

# 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: *Lucina Medina* Date: 28.3.15

Signed on behalf of PPG: *M. Chatterley* Date: 28.3.15

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, 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: <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>3355</td> <td>3583</td> </tr> <tr> <td>PRG</td> <td>5</td> <td>8</td> </tr> </tbody> </table>	%	Male	Female	Practice	3355	3583	PRG	5	8	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;">&lt;15</th> <th style="width: 10%;">15-25</th> <th style="width: 10%;">25-35</th> <th style="width: 10%;">35-45</th> <th style="width: 10%;">45-55</th> <th style="width: 10%;">55-65</th> <th style="width: 10%;">65-75</th> <th style="width: 10%;">&gt; 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>1475</td> <td>477</td> <td>999</td> <td>1517</td> <td>1095</td> <td>567</td> <td>429</td> <td>379</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>0</td> <td>3</td> <td>3</td> <td>4</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	%	<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
%	Male	Female																																			
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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				Mixed/ multiple ethnic 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						

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	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:

**2. Review of patient feedback**

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

The group looked at feedback from:  
'Comments and suggestion' cards in reception.  
The NHS Choices Website reviews.  
The Friends and Family (Iwantgreatcare) reviews.  
The National GP Patient Survey.  
Outcomes of the CCG's PPG group to do with Health Watch finding and referral processes.  
Anonymous patient complaints.

(See attachments A&B) – National patient survey summary and practice data with comparisons made against the CCG average and discussed at our PPG meetings.

**How frequently were these reviewed with the PRG?**  
At each of our quarterly meetings.

### 3. Action plan priority areas and implementation

#### Priority area 1

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 attend (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%**

You have selected the following practice:  
**JOHAL (TWICKENHAM PARK)**



Attachment B

weighted data / \* = less than 0.5%

Q1. Last seen or spoke to a GP			Richmond CCG	
Base: All				
	%	N	%	N
In the past 3 months	61	60	57	1764
Between 3 and 6 months ago	17	17	18	541
Between 6 and 12 months ago	11	11	13	406
More than 12 months ago	11	11	11	342
I have never seen a GP from my GP surgery	*	*	1	33
<b>Total</b>		<b>98</b>		<b>3088</b>

Q2. Last seen or spoke to a nurse			Richmond CCG	
Base: All				
	%	N	%	N
In the past 3 months	33	32	34	1055
Between 3 and 6 months ago	20	19	18	571
Between 6 and 12 months ago	15	15	17	517
More than 12 months ago	20	20	23	721
I have never seen a nurse from my GP surgery	12	12	7	208
<b>Total</b>		<b>97</b>		<b>3071</b>

Q3. Ease of getting through to someone at GP surgery on the phone			Richmond CCG	
Base: All				
	%	N	%	N
Very easy	27	26	28	870
Fairly easy	60	58	50	1532
Not very easy	11	11	14	425
Not at all easy	*	*	5	168
Haven't tried	*	*	3	93
<b>Total</b>		<b>98</b>		<b>3087</b>

Q4. Helpfulness of receptionists at GP surgery			Richmond CCG	
Base: All				
	%	N	%	N
Very helpful	41	40	43	1314
Fairly helpful	54	53	44	1370
Not very helpful	*	*	8	256
Not at all helpful	*	*	3	91
Don't know	*	*	2	56
<b>Total</b>		<b>98</b>		<b>3087</b>

Q5. How normally book appointments to see a GP or nurse...			Richmond CCG	
Base: All				
	%	N	%	N
In person	18	18	23	711
By phone	91	89	91	2818
By fax machine	*	*	*	*
Online	*	*	2	55
Doesn't apply	*	*	1	37
<b>Total</b>		<b>98</b>		<b>3088</b>

Q8. Have a preferred GP			Richmond CCG	
Base: All				
	%	N	%	N
Yes	46	45	53	1614
No	54	54	46	1411
There is usually only one GP in my GP surgery	*	*	1	39
<b>Total</b>		<b>98</b>		<b>3065</b>

