# 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: Twickenham Park Surgery

Practice Code: H84048

Signed on behalf of practice: Date: 28.3.15

Signed on behalf of PPG: 171. Chatterly

Date: 28.3.75

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, Other (please specify): Face to Face, E-mail and telephone.

Number of members of PPG:13

Detail the gender mix of practice population and PPG:

%	Male	Female	
Practice	3355	3583	
PRG	5	8	

Detail of age mix of practice population and PPG:

%	<15	15-25	25-35	35-45	45-55	55-65	65-75	> 75
Practice	1475	477	999	1517	1095	567	429	379
PRG	0	0	0	3	3	4	1	2

Detail the ethnic background of your practice population and PRG:

			White			Vixed/ multiple eth	nic groups	
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	3337	155		1603	21	29	142	137
PRG	9	1						

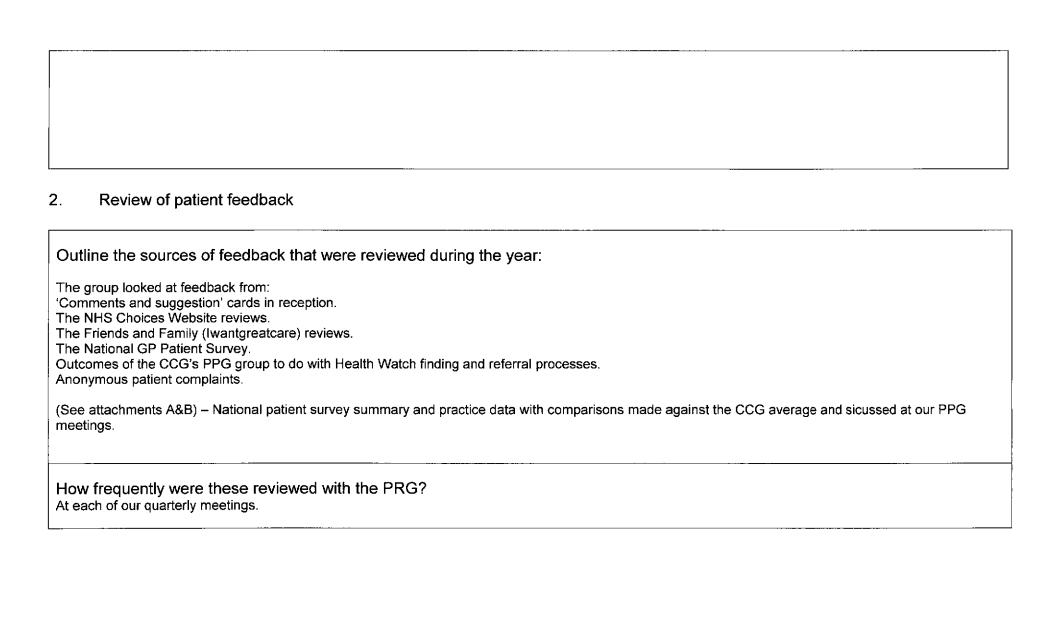
		Α	sian/Asian British			Black/Afri	can/Caribbean/E	Black British	0	her
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	178	11	16	57	76	31	19	13		145
PRG	3									

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:

Information about our PPG group and invitations to join are displayed in our waiting room, on our website and in our practice leaflet. The information is clear that anyone is welcome to join and we feel we have a reasonable spread of age groups within our PPG. Our group currently consists of British, Irish and Indian members, Four of which are male and seven female.

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:



3. Action plan priority areas and implementation

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Description of priority area:

The Referral Process:

The group wanted to help patients to understand the referral process. The aim was to investigate the issue and explore whether it is a problem for patients. Also the group wanted to understand what the Doctors and Patients areas of responsibility were in the process. Do the Doctors advise the patients when they should hear, when to chase and where and why they are being referred? Do the patients understand the process, when and who to contact if they haven't heard within a time frame, and what to do if they no longer need the referral?

What actions were taken to address the priority?

This was raised at the practice meeting on 2<sup>nd</sup> September 2014 and the Doctors suggested that we produce a list of patients that have been referred, so that the PPG can give them a post referral interview. Doctors also have agreed to give the patients a fuller understanding of why and where they are being referred and ensure they are given a copy of the RCAS leaflet if appropriate. The PPG group were provided with a list of patients that had consented to being contacted by the group to discuss the process.

(See attachment C for report)

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

(See attachment C for results of actions)

Published to our website

# Priority area 2

Description of priority area:

Electronic Prescribing:

The group felt from the feedback sources that were viewed that not everyone understood the electronic process.

Mr Ubbi our Pharmacist member said that some patients have not understood and sign up at multiple chemists and then struggle to obtain their medication. From feedback, patients thought the process would be faster and they would not have to wait 48 hours to collect their prescription.

What actions were taken to address the priority?

A Clearer description of the service was added to the notice board, website and leaflet. GP's agreed to check the patient preference during consultations before prescribing electronically and reception would ask about electric preferences when taking written prescription requests. Reception staff have been given additional training from Vision to be ask to print prescription tokens meaning the patient can collect from any chemist.

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

Greater usage and understanding of the electronic prescribing system for patients and surgery staff. Clearer explanations given at each stage. The electronic prescribing information is better displayed in the practice and information leaflets are available for a more in-depth discussion.

# Priority area 3

Description of priority area:

Patient expectations and responsibilities - Focusing on did not attends (DNA's) for 2014/2015

The group focussed on patient feedback expressing that it was sometimes difficult to book appointments. The practice shared it's DNA rates with the group for the months of June, July and August 2014 to highlight the appointment that are wasted by non-attenders.

June: 101 July: 97 August: 84

What actions were taken to address the priority?

