

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: **CLERKENWELL MEDICAL PRACTICE, Finsbury Health Centre, Pine Street, London EC1R 0LP**

Practice Code: **F83624**

Signed on behalf of practice: **Dr Peter Baines & Deborah Snook** Date: **30/03/2015**

Signed on behalf of PPG: **Joyce Willcocks & Tony Whitehead** Date: **30/03/2015**

1. Pre-requisite 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, Other (please specify) Face to Face & Email & sms, including electronic & paper surveys,												
Number of members of PPG: Practice list = 9435 (all ages), Email list = 3102 (aged 16+), Virtual Patient Group = 18, Physical Patient Group = 7 [the practice also has the mobile contact details of 6935 patients aged 16+]												
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:								
%	Male	Female		%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	52.2%	47.8%		Practice	11.8%	19.8%	30.0%	17.4%	11.2%	5.3%	2.7%	1.9%
Email List	45.9%	54.1%		Email List	0.1%	38.2%	34.4%	12.7%	8.2%	4.0%	1.9%	0.5%
Virtual PPG	33.3%	66.7%		Virtual PPG	0%	6%	6%	11%	22%	28%	22%	17%
Physical PPG	43%	57%		Physical PPG	0%	0%	0%	0%	0%	29%	43%	29%

Detail the ethnic background of your practice population and PPG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	33%	2%	0.02%	26%	1%	1%	1%	2%
Email List	31%	2%	0.02%	28%	1%	1%	1%	1%
Virtual PPG	61%	6%	0%	11%	0%	0%	0%	0%
Physical PPG	100%	0%	0%	0%	0%	0%	0%	0%

	Asian/Asian British					Black/African/Caribbean/Black British			Other		Ethnic category not stated
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other	
Practice	3%	1%	2%	6%	3%	5%	1%	3%	1%	7%	2%
Email List	6%	1%	1%	11%	3%	2%	1%	1%	1%	8%	3%
Virtual PPG	6%	0%	6%	0%	0%	0%	0%	0%	0%	6%	6%
Physical PPG	0%	0%	0%	0%	0%	0%	0%	0%	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 practice keeps itself aware of its demographic with currently 33% of people identifying as White British & 26% identifying as Other White, the remaining is spread over a range of ethnicities with Chinese & African being the largest at 6% & 5% respectively. Our gender balance has shifted this year to slightly more men than women and the practice has quite a young age profile due to a large cohort of students. The practice has also reflected on the local Joint Strategic Needs Assessment for the Clerkenwell Ward. This highlights characteristics other than the standard demographics for the area. For instance Clerkenwell ward has more crime than other areas of Islington. 63% of working age people are employed, this is 4% lower than Islington & 6% lower than London. The level of unemployment at 6% is 1% lower than the Islington & London average.

5% of people are not working due to long term sickness or disability, 3% are looking after home & family. The Finsbury area which encompasses Clerkenwell has more child poverty than other areas of Islington and 52% of secondary school pupils have English as an additional language.

The practice attempts to canvass opinion from as many groups as possible but it also recognises that not all groups wish to feed back in the same way.

CMP Patient Group is both a physical and virtual group & an email distribution list. The Practice also has the ability to communicate by sms with 6935 adult patients. The practice has been inviting patients, newly registered & established, to join the group & has been collecting email addresses from as many patients as possible to facilitate both face-to-face and virtual discussion. In March 2014 the practice had 1600 email addresses, in March 2015 this stands at over 3000.

Patients are asked if they want to join the PPG. Forms are available at the reception desk & on line, the form gives the option of becoming a member of the physical group and/or the virtual group.

<http://www.clerkenwellmedicalpractice.org.uk/patient-group/application-to-join-the-patient-group/>

The PPG is advertised in reception area, on our Jayex board and is advertised on our website which has an online sign-up form. Clinicians also, when appropriate, let patients know about the group & gather 'soft' feedback.

New patients are made aware of the PPG. Information is given in their registration packs. We also collect email & mobile telephone numbers at registration.

Practice asks patients for an email address so they can be communicated with electronically.

Practice asks patients for mobile numbers so they can be communicated with by sms.

Surveys are distributed by hand in the surgery and links are sent via email and sms to various groups of patients.

Each survey (exception the Friends & Family Test), including the online survey, has a description on the PPG and how 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? **YES**

Among our patients we have a large group of students, a group of Turkish-speaking patients & a group of Chinese patients.