Q9. Frequency of seeing preferred GP			Richmond CCG	
Base: All who prefer to see or speak to a particular GP				
	%	N	%	N
Always or almost always	30	13	34	533
A lot of the time	27	12	24	381
Some of the time	35	15	33	514
Never or almost never	*	*	8	120
Not tried at this GP surgery	*	*	1	19
<b>Total</b>		<b>44</b>		<b>1568</b>

Q10. Last time wanted to see/speak to GP or nurse: What did you want to do?			Richmond CCG	
Base: All				
	%	N	%	N
See a GP at the surgery	84	81	79	2390
See a nurse at the surgery	*	*	14	429
Speak to a GP on the phone	*	*	7	217
Speak to a nurse on the phone	*	*	1	23
Have someone visit me at my home	*	*	1	26
I didn't mind / wasn't sure what I wanted	*	*	2	62

Total		96		3021
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Q11. When did you want to see or speak to them? Base: All			Richmond CCG	
	%	N	%	N
On the same day	43	41	35	1080
On the next working day	17	17	12	353
A few days later	27	26	29	858
A week or more later	*	*	8	237
I didn't have a specific day in mind	*	*	12	359
Can't remember	*	*	3	88
Total		96		2973

Q12. Able to get an appointment to see or speak to someone Base: All			Richmond CCG	
	%	N	%	N
Yes	81	77	77	2304
Yes, but I had to call back closer to or on the day I wanted	*	*	11	318
No	*	*	10	309
Can't remember	*	*	3	88
Total		94		3011

Q13. What type of appointment did you get? Base: All who were able to get an appointment			Richmond CCG	
	%	N	%	N
Appointment to see a GP at the surgery	86	72	79	2067
Appointment to see a nurse at the surgery	*	*	16	420
Appointment to speak to a GP on the phone	*	*	7	196
Appointment to speak to a nurse on the phone	*	*	1	17
Appointment for someone to visit me at my home	*	*	1	15
Total		84		2813

Q14. How long until actually saw or spoke to GP / nurse Base: All who were able to get an appointment			Richmond CCG	
	%	N	%	N
On the same day	38	32	34	886
On the next working day	24	20	10	255
A few days later	34	28	34	882
A week or more later	*	*	19	487
Can't remember	*	*	3	77
Total		84		2588

Q15. Convenience of appointment Base: All who were able to get an appointment			Richmond CCG	
	%	N	%	N
Very convenient	60	50	44	1152
Fairly convenient	39	32	48	1238
Not very convenient	*	*	7	187
Not at all convenient	*	*	1	27
Total		84		2603

Q16. Reason for not being able to get an appointment / the appointment offered was inconvenient Base: All who were not able to get an appointment/ convenient appointment			Richmond CCG	
	%	N	%	N
There weren't any appointments for the day I wanted	*	*	51	232
There weren't any appointments for the time I wanted	*	*	20	93
I couldn't see my preferred GP	*	*	9	41
I couldn't book ahead at my GP surgery	*	*	10	46
Another reason	*	*	10	47
Total				458

Q17. What did you do on that occasion? Base: All who were not able to get an appointment/ convenient appointment			Richmond CCG	
	%	N	%	N
Went to the appointment I was offered	*	*	39	200
Got an appointment for a different day	*	*	24	121
Had a consultation over the phone	*	*	7	38
Went to A&E / a walk-in centre	*	*	9	44
Saw a pharmacist	*	*	2	12
Decided to contact my surgery another time	*	*	10	51
Didn't see or speak to anyone	*	*	11	57
Total				507

Q18. Overall experience of making an appointment Base: All			Richmond CCG	
	%	N	%	N
Very good	47	45	34	1007
Fairly good	42	40	42	1242
Neither good nor poor	*	*	14	414
Fairly poor	*	*	9	256
Very poor	*	*	2	74
Total		95		2993

Q19. Waiting time at surgery Base: All			Richmond CCG	
	%	N	%	N
I don't normally have appointments at a particular time	*	*	2	72

Less than 5 minutes	28	28	11	333
5 to 15 minutes	61	57	58	1748
More than 15 minutes	*	*	24	711
Can't remember	*	*	4	127
Total		93		2892

