

Annex D: Standard Reporting Template

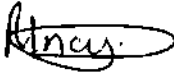
NHS England Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Leyton Healthcare

Practice Code: F86074

Signed on behalf of practice: Sue Crabbe

Date: 19.2.2015

Signed on behalf of PPG: 

Date: 2.3.2015

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

Does the Practice have a PPG? **YES - Virtual**

Method of engagement with PPG: Face to face, Email, Other (please specify) **Email**

Number of members of PPG: **124**

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49.81%	50.19%
PRG	39.52%	60.48%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	21.91%	10.26%	26.14%	17.51%	11.18%	7.0%	3.48%	2.52%
PRG	0.81%	12.90%	41.13%	27.42%	12.90%	2.42%	2.42%	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	1163	84	0	3374	248	250	93	322
PRG	11	6	0	48	0	0	0	2

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	351	1184	302	132	617	572	468	225	0	3553
PRG	7	10	9	4	7	10	2	6	0	2

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 Leyton Healthcare (LHC) patient participation group membership has maintained over the past year. On an annual basis, the Practice targets ALL patients that attend the Practice on certain agreed days to maintain/increase numbers of the group. In addition to this, our website and our Jayex board give patients the option to sign up to join the Patient Reference Group (PRG) throughout the year. It is difficult to maintain numbers as the Practice has a transient population, a high turnover of patients and response to the request to join the group is mixed.

The availability of the Practice website is displayed via posters and on the reception Jayex board. Sign up forms are also available in reception for patients to complete to become a member. In 2015/2016, the Practice will look to change the current format of the group from a virtual group to a face to face group although we recognise that some members will prefer the email option as they prefer not to attend formal meetings. Patients preferring to remain a member of the virtual group will be encouraged to access minutes via the Practice website and will be provided with a link to submit their feedback.

Profiling data of the target group demonstrates that the PRG has a mixture of genders, ages, ethnicities and religions although it is noted that many patients decline the offer of involvement in the group. The Practice is confident that its PRG is as representative of the practice population as it can be based on patients that consent to join.

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?

There are no specific characteristics and there is mixed demographics and ethnicity. Our website invites all patients to join our PRG and translates into nearly 90 languages to ensure all patients are treated equally and receive the same information whatever language they speak.

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

Despite having no specific characteristics, the decision was made to focus on carers this year in order to improve their experience of the service they receive from the Practice. It was therefore proposed that this would be one of the Practice's target areas.

It is hoped that by encouraging carer involvement, the Practice is able to reach seldom heard groups e.g. housebound patients, patients with learning disabilities, patients with mental health etc.

2. Review of patient feedback

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

NHS Choices - feedback is logged on a spreadsheet which allows the Practice to monitor trends and areas of concern raised by our patients.

Complaints register – a complaints log is maintained. Issues are discussed with the whole Practice team and trends and areas of concern are highlighted and action taken as appropriate.

GP Patient Survey – results are regularly reviewed. Positive feedback is passed to the Practice team and areas of concern or possible weakness are discussed between the management team and Practice Partners. Changes are implemented and improvements made as appropriate.

Friends and Family – This data is newly available to the Practice. All responses are logged on a spreadsheet, concerns are highlighted and action taken as appropriate. Initial feedback via F&F has proved very positive and it is apparent that many patients are very happy with the service they receive from the Practice. All comments are reviewed by the management team and practice clinicians and action taken if appropriate.

How frequently were these reviewed with the PRG? **Formal review on an annual basis and regular updates posted on our patient information board and website throughout the year.**

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Improved experience for carers

What actions were taken to address the priority?

Leyton Healthcare has worked with Waltham Forest Carers Association (WFCA) throughout 2014 to improve services available to carers registered at the Practice. Stage one of this work, focused on the development of an informative carers pack. There was much discussion about the content of this pack. Although we were keen to give as much information as possible to carers, it was felt that providing too much information at the initial stage of identification might mean it didn't get read as this was dependant on the type of care needed by the cared for patient. The final version of the pack agreed between the Practice and WFCA was as follows:

- An introductory letter from Leyton Healthcare defining a carer as someone who provides unpaid help to a friend or family member who couldn't manage otherwise. This letter also briefly refers to the support (respite, financial or practical) which may be available
- A self-referral form to WFCA
- A consent form to be completed by the carer and cared for person. This consent form includes consenting to share medical records and for onward referral if appropriate. In addition, this form acts as a check list for the Practice to insert appropriate read coding (for identification) and it gives prompts for the Practice to ensure consistent advice is given e.g. offer of health check, offer of flu vaccination
- A list of helpful contacts

WFCA propose to encourage other practices to adopt this pack so information provided by Practices is standardised.

The Leyton Healthcare website was updated to include information and links from Carers Direct and Waltham Forest Carers.