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

Large student population. New students are asked to if they want to join the PPG. Information about the PPG is given in their registration packs. The Nurse at City University has information about CMP PPG. We have a register of patients living in the local hall of residences, currently 704 students of which we have a mobile contact for 85% and an email address for 76%. It is recognised that this group of patients may prefer to give feedback via electronic means. Links to electronic surveys are sent out via sms & email.

Turkish speaking patients. We have a Turkish speaking clinician who gathers soft verbal feedback from this group of patients & asks highlights the PPG to them. (We approached our Turkish speaking patients on behalf of the CCG to help work with the CCG to produce diabetes information materials – this has been done & published).

Chinese patients we have a Hakka-speaking doctor who likewise tries to engage with our Chinese speaking patients. 11% of our email list identify as Chinese ethnicity while making up 8% of overall practice demographic.

We still need to increase the diversity of our virtual & physical PPG and will continue to think of additional ways to engage with groups. Also Carers who are registered at the practice are targeted by our routine PPG recruitment/feedback methods. However the practice is looking at ways to involve carers of our patients who are themselves not registered with us.

2. Review of patient feedback

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

The Practice has had 4 physical PPG meetings in 2014-15 where feedback is gathered from the members and also from the virtual group prior to the meeting where possible.

The Practice & the PPG have reflected on a range of other feedback :

The Friends & Family Test (FFT) results & comments were reviewed. An Additional question asking how the practice can be improved is on our online FFT form.

The practice reviews complaints in detail & the PPG reviewed the over-arching themes and topics.

A large practice survey was carried out at end of 2013-14 & reviewed.

A survey focused on the 2014-15 Priority Areas & action plan was carried out at the end of 2014-15.

Smaller surveys have been run – including a survey on Access.

Revalidating GP's send out surveys – not reviewed by PPG

NHS Choices comments are reviewed & answered by the practice & were reviewed by the PPG. There is a link to NHS choices feedback page on our website.

There is a feedback panel on our homepage that links to our nhs.net email account.

General feedback given to clinicians is reflected on by individuals and shared in clinical meetings. Any surfacing themes are shared with the PPG.

The reception team reflect on any reception specific feedback in their weekly team meeting.

At each PPG physical meeting we review any issues raised by members.

The minutes of the PPG physical meetings are posted on the website.

How frequently were these reviewed with the PRG?

The Priority Areas & action plan are reviewed at every Physical Patient Group meeting (there were 4 physical meetings in 2014-15) and any 'soft' feedback is discussed.

The patient group normally has a survey/feedback focused meeting once each year. In 2014-15 the physical PPG did a full feedback review at a meeting on 25/03/2015. (the previous review meeting was in March 2014)

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>1) Types of appointment including length. This area was chosen in order to see whether by adjusting the types of appointment an increase in capacity & experience for both patient and clinician could be achieved.</p>
<p>What actions were taken to address the priority?</p> <p>Discussions around different appointment options & possible issues relating to these were held with clinicians & staff (at practice away day) and then the PPG.</p> <p>Discussed with the CCG at board link visit that telephone consultations did not always appear in practice appointment statistics because these are recorded in different ways by different clinicians. It was agreed that the practice would account for telephone consultations in a more methodical fashion.</p> <p>To Increase the number of telephone consultations available. Duty doctor has list of telephone consultations at end of each surgery. Doctors have additional telephone appointment slots if that is the patient's preference.</p> <p>Surveyed patients concerning their current use of appointments, their experience of the current appointment options & what they think of a possible 5 minute express appointment.</p> <p>Surveyed patients on their experience of this shift to optional telephone consultations</p> <p>The practice will fully reflect on the results of actions & feedback & adjust actions accordingly.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p>

Telephone Consultations

The practice has increased the number of telephone appointments offered. In a targeted survey 60% of patients surveyed had used the 'doctor call back/telephone consultation' option of these 93.9% of rated it Good or better.

This compares to

84.8% of patients rating the 'Urgent on-the-day appointment' as good or better.

87.8% of patients rating the 'pre-bookable' appointments as good or better

Patients think:

DC says *'I think telephone consultations are brilliant'*

Anon says *'...I've only used the Dr call back prob about twice and it's been extremely ideal'*

Anon says *'I think the idea of a telephone consultation a terrible one.'*

5 minute express appointment option

79 Patients were asked 'Would you find an 'express' appointment of 5 minutes useful for urgent single-issue problems?'

48.1% Said Yes, 31.7% Said No, 20.3% said No preference.