Currently the practice sends out a letter after a DNA'd appointment, explaining the effects of this. The group felt that the letter should be more strongly worded or perhaps written from the PPG group. After discussions with the group and clinical staff it was agreed that Dr's would call the patients that had not turned up to ask why they had not arrived or cancelled their appointment. In addition anyone that had DNA'd more than once would have a summary of time lost and a warning letter posted to them at the end of the year.

The surgery has already set up a text message confirmation and reminder service but reception have been reminded to encourage pt's to give their mobile numbers and opt in to the service.

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

Hopefully the patients will have a better understanding of the effect of them missing an appointment. The group will continue to monitor DNA rates which we anticipate will reduce and this should improve access for other patients wishing to book

appointments. This is on-going and the group will keep investigating and trying new ways of avoiding DNA's.

# 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):

Since our PPG group was formed in December 2012, we have achieved the following actions:

Website created now active - On-going involvement of the PPG in regards in content.

New automated telephone system with the ability to book appointments using the telephone 24 hours a day.

New call queuing system to increase fairness when accessing book on the day appointments.

Text message facility set up to send a confirmation text as well as a reminder text before appointment.

Electronic prescribing is now functional which is regularly tested and promoted by the PPG.

On-line appointment booking and prescription request service – active- regularly tested by the PPG.

E-mail facility for prescription requests- regularly tested by the PPG.

A Phlebotomist has been employed by the practice for blood test only appointments, initially for three days a week which has increased to 5 days a week after input from the PPG and reviews of patient feed-back.

Practice logo designed and applied to practice stationary.

DNA reductions: On-going

Referral pathways are being examined and a clearer pathway will be provided to our patients: on-going

Carer's information has been re-designed and a quick reference sheet has been created to give easy and clear access to support groups – this is posted to carers when identified.

# 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off:

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom heard groups in the practice population? Yes, through word of mouth, our website, text messages, leaflets, clearer notice board information.

Has the practice received patient and carer feedback from a variety of sources? The surgery has a comments and suggestions box in reception, we advertise the ability to review the practice on NHS choices and I want Great Care (FFT), we place feed-back cards on chairs in the waiting room. We have looked at all of these plus the National Patient survey, patient complaints, Healthwatch publications relating to other practice problems as well as direct contact with patients on our carers register.

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

The PPG group reviewed feed-back from the sources listed above to agree three 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? Yes

# What this practice does best

These are the three results for this practice that are the highest compared to the CCG average.

1. **89%** of respondents usually wait 15 minutes or less after their appointment time to be seen

Local (CCG) average: 70%

2. 89% of respondents describe their experience of making an appointment as good

Local (CCG) average: 75%

3. 83% of respondents are satisfied with the surgery's opening hours

Local (CCG) average: 71%

# What this practice could improve

These are the three results for this practice that are the lowest compared to the CCG average.

1. 89% of respondents say the last nurse they saw or spoke to was good at listening to them

Local (CCG) average: 91%

2. 97% of respondents had confidence and trust in the last nurse they saw or spoke to

Local (CCG) average: 98%

3. 89% of respondents say the last nurse they saw or spoke to was good at treating them with care and concern

