

Annex D: Standard Reporting Template

London Region [North Central & East/North West/South London] Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Watling Medical Centre

Practice Code: E83018

Signed on behalf of practice: 

Date: 30th March 2015

Signed on behalf of PPG: 

Date: 30th March 2015

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

| | | | | | | | | | | | | | |
|---|------|--|--|--|---|-----|-------|-------|-------|-------|-------|-------|------|
| Does the Practice have a PPG? YES | | | | | | | | | | | | | |
| Method of engagement with PPG: Face to face, Email | | | | | | | | | | | | | |
| Number of members of PPG: Committee of 12 including the Chair and two co-secretaries; wider interest group of 32 (used for demographic information below); virtual group who are kept informed by email of approx. 2000. | | | | | | | | | | | | | |
| Detail the gender mix of practice population and PPG: | | | | | Detail of age mix of practice population and PPG: | | | | | | | | |
| % | Male | | | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 48% | | | | Practice | 21% | 10% | 18% | 14% | 13% | 11% | 7% | 6% |
| PRG | 47% | | | | PRG | 0 | 0 | 0 | 7% | 10% | 24% | 31% | 28% |

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 | 34% | 2% | 1% | 17% | 1% | 1% | 5% | 1% |
| PRG | 52% | 3% | 0% | 7% | 0% | 0% | 0% | 3% |

| | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | |
|----------|---------------------|-----------|-------------|---------|-------------|---------------------------------------|-----------|-------------|-------|-----------|
| | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 16% | 2% | 1% | 3% | 3% | 9% | 2% | 1% | 1% | 5% |
| PRG | 17% | 0% | 0% | 3% | 7% | 7% | 0% | 0% | 0% | 0% |

- *Please note that percentages have been rounded up so the total may be more than 100%*

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:

All patients are informed about the Patient Group and its meetings and invited to participate via website, in the surgery (on notices and on information screens), via the newsletter, via a message on repeat prescriptions, by direct email and direct contact by clinicians and practice staff.

E mails were sent to all patients who have given an email address to attend the Annual General Meeting, where patients can find out more about the Patient Group

The email advertisement for the AGM was successful and attracted IT literate and elderly patients to the meeting.

The newsletter and other information are available in the surgery and are emailed out to patients. Initial engagement can be successful, however ongoing commitment to the group has proved more challenging for those who have other commitments such as work and family.

Please also see section below regarding specific characteristics of our Practice and local patient population, how we have engaged with them and measure we have taken to care for their specific needs.

The patient group includes patients who are frail and elderly, those who are parents and carers, wheelchair users, and living with a wide variety of conditions, including ischaemic heart disease, angina, diabetes, cancer, leukaemia, osteoporosis, osteoarthritis, vitamin deficiencies, anaemia, hearing loss, hyper-and hypothyroidism, kidney disease, liver disease, gout, depression, eye conditions such as cataracts and glaucoma, hypertension, asthma, high cholesterol, rheumatism, spina bifida, Crohn's disease and who have suffered a stroke. The patient group includes patients from a variety of social backgrounds.

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**

Notes from the JSNA – 2011 – 2015 report, relevant to our Practice

[http://www.barnetccg.nhs.uk/Downloads/Document%20Library/JSNA_2011 - Release version.pdf](http://www.barnetccg.nhs.uk/Downloads/Document%20Library/JSNA_2011_-_Release_version.pdf)

The population in the West GP Cluster Area is predicted to grow amongst all age groups but most significantly in the 10-14 (18%), 20-44 (20%), 65-69 and 90+ age groups (22% each).

Vulnerable Groups in our Practice Area

Groups who are typically vulnerable to a number of health issues. For example, three Mosaic Groups - 'Lower income workers in urban terraces in often diverse area', 'Residents with sufficient incomes in right-to-buy social houses', and 'Elderly people reliant on state support' – tend to be found close to each other within Barnet, such as along the A5 corridor.

These Groups have high levels of smoking and poorer diets than the Barnet average. They are also typically more diverse and consequently have unique health needs.