Patients think:

Anon say *'Very good'*

Anon say *'Only in some cases...'*

Anon said *'Its not long enough'*

Anon said *'...it might be easier to discuss 5 minutes issues by phone'*

We will publicise results by:

There is a page on the website describing the types of appointments. Including telephone consultations. This is updated as changes are made.

This report will be posted on the website & be available in reception.

The survey results will be posted on the website when fully analysed.

Any new appointment options will be highlighted on the Jayex board.

Receptionists signpost patients to all new & established appointment options when booking.

The survey itself was also used as a means of communicating the practice priority areas & appointment pilot schemes.

A link to this report will be emailed to patients, the local Healthwatch & the Clinical Commissioning Group (CCG)

Priority area 2

Description of priority area:

- 2) **Improving the fabric of reception. Liaising with NHS Property Service and looking at the functionality of reception including the lights, video, noticeboards, seating areas, toilets & redecoration.** In the 2013-14 action plan it was agreed to feed patients concerns about the building to the centre manager. Which was done. The PPG decided that for 2014-15 it would be good to pursue specific improvements to the reception area.

What actions were taken to address the priority?

- 1) **Practice Manager to have a meeting with centre manager to discuss building issues. Some issues are complicated by the building being Grade I listed and under English Heritage.**
- 2) **Ceiling in reception has been repaired.**
- 3) **Women's toilet area a dirty waste store has been removed from within this area.**
- 4) **Asbestos removal programme is underway.**
- 5) **Discussions have been underway about the structure & position of the reception desk & the glass screen between staff & patients. However the reception desk is a shared resource used by 2 other organisations and as yet there is no consensus between organisations & the building management as to a way forward.**
- 6) **English Heritage would like to reinstate the murals that are hidden under the paint on the back wall of the reception area. The practice while feeling restoring the building to its former glory is a good thing thinks that perhaps the prioritisation process needs revising with improvement to the toilets & lighting in reception being of greater priority for the patient experience of the building.**
- 7) **Survey patients about their current experience of the building and ask them to prioritise a range of actions to improve the reception area.**
- 8) **The centre manager has been invited to come and talk to the PPG on 10th June 2015**
- 9) **The results of the survey & comments will be passed to the building management.**

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

- 1) **The Practice Manager met with the centre manager. The building user group has been re-established. Finsbury Health Centre is a multiuser building with many organisations sharing facilities. The re-establishment of this group should improve communication & perhaps increase the weight of the requests for improvements.**
- 2) **The cleaners do a deep floor clean much more frequently.**
- 3) **Slightly improved reception area due to replaced section of ceiling**
- 4) **Slight improvement to women's toilet.**
- 5) **Current Patient survey results**
 - a. **only 49.3% of people rated the toilets good or better. 70% of people rated their experience of the reception desk good or better. 70% of people rated their experience of the seating area good or better. 82% patients rated the practice clinical rooms good or better.**
 - b. **Asked to prioritise a range of improvements there was a range of priorities but 'Improve patient toilets' seemed to be the main top priority for those who had one, with 'Redecorate Reception area' being the next highest priority.**
 - c. **The lowest priority seemed to be 'Re-instate covered over murals' and 'Get information video screen working'.**

Patients think:

Anon said 'Reception areas need a makeover toilets need updating and redecorating'

Anon said 'The toilets are awful. Really really need a refurb. They look dirty and the amenities are ancient'

Anon said 'I like the building'

Anon said 'Could do with replacing broken windows and tidying a little'

Publicised by: This report will be posted on the website & be available in reception. Updates are discussed at the physical PPG meetings and the minutes posted on the website.

The survey results will be posted on the website when fully analysed. Important messages are posted on the Jayex board in reception and on the video screen (when working). Poster space is very limited in the reception area. The survey itself was also used as a means of communicating the practice priority areas.

A link to this report will be emailed to patients, the local Healthwatch & the Clinical Commissioning Group (CCG)

Priority area 3

Description of priority area:

3) Upgrading and migrating to a new website.

What actions were taken to address the priority?

