weren't cancelled

What actions were taken to address the priority?

Educating patients through communication in different forms.

Doctors and nurses to talk to patients when they next have an appointment explaining the impact of their DNA on other patients.

Receptionists to emphasise to patients booking a new appointment, with a previously DNA, that they should call in and cancel ahead of time rather than DNA and the reason for this.

Poster in the waiting room.

Information on the website and on the Patient Access website when booking appointments.

In the longer term looking into messaging patients on their phones to remind them of their appointment time and date.

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

We did comparative searches on the data for Quarter 3 (Oct to Dec 2014) & Quarter 4 (Jan to Mar 2015). Doctor DNAs increased from an average of 126 to 147 DNAs a month over the two quarters. Nurse DNAs reduced significantly from an average of 107 to 79 DNAs a month over the two quarters.

Published on website and in the surgery waiting area.

Priority area 3
Description of priority area:
Better communication from the surgery to the patients, at this stage, specifically online.
What actions were taken to address the priority?
Website to be updated regularly. Website to include more information on the doctors, appointments and changes to online and other services.
Result of actions and impact on patients and carers (including how publicised):
All practice posters in the waiting area (where applicable) to include the website address.
Patients feel less worried about the implication of the changes to staff when they know what those changes are and who the new staff are. Patients and carers know who to talk to and what to request from whom and how to do it.

## 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):

Online Prescriptions - Obtain an integrated programme that will enable patients to request prescriptions directly via the practice computer system – a more streamlined process than via the website. – we propose to advertise this facility widely.

This was implemented early in 2014 and is widely used by patients and carers.

Online access to cancel appointments - The programme for online services as mentioned above will include the facility to cancel appointments. (In addition to being able to cancel on via message left on the practice 'phone.

We have implemented this service online through Patient Access.

Online access for patients to their test results - This facility to be explored further as GPs have concerns about patient's knowledge of interpreting their results.

This is on hold due to GP concerns about patient's knowledge in the interpreting of their results.

## 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 27/03/2015

How has the practice engaged with the PPG:

Quarterly Meetings, email and face to face informal meetings at the surgery.

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

Clinicians and receptionists have suggested joining the PPG to patients from these groups as well as carers.

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

Letters, email, Friends and Family test, open door to patient feedback by the practice manager. The PPG also receives feedback from patients and the community which is fed back to the practice.

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

The PPG were involved in choosing the priority areas at the Quarterly Participation Group meeting where ideas were shared and priorities and actions agreed.

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

Through using online services and communication more effectively we have been able to help patients and carers get the treatment and medication they need faster and with far less physical effort than before the services were implemented.

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

Our PPG has been in effect for over 20 years. They are an active group who care about the practice and the community. They raise relevant issues and offer sound suggestions. The feedback they gather helps the surgery to constantly look at areas for improvement.