Local (CCG) average: 90%

Attachment B

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Cant remember			12 Residence <b>3</b>	359
Total		96		2973
Q12. Able to get an appointment to see or speak to someone Base: All			Ric	hmond CCG
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Q17. What did you do on that occasion?  Base: All who were not able to get an appointment/ convenient appointment			Ric	hmond CCG
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Had a consultation over the phone			7	36
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Q19. Waiting time at surgery Base: All			Ric	hmond CCG
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Q20. Impression of waiting time at surgery			Ric	hmond CCG
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I don't normally have to wait too long	72	70	<b>60</b>	1810
I have to wait a bit too long	19	19	25	
I have to wait far too long		*	8	247
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Q21a. Rating of GP giving you enough time			Dia	hmond CCG
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Q21b. Rating of GP listening to you			D:-	hmond CCC
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FOOTOGER TO THE RESIDENCE OF THE SECOND PROPERTY OF THE PROPER			of the de 25 consum	BOLLAR, P. S. D. Arizona, A. D. Co
Very poor		*	1	33
Lossn't apply Total	B. [4] [4] [4] [4] [4]	97		3031
Total		31		3031
Q21c. Rating of GP explaining tests and treatments				
Base: All			KIC	hmond CCG
	<b>*****</b>	N	<b>%</b>	green green by the New York Constitution of the
Very good	47	46	45	1352
Neither good nor poor	a non Europe Same (1997 p. 1991)	print the section of	10	297
			recommendate de la composición de la c	
Very poor			1	25
Cosses opposite the second of		Print Authorities (1990)	5 - A - A	
I otal		97	200 Strawn	
Total		97	**************************************	3027
Q21d. Rating of GP involving you in decisions about your care		97		3027
Q21d. Rating of GP involving you in decisions about your care Base: All			Ric	3027 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All		Charles Monagan	Ric	3027 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All	46	() -12 × <b>()</b> No (12 × 1) 44	Ric 39	hmond CCG Mariana Mari
Q21d. Rating of GP involving you in decisions about your care Base: All Very good	46 31 = 4	Charles Monagan	Ric	3027 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Sood Neither good nor poor	46 31. □	44 30	Ric 39	3027 hmond CCG 1178 1178 1144 1145
Q21d. Rating of GP involving you in decisions about your care Base: All Very good Good Neither good nor poor Poor	46 217 10	44 44 10	Ric 39 34 14	3027 hmend CCG 1178 1178 414 414 435
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Sood Neither good nor poor	46 217 10	44 10	Ric 36 39 39	3027 hmond CCG 1178 414 1335
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Sood State Neither good nor poor Coordinate State	46 217 10	N 44 44 10	Ric 39 34 14	3027 hmend CCG 1178 1178 414 414 435
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Scood Sco	46 217 10	N 44 44 10	Ric 39 14 14 14 14 14 14 14 14 14 14 14 14 14	3027 hmond CCG 1178 414 414 35
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Loom (25) Total  Q21e. Rating of GP treating you with care and concern Base: All	46 10	10 10 96	Ric	3027 hmond CCG 1178 414 35 35 3024 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Hoor manufacture of the part	46 10	44 10 96	Ric	3027 hmond CCG 1178 414 35 35 3024 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Loom again to the poor Loom	46 10 10	10 10 96	Ric	3027 hmond CCG 1178 414 315 35 3024 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good G000 Neither good nor poor L000 L000 L000 Rating of GP treating you with care and concern Base: All  Very good C000 Neither good nor poor	45 10 10 57	96 10 96	Ric Ric 47	3027 hmend CCG 1178 414 35 3024 hmend CCG 1428 1315
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Local App. Total  Q21e. Rating of GP treating you with care and concern Base: All Neither good nor poor Local App. Very good Good Good Neither good nor poor Local App. Very good Good Neither good nor poor Local App. Very good Good Neither good nor poor Local App. Very good Good Neither good nor poor Local App. Very good Local App. Very go	46 10 10	96	Ric 76	3027 hmond CCG 1178 414 35 3024 hmond CCG 1428
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Hoor Losent appy Total  Q21e. Rating of GP treating you with care and concern Base: All  Very good Good Neither good nor poor Poor Poor Poor Poor Poor Poor Poor	45 10 10	44 10 96 96	Ric	3027 hmond CCG 1178 414 35 3024 hmond CCG 1428 315 315
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Local App. Total  Q21e. Rating of GP treating you with care and concern Base: All Neither good nor poor Local App. Very good Good Good Neither good nor poor Local App. Very good Good Neither good nor poor Local App. Very good Good Neither good nor poor Local App. Very good Good Neither good nor poor Local App. Very good Local App. Very go	45 10 10 57	96 10 96	Ric Ric 47	3027 hmond CCG 1178 414 35 3024 hmond CCG 1428
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Local App. Total  Q21e. Rating of GP treating you with care and concern Base: All  Services and Concern Base: Al	45 10 10	96 55 55 55	Ric	3027 hmond CCG 1178 414 414 315 3024 hmond CCG 1428 315 37
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Loss it app Total  Q21e. Rating of GP treating you with care and concern Base: All Very good Cood Neither good nor poor Poor Very poor Description Very good Cood State Very poor Cood State Very	46 10 10	96 55 55 55	Ric 35	3027 hmond CCG 1178 414 414 35 35 3024 hmond CCG 1428 315 315 37 3028
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Poor Doesn't appy Total  Q21e. Rating of GP treating you with care and concern Base: All  Section 1999 Neither good nor poor Poor Very good Good Neither good nor poor Poor Very poor Poor Poor Very poor Poor Poor Poor Poor Poor Poor Poor	46 10 10	44 10 96 96	Ric	3027 hmond CCG  1178 414 35 35 3024 hmond CCG  1428 315 37 3028 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Loos of Apply Total  Q21e. Rating of GP treating you with care and concern Base: All Very good Sood Sood Sood Sood Sood Sood Sood S	45 10 10 57 31 11	44 44 10 96 96	Ric 39 14 14 14 14 14 14 14 14 14 14 14 14 14	3027 hmond CCG 1178 414 35 35 3024 hmond CCG 1428 315 37 3028 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Poor Doesn't appy Total  Q21e. Rating of GP treating you with care and concern Base: All  Section 1999 Neither good nor poor Poor Very good Good Neither good nor poor Poor Very poor Poor Poor Very poor Poor Poor Poor Poor Poor Poor Poor	46 10 10	44 10 96 96	Ric	3027 hmond CCG  1178 414 35 35 3024 hmond CCG  1428 315 37 3028 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Poor Doesn't appy Total  Q21e. Rating of GP treating you with care and concern Base: All  Service of the s	46 10 10 57 31 31	44 10 96 96	Ric 36 47 10 2 2 3 47 2 47 3 4 47 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3027 hmond CCG 1178 414 414 315 3024 hmond CCG 1428 315 3028 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Locant gool Total  Q21e. Rating of GP treating you with care and concern Base: All  Wery good Sood Neither good nor poor Locant gool Very good Sood Sood Sood Sood Sood Sood Sood	45 10 10 57 57 11	10 96 96 55 55 97	Ric	3027 hmond CCG 1178 414 414 35 35 3624 hmond CCG 1428 315 36 3028 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Poor Doesn't appy Total  Q21e. Rating of GP treating you with care and concern Base: All  Service of the s	46 10 10 57 31 31	44 10 96 96	Ric 36 47 10 2 2 3 47 2 47 3 4 47 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3027 hmond CCG 1178 414 414 315 3024 hmond CCG 1428 315 3028 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Locant gool Total  Q21e. Rating of GP treating you with care and concern Base: All  Wery good Sood Neither good nor poor Locant gool Very good Sood Sood Sood Sood Sood Sood Sood	46 10 10 57 31 31	10 96 96 55 55 97	Ric 39 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	3027 hmond CCG 1178 414 414 35 35 3624 hmond CCG 1428 1428 153 315 3028 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Poor Dosent appe Total  Q21e. Rating of GP treating you with care and concern Base: All  Neither good nor poor Poor Very good Good Sood Sood Sood Sood Sood Sood S	45 10 10 5/ 31 11	44 44 10 96 96 55 53 11 97 97	Ric 83 83 84 84 84 84 84 84 84 84 84 84 84 84 84	3027 hmond CCG  1178 414 414 35 35 3024 hmond CCG  1428 315 37 3028 hmond CCG 1918 110 3023
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good: Neither good nor poor Localitation Very poor Localitation Very good Good: Neither good nor poor Localitation Very good Very good Good: Neither good nor poor Base: All  O22e. Rating of GP treating you with care and concern Base: All  O22c. Confidence and trust in GP Base: All  Yes, definitely Yes, definitely Yes, do some extent No, not at all Don't stow A Cantal All  O23a. Rating of nurse giving you enough time Base: All  Gase: All	45 10 10 57 31 11	44 10 96 96 55 55 11 97	Ric 39 39 39 39 39 39 39 39 39 39 39 39 39	3027 hmond CCG 1178 414 35 35 3024 hmond CCG 1428 315 3028 hmond CCG 1916 150 150 150 150 150 150 150 150 150 150
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Poor poor Doesn't epp' Total  Q21e. Rating of GP treating you with care and concern Base: All  Neither good nor poor Poor Doesn't epp' Total  Q22. Confidence and trust in GP Base: All  Q22. Confidence and trust in GP Base: All  Q23. Rating of nurse giving you enough time Base: All  Q23. Rating of nurse giving you enough time Base: All  Q23. Rating of nurse giving you enough time Base: All  Very good	46 10 10 57 57 11	44 10 96 96 55 30 97	Ric 35 63 63 63 63 64 47	3027 hmond CCG  1178 414 35 35 3024 hmond CCG 1428 315 315 37 3028 hmond CCG 1918 1918 110 183 3023 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good G000 Neither good nor poor C001 C001 Q21e. Rating of GP treating you with care and concern Base: All S000 Neither good nor poor C001 Very good Very good S000 Very poor C001 Q22. Confidence and trust in GP Base: All Very good Q23. Rating of nurse giving you enough time Base: All C023a. Rating of nurse giving you enough time Base: All C023a. Rating of nurse giving you enough time Base: All C023a. Rating of nurse giving you enough time Base: All Very good S000 S000 S000 S000 Neither good nor poor	45 10 10 57 31 11	44 10 96 96 55 55 11 97	Ric 39 39 39 39 39 39 39 39 39 39 39 39 39	3027 hmond CCG 1178 414 35 35 3024 hmond CCG 1428 153 315 337 3028 hmond CCG 1916 1916 153 3023 hmond CCG
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good GOOD Neither good nor poor LOGENT APPLY Total  Q21e. Rating of GP treating you with care and concern Base: All  Very good GOOD Very good SOOD SOOD SOOD SOOD SOOD SOOD SOOD SOO	46 10 10 57 57 11	44 10 96 96 55 30 97	Ric	3027 hmond CCG 1178 414 414 315 3024 hmond CCG 1428 315 3028 hmond CCG 1918 1918 100 100 100 100 100 100 100 100 100 1
Q21d. Rating of GP involving you in decisions about your care Base: All  Very good Good Neither good nor poor Lossif apply Total  Q21e. Rating of GP treating you with care and concern Base: All  Very good Good Sood Sood Sood Sood Sood Sood S	45 10 10 57 31 11 11 52 52 28	44 44 96 96 10 96 11 11 97 97 84 84 84 84 84 84 84 84 84 84	Ric 33 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3027 hmond CCG 1178 414 414 31 3024 hmond CCG 1428 315 3028 hmond CCG 1918 3028 hmond CCG 1918 110 133 3023