The Burnt Oak area scores highly for indices of Multiple deprivation (Income, Employment, Barriers to housing and services, living environment, health deprivation and disability, education and training, and crime)

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

successful:

Communication with Vulnerable groups

The JSNA stated that Communication with these Groups generally appear to be most positive when information is provided through local papers or face to face interactions, and similarly have a negative response rate when information is distributed through the post.

Innovative methods of communication with vulnerable patient groups

We have limited capacity to use the local press. However, we have attempted to hold coffee mornings and worked in conjunction with a local community group called LoveBurntOak, in order to engage vulnerable groups with social and health services.

We have used the flu clinics to target the elderly population and people with Chronic diseases.

Members of our patient group have been present at all these events to promote participation in the patient group.

The Community events were successful in reaching people from ethnic minorities and young families and promoting services available, but only partially successful in recruiting members to the PPG.

We have set up a “Wellbeing Service” to promote access to health and social care for vulnerable groups. All newly registered patients are assessed on their wellbeing using a questionnaire.

Housing Developments and Increase in list size

The two domains which have shown the greatest decrease in relative deprivation are Barriers to Housing and Services and Health Deprivation and Disability.

There are large housing developments close to our practice area and we are likely to need to cater for a rising list size with new registrations from these developments.

We have engaged with meetings held by NHS E regarding provision of healthcare to the new residents. There has been no communication from NHS E in the past year regarding these developments and we are awaiting opportunities for further engagement.

We have applied for funding to increase the capacity of our surgery to see more patients, in view of this rising list size.

Excess mortality associated with cold indoor temperatures

There is an increased relative risk of death relative to cold indoor temperature.

We believe that we are more likely to have patients who are will be exposed to cold indoor temperatures, and have therefore liaised with Public Health and promoted the Winter well campaign amongst our patients and those of local practices. We have coordinated “drop-in” surgeries with Public Health/Barnet Council at Loveburntoak’s premises.

Mortality Rates

Barnet residents have a longer life expectancy and reduced deaths from all causes, reduced deaths from cancer, reduced deaths from cardiovascular disease and suicide and reduced infant mortality compared to London and England.

There are likely to be higher rates amongst the more deprived population, but we do not have data on this in the JSNA.

The flu clinics were successful in reaching the elderly population and those with Chronic illness.

2. Review of patient feedback

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

During the year, feedback from complaints, NHS choices comments, Friends & Family Test reviews and National GP survey outcomes were reviewed with the patient group.

How frequently were these reviewed with the PRG?

These were reviewed at quarterly meetings with the committee and on a monthly basis with the Chairman of the group.

Action plan priority areas and implementation

| Priority area 1 |
|--|
| Description of priority area: Improving access |
| What actions were taken to address the priority? We are working towards separating reception from telephony and establishing a unified telephone system for the branch and main site at the main site (Burnt Oak) Change of telephone system to allow all calls to be taken at one site The aim of this is to develop a more efficient call handling process, directing patients to the most appropriate health care professional. It is hoped that if patients are directed to nurses and pharmacies when appropriate, there will be a greater availability of appointments with the doctors. The unified call centre will also allow improved training of our staff to get them all to higher standard, when working together on one site. We have stopped lunchtime closing, and the surgery is now open throughout the lunchtime period for patients. Work to premises to both sites to allow for greater number of staff to work at the main site and for both reception areas to be fit for purpose Recruitment of additional clinical staff (GP and nurse) Training of a practice nurse to become a Nurse Prescriber and then a Nurse Practitioner. This has given us a greater number of appointments for patients to be seen for Minor Illness We have appointed a new nurse in addition to this, so that there is greater capacity for the Nurses to manage chronic disease, and thus free up doctor appointments. We have worked with our Network to establish a network-led Minor Illness and dressings clinics on site and at local surgeries. This allows greater access to appointments for minor illness. It is hoped that fewer patients will attend the urgent treatment centres and will be managed in the local surgery. |

We have employed another doctor to provide appointments at times of identified need.