Q20. Impression of waiting time at surgery			Richmond CCG	
Base: All				
	%	N	%	N
I don't normally have to wait too long	72	70	60	1810
I have to wait a bit too long	18	19	25	745
I have to wait far too long	*	*	8	247
No opinion / doesn't apply	*	*	7	203
Total		97		3005

Q21a. Rating of GP giving you enough time			Richmond CCG	
Base: All				
	%	N	%	N
Very good	53	51	47	1438
Good	37	38	38	1156
Neither good nor poor	*	*	10	298
Poor	*	*	2	71
Very poor	*	*	1	36
Doesn't apply	*	*	1	37
Total		97		3036

Q21b. Rating of GP listening to you			Richmond CCG	
Base: All				
	%	N	%	N
Very good	57	55	51	1543
Good	36	34	37	1112
Neither good nor poor	*	*	8	228
Poor	*	*	2	73
Very poor	*	*	1	33
Doesn't apply	*	*	1	42
Total		97		3031

Q21c. Rating of GP explaining tests and treatments			Richmond CCG	
Base: All				
	%	N	%	N
Very good	47	46	45	1352
Good	40	39	38	1157
Neither good nor poor	*	*	10	297
Poor	*	*	1	27
Very poor	*	*	1	25
Doesn't apply	*	*	6	189
Total		97		3027

Q21d. Rating of GP involving you in decisions about your care			Richmond CCG	
Base: All				
	%	N	%	N
Very good	46	44	39	1178
Good	31	30	36	1059
Neither good nor poor	10	10	14	414
Poor	*	*	3	81
Very poor	*	*	1	35
Doesn't apply	10	10	7	228
Total		96		3024

Q21e. Rating of GP treating you with care and concern			Richmond CCG	
Base: All				
	%	N	%	N
Very good	57	55	47	1428
Good	31	30	37	1134
Neither good nor poor	11	11	10	315
Poor	*	*	2	58
Very poor	*	*	1	37
Doesn't apply	*	*	2	56
Total		97		3028

Q22. Confidence and trust in GP			Richmond CCG	
Base: All				
	%	N	%	N
Yes, definitely	68	64	63	1916
Yes, to some extent	28	28	31	929
No, not at all	*	*	4	110
Don't know / can't say	*	*	2	58
Total		95		3023

Q23a. Rating of nurse giving you enough time			Richmond CCG	
Base: All				
	%	N	%	N
Very good	52	48	47	1404
Good	28	28	32	944
Neither good nor poor	*	*	6	178
Poor	*	*	1	19
Very poor	*	*	*	*

Doesn't apply	16	14	14	403
Total		94		2957

Q23b. Rating of nurse listening to you		Richmond CCG		
Base: All				
	%	N	%	N
Very good	52	48	46	1381
Good	24	22	32	834
Neither good nor poor			7	208
Poor			1	22
Very poor			0	11
Doesn't apply	16	15	14	403
Total		94		2941

Q23c. Rating of nurse explaining tests and treatments		Richmond CCG		
Base: All				
	%	N	%	N
Very good	51	48	45	1302
Good	24	22	31	820
Neither good nor poor			7	211
Poor				29
Very poor				
Doesn't apply	17	16	16	455
Total		94		2924

Q23d. Rating of nurse involving you in decisions about your care		Richmond CCG		
Base: All				
	%	N	%	N
Very good	40	38	35	1037
Good	20	19	26	769
Neither good nor poor	13	12	12	352
Poor			1	31
Very poor			1	16
Doesn't apply	27	25	25	736
Total		95		2931

Q23e. Rating of nurse treating you with care and concern		Richmond CCG		
Base: All				
	%	N	%	N
Very good	49	46	46	1352
Good	28	24	31	892
Neither good nor poor			7	216
Poor			1	24
Very poor			1	16
Doesn't apply	16	15	14	418
Total		94		2936

Q24. Confidence and trust in nurse		Richmond CCG		
Base: All				
	%	N	%	N
Yes, definitely	72	65	63	1827
Yes, to some extent	14	12	23	655
No, not at all			2	53
Don't know / can't say	12	11	13	382
Total		90		2898