(A lot of this work had to be done in the background as it was not possible to migrate to the new website before the 2013-14 PPG appeal had been processed & we had been notified of the outcome. This was because this related to a link to a page of the old website. This did not happen until 21/11/2014. The new website went live as soon after this date as possible)

The practice website lead worked with the website designer to try and create a fully functioning accessible website. Prior to launch PPG members helped work on and commented on page content. After the new website was launched and PPG members were asked to review and see what they thought of the functionality.

The wider patient groups were asked what their experience of the new website has been.

The wider patient groups were asked about the functionality of online services.

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

The PPG were fairly happy with the website after various adjustments.

68% of people surveyed were aware you could book an appointment via the website

51% had booked an appointment on line and of them 79.5% rated it as good or better

57% of people surveyed were aware you could order repeat prescriptions via the website.

31% had ever ordered a prescription on line and 92% rate it as good or better.

39% of people had never used the website. 87% of those who had used the website rated the information on it good or better. 83% rated the ease of use of the website as good or better.

93% of those surveyed who took part in our online registration pilot rated it good or better. However the number of respondents is small.

The practice will continue to refine the website.

Patients said

Anon *'Sometimes much simpler & plainer would be better, clear bold information that renders quickly.'*

Anon *'It looks better but have not used enough to answer'*

Anon *'Very American looking site. I don't think those photos were taken locally!'*

Publicised: On jayex board, new website replaced old website link so seamless transition. This report will be posted on the website & be available in reception. Updates are discussed at the physical PPG meetings and the minutes posted on the website. Important information is posted on the jayex in reception and video screen (when working). The survey itself was also used as a means of communicating the practice priority areas including the new website.

Priority area 4

Description of priority area:

- 4) Maintaining a good experience of the reception team.** Improvement to the reception team was in last year's action plan and this was implemented but it was felt that the reception team are such an important part of the patient experience that we would add this as a 4th priority.

What actions were taken to address the priority?

Ongoing training

Additional specific trainings relating to Cancer Awareness .

Training relating to people with personality disorder & conflict avoidance.

Ongoing peer to peer training. Information governance online training. Peer mentoring.

**Ongoing reflection on feedback in reception team meetings.
Recording of telephone conversations for training purposes.**

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

Comments from PPG suggest there has been improvement in reception experience both on the phone and in person.

Comments on FFT also suggest that reception experience is positive with a few exceptions.

Survey:

How would you describe the receptionists:

Warmth of greeting: 69% described this as good or better

Ability to listen: 73% described this as good or better

Clarity of Explanations: 74% described this as good or better

To friends & family: 69% would describe them as good or better

How would you describe your experience of booking appointment face-to-face: 81% described this as good or better

How would you describe your experience of booking appointment by phone: 70% described as this good or better.

Quotes:

Anon: 'They are very good and polite I like them'

Anon: 'Need to be more friendly, acknowledge people if they are too busy to deal with them right now...'

TW: '... her telephone manner is very good'

Publicise:

This report will be posted on the website & be available in reception. Updates on our priorities are discussed at the physical PPG meetings and the minutes posted on the website & distributed to the virtual group. Full survey results will be available on the website when fully analysed. The survey itself was also used as a means of communicating the practice priority areas. A link to this report will be emailed to patients, the local Healthwatch & the Clinical Commissioning Group (CCG)

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):

Clerkenwell Medical Practice Action Plan 2013-14 (Agreed by Patient Reference Group on 12/03/2014)

1) Reception – Update an ongoing programme of learning has been implemented for reception team. PPG report improvements in reception experience but it was agreed with the PPG that this item would also carry forward into 2014-15 Action plan.

a) Reception Team to use comments on the survey to facilitate learning. **Update: This is done in weekly team meeting.**

b) We will access additional training where needed. **Update: team are freed-up to access training where possible.**

c) Due to the physical structure of the front desk we will trial not asking the reason when booking appointment (traging to the right team member) at the front desk. This will then be reviewed to see if patients are booking themselves with the right team member. But we will continue to triage phone requests for appointments. **Update: Complete. This has been implemented.**

d) We will look at the way reception asks patients about the reason for their visit. **Update: Work has been done on phrasing & tone of voice. TW member of PPG indicated that the telephone manner of receptionists is now good.**

2) Online Booking. This received high approval but awareness seems to have declined slightly & there seem to be occasional technical difficulties.

