

**Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template**

London Region South London Area Team

Complete and return to: [nhs.cb.lon-sth-pcc@nhs.net](mailto:nhs.cb.lon-sth-pcc@nhs.net) by no later than 31 March 2015

Practice Name: **LYNDHURST MEDICAL CENTRE**

Practice Code: **G83049**

Signed on behalf of practice:



Date:

30 / 3 / 2015

Signed on behalf of PPG:

Date:

30 - 3 - 15

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

Does the Practice have a PPG? YES

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

*Face to Face, email and telephone.*

*Meetings have been held on 19 May 2014, 27 October 2014 and 22 December 2014. Other meetings have been scheduled for 16 June 2014, 15 September 2014 and 16 February 2015 but have been cancelled due to the unavailability of PRG members and/or Practice representative.*

Number of members of PPG: 7

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<p>Detail the gender mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">%</th> <th style="width: 35%;">Male</th> <th style="width: 50%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>3923 (47.70%)</td> <td>4303 (52.30%)</td> </tr> <tr> <td>PRG</td> <td>4 (57.14%)</td> <td>3 (42.86%)</td> </tr> </tbody> </table>	%	Male	Female	Practice	3923 (47.70%)	4303 (52.30%)	PRG	4 (57.14%)	3 (42.86%)	<p>Detail of age mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><u>&lt;16</u></th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">&gt; 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>1279 15.45%</td> <td>621 9.90%</td> <td>970 11.90%</td> <td>1034 12.80%</td> <td>1145 13.95%</td> <td>1012 12.31%</td> <td>964 11.73%</td> <td>1010 12.29%</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>0</td> <td>1 14.29%</td> <td>0</td> <td>2 28.56%</td> <td>3 42.86%</td> <td>1 14.29%</td> </tr> </tbody> </table>	%	<u>&lt;16</u>	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	1279 15.45%	621 9.90%	970 11.90%	1034 12.80%	1145 13.95%	1012 12.31%	964 11.73%	1010 12.29%	PRG	0	0	0	1 14.29%	0	2 28.56%	3 42.86%	1 14.29%
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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	5497	44	0	109	8	3	12	16
PRG	7							

  

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	73	1	9	26	17	48	8	18		32
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:

*Our PRG membership is somewhat weighted towards the older age ranges but we believe that the current group still represents a reasonable cross section of the backgrounds and needs of our overall patient population. The age ranges with the highest percentages of the practice patient population are represented. The practice patient population includes a high number of elderly patients over the age of 65 (23.86%) and the majority of members are within this cohort.*

*The gender split of the PRG is an exact presentation of the Practice population.*

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*All members of the PRG are white British which represents our highest percentage population.*

*There are also currently 12 members of the VPRG and we are continually striving to increase this number by publicising both groups at the drop-in flu clinics held in October and November, advertising in the surgery waiting room and attaching information and contact details to the New Patient Registration pack.*

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

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

*We have a high percentage of elderly patients which includes housebound patients, we have asked the District Nurses to recommend patients from the housebound community to contact re joining the VPRG.*

*We have a considerable number of patients in a particular residential care home and although the patients would not be able to join the PRG or VPRG due to dementia, we have tried to encourage the patient's relatives to become involved by sending them details of both groups with the invitation to attend the patient's New Patient Registration Examination.*

*We have actively tried to recruit new members from all age ranges and minority groups via the practice leaflets, practice website, posters in the surgery waiting room, invitation letters given out with repeat prescriptions and new patient questionnaires. The GPs, Health Visitors, District Nurses and Midwife have been asked for recommendations. We have previously had representation at the Child Health Clinic held once a week at the surgery to try to encourage young mothers to become involved with the PRG/VPRG.*

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2. Review of patient feedback

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

*Suggestions received via the Suggestion Box located in the waiting room have all been discussed with the PRG members at the PRG meetings and responses agreed for display in the surgery waiting room.*

*The results of the Friends and Family Test have been shared with the PRG members via email.*

*Comments placed on NHS Choices have been shared with the PRG members at the PRG meetings*

How frequently were these reviewed with the PRG?

*Meetings have been held on 19 May 2014, 27 October 2014 and 22 December 2014. Other meetings have been scheduled for 16 June 2014, 15 September 2014 and 16 February 2015 but have been cancelled due to the unavailability of PRG members and/or Practice representative.*

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p><i>Reduce the number of DNAs.</i></p>
<p>What actions <u>were</u> taken to address the priority?</p> <p><i>We continued to enforce the Practice DNA Policy and send out DNA letters where appropriate. Unfortunately, due to the pressure of work overall within the Practice at the present time it has been difficult to maintain the monitoring process for DNAs in the latter part of 2014/15. This will be correct by the end of the financial year.</i></p> <p><i>The dedicated 24-hour cancellation line has been advertised on the New Patient Questionnaire, posters and flyers in the surgery waiting room, appointment cards, website and practice booklet/leaflet which has been reworded. Patients can also email cancellation notifications</i></p> <p><i>The number of DNAs and lost appointments per month have be displayed in the surgery waiting room and it has been agreed that this data will also now be displayed on the TV screen in the waiting room to make it more visible.</i></p> <p><i>We will now consider implementation of an appointment reminder system via text message.</i></p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p><i>The use of the appointment cancellation line is gradually increasing week on week but the number of DNAs has not decreased noticeably.</i></p>

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*We have been unable to advertise the number of DNAs for December/January/February as the audits have not been undertaken due to pressure of work and therefore we are unable to determine the impact at the present time other than it was felt the post was not very visible. The wording and layout of the poster was changed but the data will now be displayed on the TV screen in the waiting room.*

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Priority area 2

Description of priority area:

*Improve telephone access to the Practice.*

What actions were taken to address the priority?