Q25. Satisfaction with opening hours		Richmond CCG		
Base: All				
	%	N	%	N
Very satisfied	36	35	29	879
Fairly satisfied	47	47	42	1278
Neither satisfied nor dissatisfied			11	324
Fairly dissatisfied			10	315
Very dissatisfied			4	115
I'm not sure when my GP surgery is open			4	128
Total		95		3037

Q26. Is your GP surgery currently open at times that are convenient for you?		Richmond CCG		
Base: All				
	%	N	%	N
Yes	71	70	66	1996
No	22	21	27	811
Don't know			7	195
Total		98		3004

Q27. Additional opening times that would make it easier to see or speak to someone...		Richmond CCG		
Base: All whose GP surgery is not open at convenient times				
	%	N	%	N
Before 8am	60	15	45	440
At lunchtime			14	139
After 6.30pm	75	19	76	747
On a Saturday	81	21	80	791
On a Sunday	44	11	40	398
None of these			3	28
Total		26		986

Q28. Overall experience of GP surgery			Richmond CCG	
Base: All			%	N
Very good	55	54	43	1297
Fairly good	39	38	44	1342
Neither good nor poor			9	260
Fairly poor			3	103
Very poor			1	26
Total		98		3028

Q29. Recommending GP surgery to someone who has just moved to the local area			Richmond CCG	
Base: All			%	N
Yes, would definitely recommend	61	60	50	1531
Yes, would probably recommend	31	31	30	922
Not sure			11	332
No, would probably not recommend			5	159
No, would definitely not recommend			2	57
Don't know			1	42
Total		98		3044

Q30. Long-standing health condition			Richmond CCG	
Base: All			%	N
Yes	40	39	47	1429
No	60	59	51	1560
Don't know / can't say			2	55
Total		98		3033

Q31. Medical conditions...			Richmond CCG	
Base: All			%	N
Alzheimer's disease or dementia			1	15
Angina or long-term heart problem			3	90
Arthritis or long-term joint problem			9	250
Asthma or long-term chest problem			9	243
Blindness or severe visual impairment			1	21
Cancer in the last 5 years			3	85
Deafness or severe hearing impairment			2	62
Diabetes			5	127
Epilepsy			2	45
High blood pressure	14	13	15	421
Kidney or liver disease			1	40
Learning difficulty			1	21
Long-term back problem			9	257
Long-term mental health problem			5	135
Long-term neurological problem			2	52
Another long-term condition			11	318
None of these conditions	56	54	50	1375
I would prefer not to say			1	35
Total		95		2762

Q32. Last 6 months, enough support from local services/organisations to help manage long-term conditions			Richmond CCG	
Base: All			%	N
Yes, definitely	49	17	39	507
Yes, to some extent			24	315
No			12	156
I have not needed such support			22	283
Don't know / can't say			4	54
Total		34		1313

Q33. Confidence in managing own health			Richmond CCG	
Base: All			%	N
Very confident	52	51	42	1248
Fairly confident	47	48	52	1542
Not very confident			8	174
Not at all confident			1	28
Total		98		2990

Q34a. State of health today...Mobility			Richmond CCG	
Base: All			%	N
I have no problems in walking about	86	84	84	2535
I have slight problems in walking about			9	280
I have moderate problems in walking about			5	141
I have severe problems in walking about			3	83
I am unable to walk about			0	15
Total		98		3034

Q34b. State of health today...Self-Care			Richmond CCG	
Base: All			%	N
I have no problems washing or dressing myself	96	94	94	2836
I have slight problems washing or dressing myself			3	98
I have moderate problems washing or dressing myself			2	53

I have severe problems washing or dressing myself				1	25
I am unable to wash or dress myself				1	16
<b>Total</b>			<b>98</b>		<b>3028</b>