Total		14 94		2957
Q23b. Rating of nurse listening to you Base: All		_	Ric	chmond CCG
Very good	52 24	48	<b>%</b> 46	1361
Neither good nor poor		##dato <b>∠4</b> Faccio		208
Very poor Doesm apply			0	11
Total		94	The second secon	2941
Q23c. Rating of nurse explaining tests and treatments Base: All			Ric	hmond CCG
Very good	51 24	48	96 36 36 45 45	1302
Son Section 1997 S	<b>24</b>			211
Very poor  Dossn't apply	100 HE STEEL TO A 15 HE STEEL THE	Broggant Carreson		
Total		94		2924
Q23d. Rating of nurse involving you in decisions about your care Base: All				hmond CCG
Very good Good	40 20	38	35	1037
Neither good nor poor	13	12	12	352
Very poor Locant apply		and a Colonia	1	16
Total		95		2931
Q23e. Rating of nurse treating you with care and concern Base: All				hmond CCG
Very good	49	46 24	46	1352
Neither good nor poor				216
Very poor				16
Q24. Confidence and trust in nurse		94		2936
Base: All	£ . (122.02 <b>%)</b> (122.03) (1	as ieug ( eeuem		hmond CCG
Yes, definitely Yes, to some extent	72	65 12	65	1827
No, not at all Don't know/can't say			2	53
lotai		90		2898
Q25. Satisfaction with opening hours  Base: All  Base: Satisfaction with opening hours				nmond CCG
Very satisfied	36	35 - 47	29 22	879
Neither satisfied nor dissatisfied			11	324
Very dissatisfied  I'm not sure when my GP surgery is open	nezous parez	way day sa	4	116
Q26. Is your GP surgery currently open at times that are convenient for your		98		3037
Base: All				nmond CCG
Yes No state of the control of the c	71	70 21	66	1996
Don't know  total	(2000) S. V.	98	7	196
Q27. Additional opening times that would make it easier to see or speak to Base: All whose GP surgery is not open at convenient times	o someone		Rich	nmond CCG
Base. All whose Gr Surgery is not open at convenient times  Before 8am	<b>%</b>	<b>N</b> 15		
At kinchtime After 6.30pm	75	19	45 14 14 172 76	440 1. 0
On a Sunday	<b>81</b> 44	21 11	<b>88</b>	398
None of these recommendation that the recommendation of the recomm		26	nagyan a <b>S</b> ection State	986
<del></del>	·			

