

## Patient Participation: Standard Reporting Template

London Region North West Area Team

Practice Name: Heathrow Medical Centre

Practice Code: E86637

Signed on behalf of practice: *Dr MN Rajan*

Date: 29 March 2019

Signed on behalf of PPG: *PPG (Heathrow Medical Centre)*

Date: 29 March 2019

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

Does the Practice have a PPG? <b>YES</b>
Method(s) of engagement with PPG: Face to face, Email, Other (please specify)  We have face to face meetings, emails and by telephone. <ul style="list-style-type: none"><li>• Practice leaflet</li><li>• Information on the screen in the awaiting area.</li><li>• Displaying poster.</li><li>• Face to face meeting.</li><li>•</li></ul> Our aim was to get a representative from all age and ethnic groups.
Number of members of PPG: 12

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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: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>52%</td> <td>48%</td> </tr> <tr> <td>PRG</td> <td>38%</td> <td>63%</td> </tr> </tbody> </table>	%	Male	Female	Practice	52%	48%	PRG	38%	63%	<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%;">&lt;16</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>22%</td> <td>10%</td> <td>17%</td> <td>16%</td> <td>14%</td> <td>11%</td> <td>6%</td> <td>4%</td> </tr> <tr> <td>PRG</td> <td>0%</td> <td>0%</td> <td>19%</td> <td>6%</td> <td>31%</td> <td>19%</td> <td>25%</td> <td>0%</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	22%	10%	17%	16%	14%	11%	6%	4%	PRG	0%	0%	19%	6%	31%	19%	25%	0%																																										
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<p>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:</p> <p style="margin-top: 20px; color: #000080;">This year the practice has a total Patient Participation Group (PPG) membership of 12. The members were also fairly well represented of the practice population. We displayed posters and LED messages welcoming interested patients to come forward. We also actively invited members who were underrepresented groups when they visited the practice and during new patient registrations. In addition, we looked for members with the skills to represent the wider community rather than their own personal interest. Our PPG members also have a variety of occupations and backgrounds.</p>																																																																															

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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:

N/A

### 2. Review of patient feedback

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

Practice survey, FFT, complaints, significant events, practice experience. We also extracted data from our own clinical and information systems eg, Consultation rates, DNA rates, call volumes etc.

How frequently were these reviewed with the PRG?

These are formally reviewed at least 2-3 times a year but we informally discuss issues with members monthly.

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### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Practice to remain focused on providing excellent clinical care – This means we need to balance contractual requirements and time needed for individual needs such that we provide the best quality of care.</p>
<p>What actions <u>were</u> taken to address the priority?</p> <p>We continue to invest significant time and resources in collaborating with local practices to ensure the practice has a strong and sustainable future for all patients.</p> <p>We have <u>improved our monitoring of patients with long-term conditions</u>. This work has been ongoing for the past two years and has to date identified a further 155 patients who were not formally recorded as having long-term condition and a further 83 who needed further assessment. By identifying our true practice prevalence, we can ensure all patients receive appropriate follow ups and receive the very best clinical care.</p> <p>Our <u>construction of 4 additional rooms are complete</u> and is being used regularly by our doctors, healthcare assistant, community mental health nurse. We are working with other organisations to help co-ordinate and improve overall care even further.</p> <p>We <u>work with new care connection teams</u> (CCTs) to support patients (over 18) with additional needs with a view to prevent emergency hospital admission. These personalised “care plans” provide additional help to those who need co-ordinated care across different services.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The above actions have both directly and indirectly improved quality of care provided by the surgery.</p>

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Furthermore, we have provided many additional detailed care plans to older patients with complex needs. This has improved the overall support these people receive with a view to allowing them to live a more independent life and prevent emergency hospital admission.

We have publicised these on the practice notice board and website (PPG summary 2018-19)

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### Priority area 2

#### Description of priority area:

Practice to improve availability of appointments. Most complaints are about appointment availability on a timescale requested.

#### What actions were taken to address the priority?

We continue to offer appointments at one of three hubs where appropriate.

We have trained practice nurse and healthcare assistant to support management of patients with long-term conditions.

We are training care navigators to better signpost patients to other appropriate resources available in the community that may be better suited than a GP appointment (eg, Nurse, Health care assistant, mental health services, pharmacist, voluntary services etc.). This will allow increased capacity for doctors so that the patients are directed to the most appropriate service.

We are training clinical administrators to process clinic correspondence so that the doctors spend less time with admin and have more time with patients.

Our telephone system allows patients to cancel an appointment 24 hours a day by simply leaving a voice message. This is estimated to releases 2-3 appts per day of extra capacity. We also display monthly DNA rates in the waiting room.

We have begun working on establishing multimorbidity clinics. These clinics will allow patients with multiple long-term conditions to be better managed as an individual rather than a condition eg. We currently manage those diabetes, COPD and Heart failure separately. We hope this will reduce the need to attend the surgery on multiple occasions for multiple conditions.

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

A recent survey of all patients using the HUB shows that all would recommend the service to their friends and family. We are finding that there are many patients are requesting urgent appointments for convenience rather than clinical need. In these cases we may not be able to meet everyone's expectation.

This was publicised on the practice notice board and website (PPG summary 2018-19)

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Priority area 3
<p>Description of priority area:</p> <p>Complaints typically involve patients feeling that reception staff are unsympathetic and rude.</p>
<p>What actions <u>were</u> taken to address the priority?</p> <p>We extended in-house training for staff and provided clear guidance on triage of emergency appointment and telephone appointments. We reviewed the alternative options offered by receptionist if the appointment requested is not available. We are participating in the receptionist apprentice training programme We have designed the reception area such that it is open and welcoming and no unnecessary barriers in place.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>We are now able to offer more available options to patients tailored to their need who are unhappy with staff or the service. Improved reception customer care skills will help avoid conflict and complaints at reception. There is generally a positive experience at reception, this is seen on practice survey and the new friends and family test. However, there is still the occasional negative experience, and we always aim to investigate reasons to prevent similar problems in future. This was publicised on the practice notice board and website (PPG summary 2018-19)</p>

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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):

In previous years

1. We reviewed booked telephone consultations. Now this is liked by patients and we are expanding this.
2. We reviewed test results by txt, but unfortunately it caused a lot of anxiety and so we have stopped this.
3. We reviewed online access. Now this is liked many patients, particularly those working and we are now actively promoting this to all patients.
4. We have applied for premises extension to increase capacity of services
5. We have implemented a new telephone system that allows better call management and reporting. Also ability to cancel appts 24 hours a day.
6. Online access also allows patients to request repeat medication
7. We investigated the possibility of proving bloods services, but funding was not available. However, we are continuing to review other options of providing this through our GP network.
8. We constructed a porch to help provide shelter for improved waiting space for those accessing reception
9. We provided automated check system to help reduce long queues for reception.

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### 4. PPG Sign Off

Report signed off by PPG:

**YES**

Date of sign off: 29 March 2019

How has the practice engaged with the PPG:

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

For seldom heard groups we actively target involvement and feedback, either by clinical or admin staff.

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?

We have improved access by good telephone triage. We offer detailed care planning by health and social care co-ordinators.

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

We are pleased to work with our PPG to improve services even further at the Heathrow Medical Centre.

Complete no later than 31 March 2019