Staff training – telephone communication skills, dealing with challenging situations

Results telephone lines open longer, so patients are less restricted when they wish to call for their results

Weekly Alcohol Clinic at Burnt Oak site (alcohol worker from HAGA, working with BDAS)

Staff have been trained to identify problem drinkers, using a questionnaire. These patients can be booked into an in-house Alcohol service, which they prefer, as it allows greater privacy.

Greater use of technology to improve access to services:

SMS reminders for appointments and ability for patients to cancel appointments directly by text

Online appointment booking and cancellation in real time for all appointments which are also available by telephone

Online ordering of repeat prescriptions & launch of EPS2 electronic prescribing

Online viewing of some medical records, including immunisations, online for over 16s

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

The project to have a unified call centre is near completion, following changes to the telephone system and works to the premises to accommodate this, so has not yet been evaluated

Staff training is contributing to the staff being able to pass calls to the most appropriate team member

Patients are very pleased that they are able to attend the surgery during the lunchtime

Patients are able to access their results during a greater period of the working day and are less restricted

The Nurse practitioner is seeing a greater number of patients with minor illness and receiving positive feedback

The minor illness clinic allows us to offer many more appointments to patients than we were able to previously and relieves the pressure on the doctors

There is a greater availability of appointments for dressings, and fewer patients have to attend the Walk in centre for

these

We have an increased number of doctor appointments on a Monday and Tuesday, when our service was most stretched, following the employment of a new doctor

Patients are accessing the alcohol service and are good at attending their appointments because this service is convenient for them

The online and text messaging services were publicised to all patients before and during launch on the website and in the surgery and information is still available to patients. Receptionists and other staff also inform patients of these facilities.

Lunchtime (all day) opening was also advertised online and in the surgery and means patients can now access the surgery all day.

The impact of the changes regarding separating telephones and unifying the telephone system will be seen once the project has been completed. This requires further IT infrastructure and telephone programming but should be completed within the next couple of months.

We have more Doctor and nurse appointments available throughout the week, and also a wider variety of other healthcare professionals for patients to see at the surgery.

Doctor and nurse availability is published on the website

Updates to the action plan are provided at quarterly patient group meetings and in the annual Chairman's report. These are available on the website. We have produced "You said.....We did" posters in the surgery and for the website.

Priority area 2

Description of priority area:

Improving the navigation of patients to most appropriate service, within the surgery and externally

What actions were taken to address the priority?

Collaboration with Healthwatch Barnet to produce an information leaflet about local services which are available that may be more appropriate for patients than the GP

A community pharmacist attended the AGM of the Patient Group to talk about what pharmacists can do to help patients

Engagement of Pharmaceutical Advisor to review, advise and support patients with polypharmacy

Patient newsletter established in collaboration with the patient group advising of non-GP led clinics and containing self-help advice; the next edition will have an article by the pharmacist and the nurse practitioner.

Establishment of a Wellbeing service led by a Health & Social Care Navigator employed by the surgery to support patients affected by non-medical issues. This is designed to advise patients of varied sources of help through the community and voluntary sector. Patients may not need a health professional but need social support, advice, day centres, help for specific problems e.g. gambling and addiction

Collaboration with Barnet Council's Winterwell scheme to provide a drop in surgery for patients who are vulnerable during the cold weather, to advise about measure to take and financial support that is available. The Winter wellbeing service aims to reduce morbidity related to cold weather. We have used leaflets and targeted the elderly at flu clinics. Patients are given numbers to call for help with housing and heating issues

Reception training on wellbeing service, network led clinics and other services available; ongoing update regarding changes to e.g. nursing appointments

Ongoing participation in Minor Ailments Scheme (Barnet CCG pilot)

We actively promote the use of a local pharmacist to manage minor ailments and have been shown to be one of the more successful Practices on this scheme

Internal practice discussion regarding the appointment system and a decision to move towards GP triage, discussed with and agreed by the Patient Group. Work will be done to progress this project throughout the coming few months.

Improved skill-mix and capacity within the surgery through training and recruitment

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

Doctors have a leaflet to give to patients about all the various sources of medical help Out of Hours, as a result of the Healthwatch project. This has also been emailed out to patients and is available on the website.