None of these conditions  156	Q28. Overall experience of GP surgery Base: All			Ric	hmond CCG
Early good   1909   1					
Number op open					
Vary poor	Neither good nor poor			9	260
Cols   Recommending GP surgery to someone who has just moved to the local area   Rechmond CCG		e vermet Fundige	(2) 1000年代 (1) (1)	Mary Colonia (1949) (2 leafo	
Base-All  Fig. would gridlingly recommend  Fig. would gridlingly r			46		
Base-All  Fig. would gridlingly recommend  Fig. would gridlingly r	Q29. Recommending GP surgery to someone who has just moved to the	ocal area			
Yes, sould definition recommends	Base: All				
Vis. Supplied problemy recommends	Yes, would definitely recommend				
150 at   1	Yes, would probably recommend			es e dep 30s s. p.ii.	
No. would definitely not recommend  Committee  Committe	Not sure		1 No. 1 Ac.		
Control of	No, would definitely not recommend	i mar nastratičnich M			57
Q30. Long-standing health condition  Bases All  State A			98		
Richmond CCG					0077
Yes				Rick	hmond CCG
DOT I Know / can't say  1 Cast  2 Con't Know / can't say  3 Con't know / can't say  4 Con't know / can't say  5 Con't know / can't say  6 Con't know / can't say  7 Con't know / can't say  7 Con't know / can't say  8 Con'					
Don't know / can't say Total  Q31. Medical conditions.  Base: All  Q32. Medical conditions.  Richmond CCG  Augman of know a problem  Augman of know					
Q31. Medical conditions  Base: All  Alzhemer's disease or demantia Base: All  Base: All  Alzhemer's disease or demantia Base: All  Base: All  Base: All  Base: All  Richmod CCG  Richmod CCG  Base: All  Base: All  Richmod CCG  Richmod	Don't know / can't say				55
Alzhemer's disease or demants Alzhem		or regular in the Australia	.55 98		
Authermor's disease or dementis Authermor's disease or dementis Authermor's disease or dementis Authoris or long-farm (heat problem Authoris or long-farm (heat problem) Authoris or long-far			:	Diat	nmond CCG
Alzhamer's disease or dementia Argina or long-farm heart problem Arinnis or long-farm point problem Arinnis or long-farm cheer problem Bindness or severe visual impairment Carbor in the size of years Bindness or severe visual impairment Carbor in the size of years Carbor in the siz			greene reco		
Arguna or Story-arm heart problem    Society	Alzheimer's disease or dementia			1	15
Assertation of long-term chest problem Bindings or sever visual impairment Cancer in the last 8 years Displays	Arthritis or long-term joint problem	026 75 (220)			Section Control of the Control of th
Bindness or severe visual impairment  Cancer in the last 9 years  Dealness or severe harmy impairment  Dealness or severe harmy impairment  2 35  Enology 1 35  Enology 2 35  Enology 3	Assame or long-term chest problem	idhilayin ngg sahi		angon, co <b>s</b> quantos en	
Dearlines or severe hearing impairment   2   5   127	Blindness or severe visual impairment  Cancer in the last 5 years	•	2011 (1992)	1	21
Decomposition  Find Process  Find Notice Process  Find Notice Process  Find Notice Process  Find Notice Process  Find Process  Find Notice Process  Find Not	Deafness or severe hearing impairment	<u> </u>	ester artiste electric	eres e~	
Big Bood press (a)  Kidney or liver of issaes  Learning clinicity	Epilepsy				计划 医特罗里姆氏
Edinary of liver disease   Learning difficulty   Learning diffic	High blood pressure				
Long-form hards (really problem) Long-form neurological problem Long-form conditions Long-form c	Kidney or liver disease	1.517.77		11	40
Long-term neurological problem Long-term correlations  Another long-term conditions None of these conditions  135  1376  1377  1376  1377  1376  1377  1376  1377	Long-term back problem	and Market Carl	A 100 (1995) A 10 (1997)		
According to the second consistency of the s	European mental team problem.		elestrony estemb	Searchae <b>d</b> Die Mar	5 (13 ) (13 ) (13 ) (13 ) (13 ) (13 )
None of these conditions  1	Another long-term condition				
Color   Section   Sectio	None of these conditions	56	54	50	1375
Q32. Last 6 months, enough support from local services/organisations to help manage long-term conditions  Yes, definitely Yes, 25 across extend to the control of the contr			95		
Ves. definitely  Yes. definitely  Yes. definitely  Yes. definitely  Yes. definitely  12 155  Thave not needed eith support  Say: 10 August 10 Augu	Q32. Last 6 months, enough support from local services organization	help man			
Yes, to some extent No It is a some extent support is a some suppo	conditions			Rich	mond CCG
Very confidence in managing own health  Base: All  Richmond CCG  State of health todayMobility  Base: All  Richmond CCG					
Inaver not needed such support and an appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems in walking about  Inaver not needed such support and appropriate problems washing or dressing myself  Inaver support and appropriate problems washing or dressing myself  Inaver support and appropriate problems washing or dressing myself  Inaver support appr	Yes, to some extent	73			
Don't know / can't say  10tal says and a state of health todayMobility  Base: All  Richmond CCG  Not very confident  10tal says and state of health todayMobility  Base: All  Richmond CCG  12tal says and state of health todayMobility  Base: All  Richmond CCG  Richmond CCG  Richmond CCG  12tal says and state of health todayMobility  Base: All  Richmond CCG  12tal says and state of health todayMobility  Base: All  Richmond CCG  12tal says and say	No I have not needed such support the support the support to the s		_	12	156
Q33. Confidence in managing own health Base: All  Very confident  Very confident  S2 51 42 1248  Not very confident  Not set at considert  Cotal  Q34a. State of health todayMobility Base: All  Richmond CCG  Richmond CCG  Richmond CCG  Richmond CCG  Richmond CCG  All Richmond CCG	Don't know / can't say		udyd pality a stra	4	
Base: All  Care problems in walking about  I have no problems in walking about  I have no problems in walking about  I have so problems in walking about  I have so problems in walking about  I have no problems in walking about  I have no problems in walking about  I have no problems in walking about  I have so problems in walking about  I have no problems washing or dressing myself  Base: All  Richmond CCG  Richmond CCG  Richmond CCG  Richmond CCG  All All All All All All All All All Al	I COMP TO THE PROPERTY OF THE	i unggarang d			
Very confident Solution Not very confident Note of Consolution Note of Consolution Solution S					
Very confident Not very confiden	Base: All	( ) ( )			
Not very confident Not very conf	Very confident				
Total 98 2990  Q34a. State of health todayMobility  Base: All  I have no problems in walking about 86 84 84 2535  I have moderate problems in walking about 141  I have moderate problems in walking about 15 141  I have sover problems in walking about 15 141  I have no problems in walking about 15 151  Q34b. State of health todaySelf-Care  Base: All  I have no problems washing or dressing myself 96 94 94 2838  Base slight problems washing or dressing myself 96 94 94 94 2838	Fairly controllers  Not very confident			e, 32.5. <b>52</b> ,5.5.5.	
Q34a. State of health todayMobility Base: All  I have no problems in walking about Base and a	Notat a contient		aliky o zasa za		
Base: All  Inave no problems in walking about  Inave no problems in walking about  Inave segment problems in walking about  Inave severe problems washing or dressing myself	Total				
Base: All  Inave no problems in walking about  Inave no problems in walking about  Inave segment problems in walking about  Inave severe problems washing or dressing myself	Q34a. State of health todayMobility				
Have no problems in walking about  1	Base: All				
I have sign process in welling about  I have moderate problems in walking about  I have sover problems in walking about  I have no problems washing or dressing myself  I have no problems washing or dressing myself  I have signt problems washing or dressing myself	I have no problems in walking about				
Thave roo problems washing or dressing myself  I have sight problems washing or dressing myself  Page 196 94 94 2838	have sight problems in waking about				Transfer in Zad Transfer in Sec.
Q34b. State of health todaySelf-Care Base: All  I have no problems washing or dressing myself  Page 196 94 94 2836  Richmond CCG	L have severe problems to walking about			5	141
Q34b. State of health todaySelf-Care  Base: All  I have no problems washing or dressing myself  Base: 96  Base: All  All  All  All  Base: All  Base: All  All  Base: All  Base: All  Base: All  Base: Base: All  Base: Base: All  Base:	I am unable to walk about	,	,	0	15
Base: All  Richmond CCG  Thave no problems washing or dressing myself  Page moderate explanation or dressing myself		to the local property of		1,190,196,196,196	3034
I have no problems washing or dressing myself 96 94 94 2836 have sight problems washing or dressing myself 98 94 94 2836	Q34b. State of health todaySelf-Care Base: All			Rich	mond CCG
have no problems washing or dressing myself 96 94 94 2836 have slight problems washing or dressing myself 98 94 94 198		ng. <b>%</b> ssamon	<u>,                                    </u>		
Have sight proberts washing of dressing myself	I have no problems washing or dressing myself	96	94	94	2836
	I have sight problems washing or dressing myses  I have moderate problems washing or dressing myself				
		<u> </u>			J.)