Q34c. State of health today...Usual Activities			Richmond CCG	
Base: All				
	%	N	%	N
I have no problems doing my usual activities	88	86	81	2449
I have slight problems doing my usual activities			11	333
I have moderate problems doing my usual activities			5	152
I have severe problems doing my usual activities			2	74
I am unable to do my usual activities			1	25
<b>Total</b>		<b>98</b>		<b>3035</b>

Q34d. State of health today...Pain/Discomfort			Richmond CCG	
Base: All				
	%	N	%	N
I have no pain or discomfort	57	55	60	1815
I have slight pain or discomfort	37	38	27	827
I have moderate pain or discomfort			9	273
I have severe pain or discomfort			3	98
I have extreme pain or discomfort			1	19
<b>Total</b>		<b>98</b>		<b>3031</b>

Q34e. State of health today...Anxiety/Depression			Richmond CCG	
Base: All				
	%	N	%	N
I am not anxious or depressed	80	78	72	2149
I am slightly anxious or depressed	17	17	18	544
I am moderately anxious or depressed			7	208
I am severely anxious or depressed			2	67
I am extremely anxious or depressed			1	26
<b>Total</b>		<b>97</b>		<b>2994</b>

Q35. Activities limited today due to recent illness or injury			Richmond CCG	
Base: All				
	%	N	%	N
Yes, limited a lot			3	87
Yes, limited a little	16	16	12	382
No	82	80	85	2569
<b>Total</b>		<b>97</b>		<b>3036</b>

Q36. Have a written care plan			Richmond CCG	
Base: All				
	%	N	%	N
Yes			3	90
No	99	94	95	2859
Don't know			2	57
<b>Total</b>		<b>94</b>		<b>3006</b>

Q37. Helped putting care plan together			Richmond CCG	
Base: All who have a written care plan				
	%	N	%	N
Yes			76	69
No			24	21
<b>Total</b>				<b>90</b>

Q38. Using written care plan to help manage health day-to-day.			Richmond CCG	
Base: All who have a written care plan				
	%	N	%	N
Yes			69	59
No			31	27
<b>Total</b>				<b>86</b>

Q39. Reviewing written care plan with GP, nurse or other health professional.			Richmond CCG	
Base: All who have a written care plan				
	%	N	%	N
Yes			57	51
No			27	25
Don't know			15	14
<b>Total</b>				<b>90</b>

Q40. Know how to contact an out-of-hours GP service			Richmond CCG	
Base: All				
	%	N	%	N
Yes	36	35	42	1269
No	64	61	58	1774
<b>Total</b>		<b>95</b>		<b>3043</b>

Q41. Tried to call an out-of-hours GP service in past 6 months...			Richmond CCG	
Base: All				
	%	N	%	N
Yes, for myself			3	97
Yes, for someone else			6	190
No	89	84	91	2747
<b>Total</b>		<b>84</b>		<b>3033</b>

Q42. Ease of contacting the out-of-hours GP service by telephone			Richmond CCG	
Base: All who have tried to call an out of hours GP service when the surgery was closed				
	%	N	%	N
Very easy			19	54
Fairly easy			36	103
Not very easy			26	74
Not at all easy			15	37
Don't know / didn't make contact			6	16
<b>Total</b>		<b>10</b>		<b>284</b>

Q43. Impression of how quickly care from out-of-hours GP service received			Richmond CCG	
Base: All who have tried to call an out of hours GP service when the surgery was closed				
	%	N	%	N
It was about right			45	127
It took too long			43	122
Don't know / doesn't apply			12	33
<b>Total</b>		<b>10</b>		<b>282</b>

Q44. Confidence and trust in out-of-hours clinician			Richmond CCG	
Base: All who have tried to call an out of hours GP service when the surgery was closed				
	%	N	%	N
Yes, definitely			22	60
Yes, to some extent			49	136
No, not at all			18	51
Don't know / can't say			11	31
<b>Total</b>		<b>10</b>		<b>278</b>

Q45. Overall experience of out-of-hours GP services			Richmond CCG	
Base: All who have tried to call an out of hours GP service when the surgery was closed				
	%	N	%	N
Very good			17	48
Fairly good			34	93
Neither good nor poor			21	60
Fairly poor			17	47
Very poor			11	30
<b>Total</b>		<b>10</b>		<b>279</b>