The wellbeing service has managed many patients with complex social care needs and freed up doctor time

The winter well project has allowed us to give patients a helpline to get help with housing and cold weather issues, freeing up time in clinical appointments on these issues.

Patients are attending the local pharmacy for conditions such as verrucas, head lice and thus freeing up appointments

Doctors have been able to spend more time on clinical issues, as the wellbeing service helps patients with other social issues to find support and specialist advice

The information leaflet is useful for new patients in the area to understand the services available and to raise awareness of services such as NHS 111 for non-emergency medical issues outside of GP working hours

Nurse led clinics are being filled, allowing Doctors to focus on patients with complex medical conditions

Positive patient feedback has been received about the information leaflets and newsletter

The wellbeing service and all its resources are on the surgery website and we also have a facebook page with the information on it.

The impact of GP triage will only be seen once this has been implemented.

We have produced You said.....We did posters for the screens in the surgery and for the website.

Priority area 3

Description of priority area:

Improving communication with patients regarding the patient group, changes to services, personnel or systems within the surgery, and patient education about their conditions and how they can manage them better

What actions were taken to address the priority?

We have increased and are actively using our email distribution list to communicate with patients.

The list is attached to the clinical system so is kept up to date when patients leave or join

The newsletter and other important information is emailed to all patients for whom email addresses are held (except where they choose to opt out of such communication) through the patient group's email address

There are notices up in the surgery asking for up to date details and we also request these on new patient registration forms, however we will be more actively encouraging patients to provide us with their email addresses

Information on services is also displayed in the surgery, on screens and notices, on the practice website, in the practice leaflet and on repeat prescriptions, where appropriate

Healthwatch reviewed our website and made recommendations to make it more user-friendly. We are working on all of these recommendations.

An appointment information leaflet was created to help patients to book appointments, including those available online and bookable in advance; this is available online and in the surgery, and included in new patient registration packs

Patients were invited to a coffee morning, set up through the wellbeing service and in conjunction with Loveburntoak, a local third sector community organisation. Local organisations set up stands to let patients know about services relating to health and wellbeing in the local area. The wellbeing service has now been rolled out to our clinical network and is

holding an Easter family fair for local families on 8th April.

Members of the Patient Group attended the coffee morning and the surgery's flu clinics, held at weekends, to increase awareness of the patient group and encourage patients to engage with the surgery and have their voice heard.

A member of the patient group is working closely with the Wellbeing Service and the Nursing Team to establish patient education and support groups. This is an ongoing project and will be progressing in the coming months.

We also have messages on the phone system relating to new ways of ordering prescriptions online and booking appointments, and can let patients know of other changes via this method.

We need to continue to work on finding effective ways to communicate with and engage with as many patients as possible.

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

There was a fantastic turnout at this year's patient group AGM; we have continued to grow engagement from patients, from two patients attending two years ago, to 16 last year, and 26 this year, plus 5 members of staff. All bar one of the patients who attended the AGM of the patient group had heard about the meeting via email, which shows this has been an effective method of communicating with and engaging patients.

The impact of the patient education and support groups will only be evident once these have been established.

We have produced You said.....We did posters for the screens in the surgery and for the 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):

Following on from the 2012 action plan, the practice leaflet was updated and the website was changed. The leaflet is constantly reviewed and we have positive feedback from a Healthwatch Barnet review of our website, which led to us changing some parts of the website; we have also listened to the patient group and are considering whether we need to update the website any further to improve the style and functionality for users.

Issues from the 2013 action plan mainly related to reception training. This has been ongoing and although there are always some comments that people find difficulties with reception staff, the vast majority of feedback through NHS choices and Friends and Family Test has been overwhelmingly positive. Most patients recognise that the receptionists have a difficult, often stressful job and that they are doing their best to help the patients. Most patients report that they consider reception staff to be helpful, friendly and capable.