O28 Overall experience of CB sur

I have severe problems washing or dressing myself I am unable to wash or dress myself			ere communicación	a la trapa de <b>≥26</b> 0 à , compres. 16
Total		70 S <b>98</b> g		10 3026 Silinari
Q34c. State of health todayUsual Activities Base: All	<u></u>	_	Ric	hmond CCG
I have no problems doing my usual activities	<b>96</b> 88	86	<b>8</b> 1	2449
I have sight problems doing my usual activities I have moderate problems doing my usual activities		911910s (military 171	5	152
I have severe problems doing my usual activities I am unable to do my usual activities				74 25
	Visite Company of the	98		9 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
Q34d. State of health todayPain/Discomfort Base: All			Ric	hrmond CCG
I have no pain or discomfort	57	55	60	1815
I have signt pain or discomfort  I have moderate pain or discomfort			9	8276 278
I have severe pain or discomfort I have extreme pain or discomfort	200 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	211200		19
		<b>96</b>		
Q34e. State of health todayAnxiety/Depression Base: All			Ricl	nmond CCG
I am not anxious or depressed	<b>%</b> 6 80	78	% 72	2149
am slightly andous or depressed am moderately anxious or depressed				208
am severely anxious or depressed I am extremely anxious or depressed	A TO AND A TOP			Maria de la companya
	V	97 97 Th	e de namentale gange	2/6
Q35. Activities limited today due to recent illness or injury Base: All			Rich	mond CCG
Yes, limited a lot	***************************************		nes es <b>3</b> optoble: 3	87
No	7 <b>. 16</b> 82	16 80	1 <b>2</b> 85	
Tobal	25.(1) (\$1.00 m. 1995); [1]	<b>9</b> 7. 59.00		2569 303
Q36. Have a written care plan Base: All			Rich	mond CCG
Yes NO	is to an all the		6 (2005. ) (2005) (6 3	90
Don't know			25 (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	57
	11 (14 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4			
Q37. Helped putting care plan together Base: All who have a written care plan			Rich	mond CCG
Yes	r i i i i i i i i i i i i i i i i i i i	ertificas injustin	76	Girls beliefe to best to the second
Total		(E. J. M. S. Sto.	<b>4</b>	90
Q38. Using written care plan to help manage health day-to-day.  Base: All who have a written care plan			Rich	mond CCG
Yes	<b>*</b>			
No Processor Control of the Control		ije v patypajan paty i i i ja	69 510	59 
				86
Q39. Reviewing written care plan with GP, nurse or other health profession Base: All who have a written care plan assessment to the profession of the profes	onal.	1,7 2,20% <b>N</b> ** 1,111 (*)		mond CCG
Yes No:	•		57	51
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Q40. Know how to contact an out-of-hours GP service				
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# **Twickenham Park Surgery**

8th March 2015

# **REFERRALS - working document**

**Objective**: Patient Group to measure whether patient has understood the referrals process and felt involved in the decision making process. What can surgery do to improve how they handle referrals?