The second stage of this project has recently commenced and will be developed further in 2015/2016. The focus of this work is as follows:

- To arrange training for all staff (both clinical and non-clinical) to improve awareness of carer identification
- To validate the current carers register to ensure accuracy
- To review other target areas to identify previously unrecognised carers (e.g. patients with sensory impairment, mobility issues, wheelchair users, learning disabilities, mental health issues, substances misuse, stroke, palliative care etc.)
- To include carer identification as a regular agenda item at both the Integrated Care Management and Palliative Care meetings.
- To appoint carers leads for the Practice
- To ensure electronic (via website) and hardcopy (within Practice) registration forms are available for carers to complete. This will not only allow us to identify potential carers but also to ensure they receive the appropriate support in a timely manner.
- To provide a dedicated Carers noticeboard in the Practice
- To propose to Waltham Forest CCG that a dedicated Carers template be provided for use with all clinical systems This will ensure a standardised approach is adopted by all practices to ensure carers are aware of their rights, receive the correct support from their Practice and are signposted/referred to the correct information/service
- To encourage carers to join the Practice patient participation group

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

The Practice now holds an accurate register of existing carers

The carers register is starting to increase through better identification

Patients and carers can source information regarding carers via dedicated pages on the practice website

Practice staff are better aware of carers rights and the Practice's responsibilities

Carers are offered appropriate services/referrals and are better supported by the Practice

The report has been emailed to the PRG, posted in our main reception and publicised on the Leyton Healthcare website.

Priority area 2

Description of priority area:

Increase of telephone consultation availability to further improve access to appointments

What actions were taken to address the priority?

The availability of telephone consultations has worked well over the past year. Telephone consultations both help the Practice manage demand and also give patients choice whether to attend for a face to face appointment or to speak to a doctor by telephone. We have found that some patients prefer to pre-book their telephone appointment and others telephone to request an appointment to speak to a doctor on the same day.

The Practice decided that this was an area that would be sensible to develop over the coming year. A plan has been drawn up to ensure that both same day and pre-bookable doctor's appointments are available each day of the week to offer choice and improve current capacity. Clinician availability was discussed and it was proposed that a minimum of two GPs and one nurse should have telephone consultations on a daily basis. Nurse appointments will not be separated pre-bookable or same day as it was felt that there is currently adequate capacity for both types of requests, same day and pre-bookable to be accommodated on any one day.

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

**Improved capacity for patients who do not require a face to face consultation
Increased number of appointments (telephone consultations are booked in five minute slots whereas face to face appointments have ten minutes)**

There are now a total of 33 pre-bookable doctor appointments available each week

There are now a total of 51 same day doctor appointments available each week

There are now a total of 31 pre-bookable/same day Practice Nurse appointments available each week

Total 115 telephone consultations available each week

It is hoped that this increased capacity for telephone appointments will further improve access to appointments each week.

The report has been emailed to the PRG, posted in our main reception and publicised on the Leyton Healthcare website.

Priority area 3

Description of priority area:

Improve waiting times whilst waiting to be seen for appointment

What actions were taken to address the priority?

This is a recurring issue that is sometimes reported via complaints. All clinical staff are aware that clinics should start promptly so patient waiting is kept to a minimum. This said, it is apparent from the Patient Survey results that this remains an issue as the survey results show that only 55% of patients report they wait 15 minutes or less when attending the Practice. The Practice is aware that the issue sometimes relates more to specific clinicians and there has been significant discussion in relation to this. It is hoped that internal staffing changes have partially resolved this problem. Although there are sometimes circumstances when ALL clinicians are likely to run late (e.g. a patient that needs admitting to hospital) the Practice feels that this problem relates to a minority of staff.

Problems sometimes arise when appointments overrun early in the session and then delays occur and build as the session continues. The management team proposed that appointments schedules should be amended for specific clinicians. It was therefore proposed that a block be introduced in the middle of the session and appointments times would be extended at the end of the session. This proposal ensures that the Practice retains the number of appointments available to patients but gives the clinician time in the middle of the session to 'catch-up' if running late. The 2nd part of the session should then commence as per appointment time and patients should arrive on time and not have to wait.

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

Waiting times will be kept to a minimum and patient experience should improve.

The report has been emailed to the PRG, posted in our main reception and publicised on the Leyton Healthcare website.

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):

Telephone number – The Oliver Road Polyclinic has multiple tenants located within the building. Previous experience has shown that there have been occasions when incorrect calls have been received by the Practice when telephone callers to the building were unsure who to contact. On occasions this has impacted on the number of calls received by Leyton Healthcare reception staff as callers have had to be redirected to alternative telephone numbers when phoning the Practice incorrectly. Our previous action plan, proposed that our Clinical Practice Manager should meet with other Polyclinic tenants to ensure their services show up to date and accurate contact details. This would ensure callers were able to get through to the right department the first time. These meetings occurred in June 2014. Websites for tenants all appear accurate. Web searches were undertaken and in the main seem accurate but it felt that it is very difficult to control information that is published by outside sources especially as the internet is a well-used source to gain information– Achieved June 2014

Staffing levels - Leyton Healthcare reception – There are 5 staff members (4 on front desks and one working back office) on the 4th floor reception each morning at busy times and 4 each afternoon/evening session. These staffing levels are consistently maintained and administrative staff who work on other Practice duties have also been trained as a contingency at times of staff shortage. Reception staff take breaks in line with employment legislation and these breaks are scheduled to ensure adequate cover is maintained at all times. This said, demand both face to face and by telephone remains high. It is hoped that the introduction of on-line appointment booking and other electronic options (which can be accessed via our website) will relieve the pressure on our reception team at busy times as it will give patients the option to request appointments and repeat prescriptions 24 hours a day. Achieved and maintained throughout the year.

