London Region North West Area Team

Complete and return to: england.lon-nw-claims@nhs.net by no later than 31 March 2015

Date: 20/3/2015

Practice Name: The Enterprise Practice

Practice Code: E84713

Signed on behalf of practice: Date: 20/3/2015

1 Sept

The Enterprise Practice Senior Partner – Dr Graham Sado

Signed on behalf of PPG:

PPG Chairman - Mr Nigel Davis

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

Does the Practice have a PPG? YES / NO YES

Method(s) of engagement with PPG: Face to face, Email, Other (please specify) Face to Face, email and telephone.

Number of members of PPG: 10

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	52	48
PRG	40%	60%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	18	7	14	12	9	9	7	7
PRG	0	0	20	10	20	10	30	10

Detail the ethnic background of your practice population and PRG:

	White				Mixed/ multiple ethnic groups				
	British	British Irish Gypsy or Irish Other		White &black White &black		White	Other		
			traveller	white	Caribbean	African	&Asian	mixed	
Practice	40%	4%	0	,<1%	1%	<1%	<1%	0.5%	
PRG	70	0	0	10	0	0	0	0	

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian Pakistani Bangladeshi Chinese Other					African	Caribbean	Other	Arab	Any
			_		Asian			Black		other
Practice	12%	1%	<1%	O.5	0	2%	3%	1%	<1%	0
PRG	10	0	0	0	0	0	10	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: The Gender mix of the PRG compared to the Practice population is equivalent. The age mix shows a lack of members from age under 16 to 24.We have tried to recruit members from this age group, by advertising on the TV screen in the Practice reception, and during consultations, but most young people are not interested. Children would need to come with a parent, which would require the parent to give up their time. We try to attract ethnic minorities to join the PRG group, again by advertising on the Practice TV screen, and encouraging patients during consultations, and by messaging on repeat prescriptions.

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:

The sources we use to gain and review patient feedback were the practice survey which included questions relating to concerns expressed by patients, during consultation with the doctors, and comments made to reception staff.

The patient group also looked at patient complaints, received either verbally or in writing, and on comments made on the NHS Choices website. The practice is now running the Friends and Family Test, and the patient group will use these comments/suggestions when available.

Patients were asked to express their views about the Practice in response to a message on the LED display.

Comments made on the National GP patient survey were also taken into account.

The results account	obtained from	Patient comments	made during	the CQC	inspection	in February 201	5 , have also I	oeen taken ir	nto
Apart from	the annual surv	e reviewed with the large, which can only lasis, unless an urge	be reviewed o				review the othe	er areas of pa	atient

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: Telephone Access

Patients experienced problems booking morning appointments over the telephone. This is related to the fact that, the surgery opens at 8.00am, but the telephone lines open at 8.30am.

The surgery opens at this time, because the building is shared by two other larger Practices (approx. 18,000 patients), who open at 8.00am, and therefore the doors of the Health centre are open. Only one member of staff is present from 8.00am. The staff member would not be able to take telephone appointments and deal with patients at the reception desk.

Patients then come to the reception desk at 8.00am and book appointments. This results in fewer appointments being available for patients who telephone, finding that they might be fourth in the telephone queue, but when they get through to reception, they are informed that all the appointments are taken.

What actions were taken to address the priority? The PRG made two proposals to resolve this issue:

Proposal 1: Reception desk to remain closed until 8.30am.

Proposal 2: The Practice to change the staff rota, so that two receptionists would be available from 8.00am, and the phones then switched on from 8.00am.

Actions for both proposals taken by the Practice:

The Partners and Staff met to discuss the proposals. Currently, the other staff member working in the mornings, is unable to start her shift half an hour earlier. The following actions have now been taken

1)The Practice has now (2/3/2015) employed a new member of staff, to work longer hours. Once the staff member is fully trained, this would open up the possibility of altering the shift patterns to enable two reception staff to be present from 8.am

- 2) On line booking is now available
- 3) 4 more morning appointments have been created (8.am to 8.30am), to deal with the morning rush, so leaving more appointments available after 8.30am.
- 4) One partner now starts clinic from 8.am on Monday and Wednesday, creating a further 6 early morning appointments

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

Patients more satisfied with appointment system. System fairer for elderly and disabled, who find it too difficult to attend in the early morning.

These changes publicised on Web site, and on the TV in reception room, and discussed with the PRG Chairman, with formal discussion at the next PRG meeting in May 2015.

Priority area 2

Description of priority area: Waiting Times

Waiting times have been an issue in every one of the Practice surveys carried out over the last 5 years. The current survey still showed dissatisfaction, and was again one of our lowest survey scores, compared to benchmark.

What actions were taken to address the priority? The PRG made the following proposals to try and improve this situation.