# Personal opinion / conclusion:

Not a good survey – too few patients contacted.

Remarkable level of satisfaction for a very unstable process but expectations very low. Patients surprised when things go well and in a timely fashion. There are innumerable holes where referrals can be lost, delayed & ignored by all parties including patients.

There is not much that can be done by surgeries until there are joined up systems that track the progress of referrals & patients within the process.

Suggestions for discussion at next Surgery Patient Group:

Short term action ......

- Find a way to encourage patients to keep records up to date (address & telephone numbers essential for contact within referral process).
- GP to notify patient of referral priority assigned.
- Find a way to get message across that at the moment, patient is responsible for referral progress i.e. GP is not tracking and after what time period patient should chase-up.
- Lobby CCG to get priority for GP referrals to local & all A&Es.
- Evaluate how many DNAs (did not attend) for referred treatment and how this can be / is logged against patient.
- Investigate further the confusion of multiple referrals on patients.
- Find a way to get INTERIM & FINAL results to GP much faster along with copy to patients – lobby CCG.
- How does /can GP close referral with patient e.g. appointment to discuss results.

# Longer term action....

- Get CCG to look at all types of referrals not just thru RCAS with view to creating a joined up "end to end" tracking process that can hold all parties including patients to account and provide a more timely & cost effective service.
  - o RCAS Referral Assessment Service
  - o Direct referral
  - o Immediate to A&E or hospital ward as In-patient
  - o Private
  - o Social e.g. bereavement, weight, housing conditions

# Patients that have been referred & agreed to be contacted.

#### 1. Mrs BG

Referred to Gynaecology at West Middlesex on the 20<sup>th</sup> January 2015 via RCAS. 2/2 16:00 left message

2/2 19:30 made contact. Her home telephone number changed last week – she will come & change. She has been away for last week and hasn't opened mail yet. She said she has been ill and didn't understand she had been referred.

She agreed that it was ok to call her back in a couple of days when she had got sorted. 9/2 19:15 left message

\*\*\*P - Confusion regarding being referred. This may become clearer on call back.

### 2. Mrs SF

Referred to Urology at West Mid on the 29<sup>th</sup> December 2014 – Direct referral.

2/2 16:00 Spoke to Leon (young child) – mummy in bed : said I would call back later.

2/2 19:45 Spoke to lady – she prefers to be called on her mobile.

She did not know about urology referral but was aware of pregnancy referral to Kingston hospital, not West Mid as she had had a bad experience there. Passed this problem to Serena at surgery and she is addressing it.

9/2 19:15 left message

\*\*\*P- confusion when there are multiple referrals in progress - they get mixed up, merged, forgotten etc

### 3. MrsJS

Referred to Neurology via RCAS on the 5<sup>th</sup> January 2015. Through RCAS.

2/2 16:00 left message

2/2 19:30 left message

9/2 19:15 left message

### 4. Mr CR

Referred to Chest Physician at West Middlesex Hospital on the 31<sup>st</sup> December 2014. Direct referral.

2/2 16:00 left message

2/2 19:30 GP discussion very good and Dr Johal also referenced for his opinion and joint decision that x-ray a good idea so was referred. Had x-ray over a week ago but no results yet – would like surgery to call & discuss results. Passed request to Selina who has sorted it but it highlighted a problem.

\*\*\*P – When a test results in further investigations the patient is not aware of interim results, what is going on and why – quite scary for patient.

# 5. Mr SH

Referred to Cardiology at West Middlesex on the 31<sup>st</sup> December 2014. Direct referral. 2/2 16:00 at work so short conversation. He got appointment notice within a week for a consult 2 to3 weeks later. Was happy with process.

#### 6. Mr HA

Referred for Chest X-ray to West Mid on the 5<sup>th</sup> December 2014. Direct Referral.

2/2 16:00 left message

2/2 19:45 left message

9/2 19:15 instant request to leave message, left message

# 7. Mr LC

Referred to Urology at Kingston Hospital 3<sup>rd</sup> December 2014. Through RCAS.

2/2 16:00 left message

2/2 19:45 left message

9/2 19:30 left message

### 8. Mrs RP

Private Referral to Sports medicine / Podiatrist Parkside on 29th January 2015.

2/2 Too soon to call - 0 working days ago

9/2 left message & asked her to call me on my home number

### 9. Mr JB

Referred to Urologist at Teddington Hospital April 2014. Direct referral.

Subsequently referred to West Middlesex.

2/2 16:00 Could not remember Teddington referral discussion with GP or timeline so must have been ok. They also did a follow-up appointment. The result letter came a long time afterward – seemed to come from Bristol!

Patient was told to get back in touch if not heard anything (?time frame) and they would chase.

Then referred to West Mid who then referred him to another dept. This was all done very quickly.

Suggested and would be happy to have results & appointments emailed to save time & money.