*Continued to encourage patients to use the 24 hour appointment cancellation line (as per priority 1).*

*Continued to encourage patients to email requests for sick certificates, letters and prescriptions via posters, Practice website and Practice booklet/leaflet.*

*We have continued to use of text messaging and email via NHS net to communicate with patients in order to free up the telephone lines.*

*We have continued to build a database of patient's consent to use text messaging and email. This was added to our New Patient Questionnaire.*

*Implementation of Vision Online Services has been completed and patients are being encouraged to register via posters and the New Patient Registration pack*

*Continued to encourage patients to telephone after 11.00 am for routine review letters*

*Restriction to the times when we will accept new patient registration application forms. These will not be accepted on Monday mornings and Friday afternoons which are the busiest times at the Practice. Dealing with new patient registration applications is a time consuming process and therefore takes the Receptionists away from answering the telephones.*

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*A patient self check-in system has been considered to free up the receptionists to answer the telephones but it was felt our elderly cohort of patients would not be able to operate such a system easily.*

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

*The use of the appointment cancellation line is gradually increasing week on week.*

*The option to email requests is very popular with patients and we now need to get the memory capacity on the email account increased to cope with the demand.*

*Vision Online Services has been implemented and the number of patients registering has vastly increased. Usage of online repeats and online appointments is increasing slowly.*

*We have only recently restricted the times when we will accept new patient registration application forms and therefore it is too early to determine the impact.*



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Priority area 3
Description of priority area: <i>Develop and publish a Practice Patient Charter to decrease the number of posters in the surgery waiting room and encourage patients to follow the correct policies and procedures.</i>
What actions <u>were</u> taken to address the priority? <i>Discussed with a representative from Bexley CCG and requested assistance. Researched other Practice Patient Charters and started to draft one for the Lyndhurst Medical Centre</i>
Result of actions and impact on patients and carers (including how publicised): <i>Due to the nature of this task, a lot of involvement will be required from a Practice representative and pressure of work has prevented this but it is something the Practice is keen to progress as quickly as possible.</i>

Progress on previous years

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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):

*Increase use of patient leaflets – all clinicians are able to print patient leaflets and we have wide range available in the surgery waiting room and consulting/treatment rooms.*

*Continue to display health promotion stands in surgery waiting room – general posters are displayed on the notice boards at all times and special displays are arranged for specific health promotion days.*

*Engage with voluntary sector groups that provide support to residents – a number of PRG members actively engage with voluntary groups and provide vital information to the Practice which can benefit patients.*

*Promote use of Lions Message in a Bottle and distribute – posters have been displayed and supplies have been obtained but distribution has been low. Promotion of this useful tool will be continued.*

*Speaking to a Doctor or Nurse on the phone - Increase awareness of telephone consultations and how they operate – The Receptionists encourage patients to book telephone consultations and this service is publicised on the Practice website, practice booklet/leaflet and posters in the waiting room.*

*Improve waiting times. The Receptionists have been instructed to tell patients when booking in for their appointment if the Doctor/Nurse is running extremely late in order that they can decide whether to wait or come back. The number of emergency situations on the Practice premises has increased which has compounded this issue.*

*Ease of Booking Ahead - Ensure that GP appointments are available for four weeks and Nurse appointments are available for eight weeks. The Nurses' appointments are available for 8 weeks in advance and the availability of GP appointments is dependent on the GP rotas being available in a timely manner. This has improved but towards the end of each month there are not four weeks of appointments available for GPs.*

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### Progress on previous years - CONTINUED

*Members of the PRG have representation on the Patient Council and have been able to give input to these meetings re concerns raised by the Practice such as major changes to services in Bexley ie withdrawal of District Nurses from Practice sites and subsequent changes made to the service, changes to the Out of Hours Service, withdrawal of the Walk-in Centre and Minor Injuries Unit and subsequent implementation of the UCC at Erith Hospital. Information ascertained from the Patient Council meetings has been fed back to the Practice via the members. The PRG members have been able to circulate information obtained re local services to other voluntary organisations.*

*The Practice has been able to communicate changes within the Practice to the PRG and explain the reasons behind these changes.*

#### 4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off:

How has the practice engaged with the PPG: YES

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

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

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

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

Do you have any other comments about the PPG or practice in relation to this area of work? NO