Market availability of telephone consultations for GPs and Practice Nurses – Telephone consultations (both pre-bookable and on the same day) are available on a daily basis. This has been marketed via our website and via the Jayex board. Achieved June 2014

Marketing information re telephone triage system – A clinician triages requests for emergency appointment each day. Dependant on clinical need, patients may be offered a face to face appointment or be offered telephone advice. Advice re telephone triage is available on the newly developed Practice website. Achieved June 2014

A minimum of one month's pre-bookable appointments should be available at any time – Achieved and maintained throughout the year.

Ensure adequate provision of GP sessions – Additional GP sessions have been provided throughout the year. The Practice has historically employed a number of locum GPs as part of its clinical workforce. Throughout 2014, the Practice moved away from this practice and no longer uses locum GPs. Dr Chetty increased his sessions to become a full time permanent GP, Dr Iqbal joined the Practice as a 0.75WTE permanent GP and Dr Klynman, who was previously a locum, also joined the Practice as a permanent staff member. Dr Klynman is a specialist in Public Health and also works for the Practice for just one session a week on Monday evening. This session is 6pm – 8pm so offers patients requiring later appointment flexibility to be seen at a later time.

The Practice continues to monitor demand and capacity for appointments. The Practice list size has remained steady throughout the year and following evaluation of the Practice clinical workforce, we feel there is adequate provision. The Practice continues to report a high DNA (Did not attend) rate with over 11% of patient appointments being missed on average each week. This high number of missed appointments equates to over 70 wasted GP/Practice Nurse sessions a week (the equivalent of over 4 surgeries a week) and unfortunately impacts on waiting times to be seen. Achieved and maintained throughout the year.

Waiting times – We have made some progress in this area but feel there is still room for improvement. As this issue has been identified from feedback from the Patient Survey, this issue will be included as an action point for 2015/16. Achieved in part – needs further improvement

Ongoing training for existing staff and induction for new staff – All staff undertake internal training as part of their on-going professional development. Statutory and mandatory training is provided by both external providers and by e-learning modules. Staff are given protected time to undertake this training. A full and comprehensive induction programme is provided for new staff, both clinical and non-clinical. Leyton Healthcare is an accredited GP training Practice and is committed to providing suitable training for the next generation of General Practitioners. As such, staff development occurs in a supportive learning environment. This includes a mentor system where staff have access to ongoing support throughout their employment. Achieved and maintained throughout the year.

Market availability of private interview room – Availability of this interview room publicised on both the Practice website and on the reception Jayex board – Achieved June 2014

Introduction of Patient Access – During the year, electronic options have been extended. In addition to requesting repeat prescriptions on line, there is now the option to view medical records on line and book and change appointments online. Achieved – February 2015

This report has been emailed to the PRG, posted in main reception and publicised on the Leyton Healthcare website so patients are aware of the progress that has been made.

Report signed off by PPG: YES

Date of sign off: 2.3. 2015

How has the practice engaged with the PPG: **Achievement of identified areas for 2014/2015 was emailed to existing members of the PRG. Achievement was also posted on our website and on the Practice Notice board so the information can be viewed by all Practice patients.**

How has the practice made efforts to engage with seldom heard groups in the practice population? **Yes – ALL patients are encouraged to join our PPR.**

The Practice has made significant progress improving the experience for carers. A campaign has been run to maximize carer identification and to ensure carers receive the best possible service and are aware of services available to them.

Has the practice received patient and carer feedback from a variety of sources? **Yes – we have targeted ALL patients included a personal mail out to all known carers asking if they would consider joining our Patient Participation group. We have worked with Waltham Forest Carers throughout the year to improve identification of carers and also improve the information provided by the Practice to this group.**

We have extended our Friends and family area in reception to become a patient information area. We have introduced a Practice Newsletter to keep patients informed of Practice related issues and the action and achievement of target areas for 2013/14 have been displayed.

Was the PPG involved in the agreement of priority areas and the resulting action plan? **Yes – emails were sent to all patient members asking if they were happy with the identified target areas.**

How has the service offered to patients and carers improved as a result of the implementation of the action plan? **We would hope these changes have brought improvements to our services. Action points from 2013/14 were achieved and the target areas proposed for 2014/15 have all been implemented successfully.**

We have also included a link on the Practice website to Waltham Forest CCG website to enable our patients to find out more about how the wider health economy works.

Do you have any other comments about the PPG or practice in relation to this area of work? **We are looking to introduce a face to face patient group in 2015/2016.**