\*\*\*P - Delay in getting results

# Summary of findings:

- \*\*1 priority/importance and wait times are hardly ever discussed may be deliberate as GP does not want to scare patients.
- \*\*\*2- general perception that process slow, unreliable and stressful in particular, results (including interim results) must get to GP & patient without delay. Currently much too slow.
- \*\*\*3- Some good experiences and levels of satisfaction
- \*\*\*4 Incorrect telephone numbers / addresses on surgery records

It is the responsibility of patients to keep their details up to date but if incorrect it has a knock on effect as it wastes the time of everyone in the referral process. What can be done about this?

- \*\*\*5 There is no driver for referrals. If process stops for any reason, nobody picks up and sets it in motion again. The Patient has to be clairvoyant and know there is a problem and chase it if they have the capacity.
- \*\*\*6 Lack of understanding of referrals by patients. Many patients do not appear to understand that they have responsibilities and for making it happen ensuring they have an appointment that suits, remembering, attending. The GP sets it off but they are not their Mother.

# **REFERRALS - RELATED ISSUES**

Based on previous experience and talking to neighbours .....

**Special needs** for consultation / tests. Are these stated on referral to ensure a suitable facility is found. This covers many existing conditions eg blind, wheelchair bound, MS, transport needs, carer co-ordination, medication needs.

Some conditions require **scoring** (e.g. sight, hip, knees, sleep, pain) to enable assessment. This is difficult for some conditions and delays referral (ie returned) due to insufficient information on first submission. GPs are not the experts that is why they are referring.

Referral assessment service refusals – how do they notify patients that the procedure / investigations they are requesting are **not supported under the NHS or local clinical commissioning group**. This can lead to conflict and scenes – Who and How is this handled?? The NHS and/or CCG justifications and contact details should be given with refusal – not left to GP to take flack and destroy relationships with patients.

# Who can refer:

Can Opticians refer to an opthamologist without going thru GP. Do these referrals need scoring? How does GP know a referral has been made? Can Dentists and other medical professions refer direct? Who can do this?

### GP referral to A&E:

A GP referral to an A&E department carries no priority. GP writes a letter to be carried by hand with patient to A&E department of their choosing. This is when a surgery does not have the required facilities eg imaging, blood tests, ecg. A patient has to wait the same as all other A&E attendees. Does this "double wait" encourage patients to go their GP first!!??

#### NHS eligibility:

It is the responsibility of secondary care to determine whether a patient is eligible for free NHS care. Just because it is a GP referral does not give this clearance as their records may be out of date

How does a GP determine that a patient is or no longer eligible for free NHS treatment. Many second homes in this area which confuses. Is an Inland Revenue check possible – single and on mass for refresher check of everyone on books?

# **A&E** referral to Secondary Care:

When a referral is made by A&E, is a NHS treatment eligibility test made and is a reference made back to the patients GP for history? Should this go back to GP for referral and / or registration at a GP if not registered.

#### GP referral for Mental Health care:

Are the same processes used? Are the processes understood and do they work well?

# Referrals resulting in "do not attends":

What is the level of DNAs?

Do GPs analyse their referrals to evaluate speed, outcome, black hole, patients cancelling or not attending.

# **Cancelled Appointments:**

There does no appear to be any way of registering for cancelled appointments if you are normally available (eg retired) and can respond in a very short time.

# **Patient Rights:**

Richmond CCG right to ..... "start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions; and

be seen by a cancer specialist within a maximum of 2 weeks from GP referral for urgent referrals where cancer is suspected"

# this is unclear ......

Is start time from patient with GP or when RCAS approves?

Is start time for treatment after a diagnosis been made? Or does 18 weeks start when you first see a specialist? Or when you have initial discussion with GP?

# GP direct referral for consultant/ tests:

Some tests cannot be made without going through a consultant and test is amended to reflect this. For example, a GP request for a colonoscopy is downgraded to a sigmoidoscopy without a gastroenterologist consult.

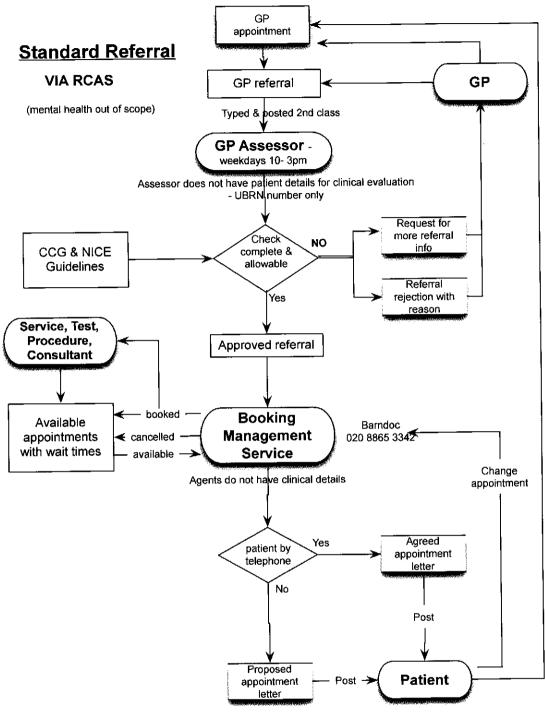
If patient gets home and decides they want to go somewhere else, difficult to change route – has to bother GP again (guilt!)

What is the benefit of a direct referral? eg specific consultant, location, needs, patient choice.

# Urgent Care centre referral to A&E:

This works very well. Contact & arrangements are made in advance so they are expected and treatment starts immediately.

Patient Group - Maureen Chatterley



Is GP notified of appointment & any changes ?? -- NO

When / how is approved referral linked to patient details, appointments & separated from clinical stuff for making appointment?

At what point are patient & clinical details joined & passed to consultant?

Maureen Chatterley