There were several issues raised in last year's action plan, many of which have been worked on throughout the year:

- **Reception remains open at lunch times**
- **Test results are available all day after 11.00 am**
- **Stanmore surgery reception desk has been redesigned and the area rearranged; Burnt Oak back reception area has been transformed allowing calls to be taken away from the front desk**
- **The telephone system is being upgraded to allow for more flexible hours, with more staff answering calls at peak times to free up reception;**
- **Appointment bookings on line are 'real time', so patients can see and accept the same vacancies as receptionists**
- **Open days have been held in Burnt Oak**
- **The email database is growing and SMS messaging introduced**
- **The patient Newsletter has been established**

Looking forward to next year, the areas that we would consider as priorities for the next 9-12 months are:

- 1) **Separating phones from reception and taking all calls on one site and GP triage for improved flow and navigation of patients and improved access**
- 2) **Making the patient facing spaces more user-friendly, comfortable and effective (i.e. website, waiting and display areas)**
- 3) **Increasing engagement with harder to reach patients, increasing the email distribution lists and other ways of communicating with patients and developing the collaboration between the surgery and the PRG further to meet the needs of the wider patient population through the establishment of patient education and support groups for vulnerable patients.**

3. PPG Sign Off

Report signed off by PPG: YES



Date of sign off: 30.3.15

How has the practice engaged with the PPG:

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

Doctors and nurses have contacted patients directly and asked them to become involved with the group; texts and emails are sent to patients, allowing for greater contact than was previously the case. Information is displayed on posters and information screens at the surgery, on the website, on repeat prescriptions and is taken by Doctors on home visits where appropriate.

All patients are invited to attend the annual general meeting of the patient group and to put themselves forward for more active membership. The patient group has its own email address and patients are informed on the website and in the newsletter to contact the patient group if they wish to contribute any comments or suggestions. The patient group had a presence at the surgery's flu clinics and at the Open Morning at a local community centre, organised by the surgery, to raise awareness of the group and to encourage participation and interest from those attending.

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

Yes, feedback is received via complaints, comments and suggestions addressed informally to practice staff and more formally to the Practice Manager; feedback is also left on the surgery's NHSchoices website and received through the Friends and Family Test. The national GP survey is another tool that the practice has used to assess how patients feel about the services provided.

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

Yes. In discussions at quarterly meetings, in closer discussions with the Chairman and other interested parties and by email with the group.

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

There have been a large number of positive responses and a reduced number of complaints regarding issues relating to the priority areas identified. There is now increased access at lunchtimes, attendance and engagement at patient group meetings, increased options and services available to patients, help for patients and carers to navigate the services available, increased support via the wellbeing service for patients and carers with social issues, increased availability of appointments for dressings and minor illness, and more time for the Doctorsto see patients with complex medical issues. More patients are now aware of the changes and services available as these are advertised on information screens in the surgery, the website and sent out directly to patients via email.

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

The patient group and the practice have established a very good working relationship. The practice feels at ease in sharing proposals with the patient group and the patient group is a critical friend of the practice. The practice and the patient group discuss openly and honestly regarding services available and the viability of changes. The partnership is very constructive and forward-thinking. The patient group informs and often instigates discussions regarding potential changes within the practice. The patient group is informed about and helps to shape the way that changes are made and is part of the decision-making process.

Many of our patients who are less well represented have difficult social circumstances and may lack confidence in contributing, as well as having to use a second language, and all these factors create difficulties for them in engaging with a formal group. Pressures of employment also leave people very little time to engage in additional activities. The ethos of the Practice is that we are very patient centred, and through our daily encounters with these more vulnerable patients, we will attempt to be their advocates if they are unable to engage with the group.

WMC-PRG Constitution, WMC-PRG Patient Newsletter, WMC-PRG Minutes from Meeting 26th February 2015,
WMC-PRG Chairman's Report, WMC "You said... we did..." Poster: <http://burntoak.watlingmedicalcentre.co.uk/patient-participation>

WMC/Healthwatch Local Medical Services Leaflets – Burnt Oak <http://burntoak.watlingmedicalcentre.co.uk/admin/resources/wmc-local-medical-services-burnt-oak.pdf> & Stanmore <http://stanmore.watlingmedicalcentre.co.uk/admin/resources/1427359538-wmc-local-medical-services-stanmore.pdf>

Watling Wellbeing Service: <http://burntoak.watlingmedicalcentre.co.uk/wellness-service>