Proposal 1: When patients book in for their appointment, on the Touch Screen, a message would appear, indicating how long they would need to wait before seeing the doctor.

Actions to be taken by the Practice: The Practice Manager has discussed this issue with Jayex' the Provider company. The company have indicated, that it is not possible, with the current software, to provide this information for patients

Proposal 2: A message on the New Television screen in reception would show the waiting time before being seen by the doctor.

Actions to be taken by the Practice: The Software company have been contacted, and have again informed us, that although it is possible to put this information on the TV screen, the information would not change automatically, so a member of staff, would need to monitor the system all the time and make manual changes to update waiting times. In view of the fact that staff are already working to capacity, this would not be a possibility

Proposal 3: To explore why the new Emis Web software system runs much slower than the previous Emis LV system. Dr Sado felt that this added up to 5 minutes extra for each consultation.

EMIS were contacted ,and advised that they had set up a "SLOW SECTION" to deal with the number of complaints they had received. They monitored the system by logging into memory icons created by the Doctors, when the computer was running slowly. No conclusion was arrived at. Now a new server has been provided, which has slightly improved the speed. More work needs to be done by EMIS on this system.

Actions to be taken by the Practice

Proposal 4: Ask patients to only come with one problem for each consultation.

Actions taken by the Practice: A message is displayed, on the LED screen and the television screen, requesting patients to come with one problem, in the consultation. This was actioned by 30th July 2014.

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

Patients have become more aware of the time constraints during a consultation, and have expressed this during the consultation.

This should show as improved satisfaction in the next survey.

These discussions and outcomes will be further discussed at the next PRG meeting in May 2015. The actions will also be mentioned in the patient group newsletter and on the Practice website

Priority area 3

Description of priority area: Appointments System, which patients find confusing:

Patients have expressed confusion, in relation to how to book an appointment, and how the appointment system works..

What actions <u>were</u> taken to address the priority? The PRG made the following proposals, and Dr Sado made an additional suggestion:

Proposal 1: A sheet to be produced explaining the appointment process.

Actions to be taken by the Practice: The Practice Manager to produce a sheet explaining the appointment process, and this to be posted on the Practice notice board, with a copy to be published in the Practice newsletter, and on the Practice website. This is to be actioned by the end of June 2015.

Proposal 2: Allow online booking of appointments through the Practice website (a facility which can be added to the Practice website by instructing the web provider).

Actions to be taken by the Practice: On line booking has now been actioned. PIN numbers are being issued, and patients can no w book online appointments

Proposal 3: The "Extended Hours Appointments" to be changed, to generate 4 extra appointments in the mornings, between 8.00am and 8.30am, to relieve the pressure on making morning appointments.

Actions to be taken by the Practice: The Partners and staff met, and agreed to create 4 extra appointments in the n mornings, and one partner to start clinics from 8.am on Monday and Wednesday, creating 6 further early morning appointments.

This system is now in place from September 2014.

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

- 1) Early morning appointments are always booked up with a very low DNA rate(3 DNA's in the last 4 months)
- 2) Patients understanding of the appointments system has improved (information gleaned from consultations and from reception staff)

This information is publicised on the Practice TV screen, on the Practice website, and will be in the next patient leaflet.

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):

The following issues have been raised in surveys over the last 7 years:

1) Waiting times:

These have reduced slightly as a result of the message being displayed, on the LED screen and the television screen, requesting patients to come with one problem, in the consultation.

2) Publication of a News letter:

The patient group has now published our first newsletter in Autumn/Winter 2014, this issue appears to have been well received by the patient population. The next edition of the newsletter is due to be available in the surgery for Spring/Summer 2015 and will also be published on the Practice website.

3) Telephone access:

Access has improved following installation of an NEG telephone system.

4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: 20/3/2015

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?

- 1) The Practice has tried to encourage seldom heard groups to join the PRG, either as virtual or actual attendees. This has happened during consultations, when patients book appointments, either face to face or via telephone. Every patient who attends can see the advert on the TV screen, promoting the PRG, and asking for new members to join.
- 2) The Practice receives feedback, via the patient survey (annual), "Friends and Family" (ongoing data collection, shows 90% of patients would recommend us to family and friends), Comments on Choices Website, comments made during consultation, comments made to reception staff, verbal and written complaints.
- 3) The PPG was involved in making priority areas and in creating action plans (see minutes)
- 4) Patients and carers now have better access to the services provided in the mornings. Patients also have a better understanding of the appoint system and the constraints placed. on it, and how to book appointments

5) At a recent Care Quality Commission inspection, we were verbally advised that we were given a rating of Excellent for being a caring Practice, and excellent for being a responsive Practice9Offocial report on the Practice not yet published).
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