a) We will highlight this option to new patients at registration & existing patients – **Update: Patients are signposted to this option at registration & on Jayex.**

b) We will raise with EMIS the issues some patients have flagged. **Updated: EMIS was made aware of the issues & said it might relate to new software updates.**

i) That it is sometimes unstable & cancels a patient's password. **Update: This issue appears resolved. As reported by PPG**

ii) It is not possible to book a second appointment once you already have an appointment. We will ask if it is possible to change settings so it is possible to book a nurse appointment if you have a doctor's appointment & vice versa & also if it is possible to book an urgent appointment if you have an advance booking already. **Update: Patients can now have 2 separate appointments. PPG members have verified this.**

iii) We will change the settings so patients can book double appointments online for a trial period and will monitor if this compromises availability. **Update: This change has been delayed as there are concerns it could destabilise the access appointments. It will be considered as a pilot at a quiet time of year.**

3) Clarify available appointment types (to help patients self-triage) – Update: The new website has a 'Types of Appointment' page which clearly explains the types of available appointments <http://www.clerkenwellmedicalpractice.org.uk/appointments/types-of-appointments/>

a) We will provide clearer explanation regarding the different types of appointment/ways to contact your GP including; urgent same-day appointments; 48hour advance appointments; routine appointments; call back telephone appointments. These will be clearly defined on the new website when up & running. **(see above)**

4) The Building –Update: The following issues were fed back to the building manager who in turn has fed them to the managing organisation.
a) We will raise with our landlords (NHS Property Services Ltd) the issues highlighted about the state of the building. Particularly
i) The patient toilets score poorly and many comments state that they smell.
ii) The lighting in reception is very dim.
iii) People feel the building & windows are shabby.
5) Future services in Islington – pass on the comments from Q19 to Islington Clinical Commissioning Group and highlight to them that their profile still needs raising as some patients still do not know who they are. Complete. Email sent to CCG & fed back verbally & acknowledged.

4. PPG Sign Off

Report signed off by PPG: YES
Date of sign off: 30/03/2015
<p>How has the practice engaged with the PPG: The Practice has had face to face patient group meetings throughout the year and used the virtual patient reference group list & email list for electronic communication/feedback. The practice has also encourage attendance of its patients at the local CCG PPG meetings and engagement in CCG consultations & engagement (eg for the new out-of-hours/NHS111 procurement, letting members know about the meeting & also circulating the engagement survey). The practice has fed back on to its own PPG on CCG PPG meetings and regularly fed back on the progress of Care.data which is something the PPG is concerned about. The content of the Annex D template was agreed at the physical PPG meeting on 25/03/2015 with final amendments subsequently agreed & signed off by email.</p> <p>How has the practice made efforts to engage with seldom heard groups in the practice population? The practice has used electronic methods to communicate with the large student population & other registered patients. The Turkish-speaking clinician gathers & passes on feedback from Turkish cohort of patients. The practice has a Hakka-speaking doctor who likewise gathers feedback from Chinese patients when appropriate.</p>

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

The practice has reviewed & responded to NHS choices feedback, reviewed Friends & Family Test feedback, reviewed complaints, and run surveys relating to access & the priority areas.

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

Yes, areas 1-3 were agreed at a physical PPG meeting on 25/06/2014, the 4th area (Maintaining a good experience of the reception team) was agreed to be added on 01/10/2014 following sign-off of the 2013-14 action plan as complete. The 2014-15 action plan is updated and reviewed at each physical PPG meeting.

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

The practice is trying hard to engage the building management to improve the fabric of the building. It does appear that some works are being carried out on the building. Any improvement to the building will have a positive impact on patients and ensure the building remains sustainable.

The appointment structure is constantly being reviewed to improve experience for both patient and clinician and the increase in use of telephone appointments seems a positive thing.

The website has been totally overhauled. It still needs fine tuning but is an improvement.

The reception team are working well now. They are the frontline representation of the practice and have a big impact on the patient experience of the practice.

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

DC: *'I very much appreciate all the improvements already made. I find it very helpful to know how a practice is run. What I would be keen to see are major improvements to the building but understand this is out of the control of the practice.'*

EW & JW: *"The patient members of the PRG wished to record their appreciation of the warmth and seriousness with which the medical and administrative staff members of the PRG brought to the meetings, which they saw as representative of the Practice as a whole"*