Q51. Gender			Richmond CCG	
Base: All				
	%	N	%	N
Male	53	51	50	1533
Female	47	46	50	1528
<b>Total</b>		<b>97</b>		<b>3062</b>

Q52. Age			Richmond CCG	
Base: All				
	%	N	%	N
18 to 24			6	180
25 to 34	22	21	18	558
35 to 44	24	23	23	702
45 to 54	16	16	20	625
55 to 64	12	12	13	411
65 to 74			10	315
75 to 84			6	190
85 or over			2	73
<b>Total</b>		<b>97</b>		<b>3055</b>

Q53. Ethnic group			Richmond CCG	
Base: All				
	%	N	%	N
English / Welsh / Scottish / Northern Irish / British	72	71	72	2208
Irish			3	79
Gypsy or Irish Traveller				
Any other White background	12	12	12	369
White and Black Caribbean			0	11
White and Black African				
White and Asian			0	13
Any other Mixed / multiple ethnic background				
Indian			2	76
Pakistani			1	18
Bangladeshi				
Chinese			1	39
Any other Asian background			2	54
African			1	18
Caribbean				
Any other Black / African / Caribbean background			0	12
Arab			0	14
Any other ethnic group			3	104
<b>Total</b>		<b>98</b>		<b>3045</b>

Q54. Working status			Richmond CCG	
Base: All				
	%	N	%	N
Full-time paid work (30 hours or more each week)	52	50	50	1498
Part-time paid work (under 30 hours each week)	11	11	14	412
Full-time education at school, college or university			3	83



Unemployed			3	182
Permanently sick or disabled			3	90
Fully retired from work	20	19	17	512
Looking after the home	12	12	7	202
Doing something else			4	113
Total		97		3012

Q55. Journey time from home to work			Richmond CCG	
Base: All in part or full-time work				
	%	N	%	N
Up to 30 minutes	22	13	32	595
31 minutes to 1 hour	38	23	37	635
More than 1 hour	36	21	23	431
I live on site			9	164
Total		59		1883

Q56. Can take time away from work to see GP			Richmond CCG	
Base: All in part or full-time work				
	%	N	%	N
Yes	77	45	72	1353
No	23	13	28	530
Total		59		1883

Q57. Parent or legal guardian			Richmond CCG	
Base: All				
	%	N	%	N
Yes	29	28	32	963
No	71	66	68	2035
Total		94		2999

Q58. Deaf and use sign language			Richmond CCG	
Base: All				
	%	N	%	N
Yes				
No	100	94	100	2980
Total		94		2986

Q59. Smoking habits			Richmond CCG	
Base: All				
	%	N	%	N
Never smoked	64	62	58	1761
Former smoker	26	25	29	897
Occasional smoker			7	210
Regular smoker			6	184
Total		96		3053

Q60. Look after/provide support to family etc. for physical or mental ill health/problems in old age			Richmond CCG	
Base: All				
	%	N	%	N
No	86	81	86	2585
Yes, 1-9 hours a week	10	10	8	280
Yes, 10-19 hours a week			2	49
Yes, 20-34 hours a week			0	14
Yes, 35-49 hours a week			1	23
Yes, 50+ hours a week			2	54
Total		95		3005

Q61. Sexual orientation			Richmond CCG	
Base: All				
	%	N	%	N
Heterosexual / straight	95	92	92	2768
Gay / Lesbian			2	70
Bisexual			1	19
Other			1	16
I would prefer not to say			4	134
Total		96		3006

Q62. Religion			Richmond CCG	
Base: All				
	%	N	%	N
No religion	43	41	33	998
Buddhist			1	33
Christian	41	39	54	1642
Hindu			2	49
Jewish			1	26
Muslim			4	108
Sikh			1	23
Other			1	41
I would prefer not to say			4	114
Total		96		3034

## 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.
  - RCAS Referral Assessment Service
  - Direct referral
  - Immediate to A&E or hospital ward as In-patient
  - Private
  - 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 29<sup>th</sup> 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 ophthalmologist 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 :**

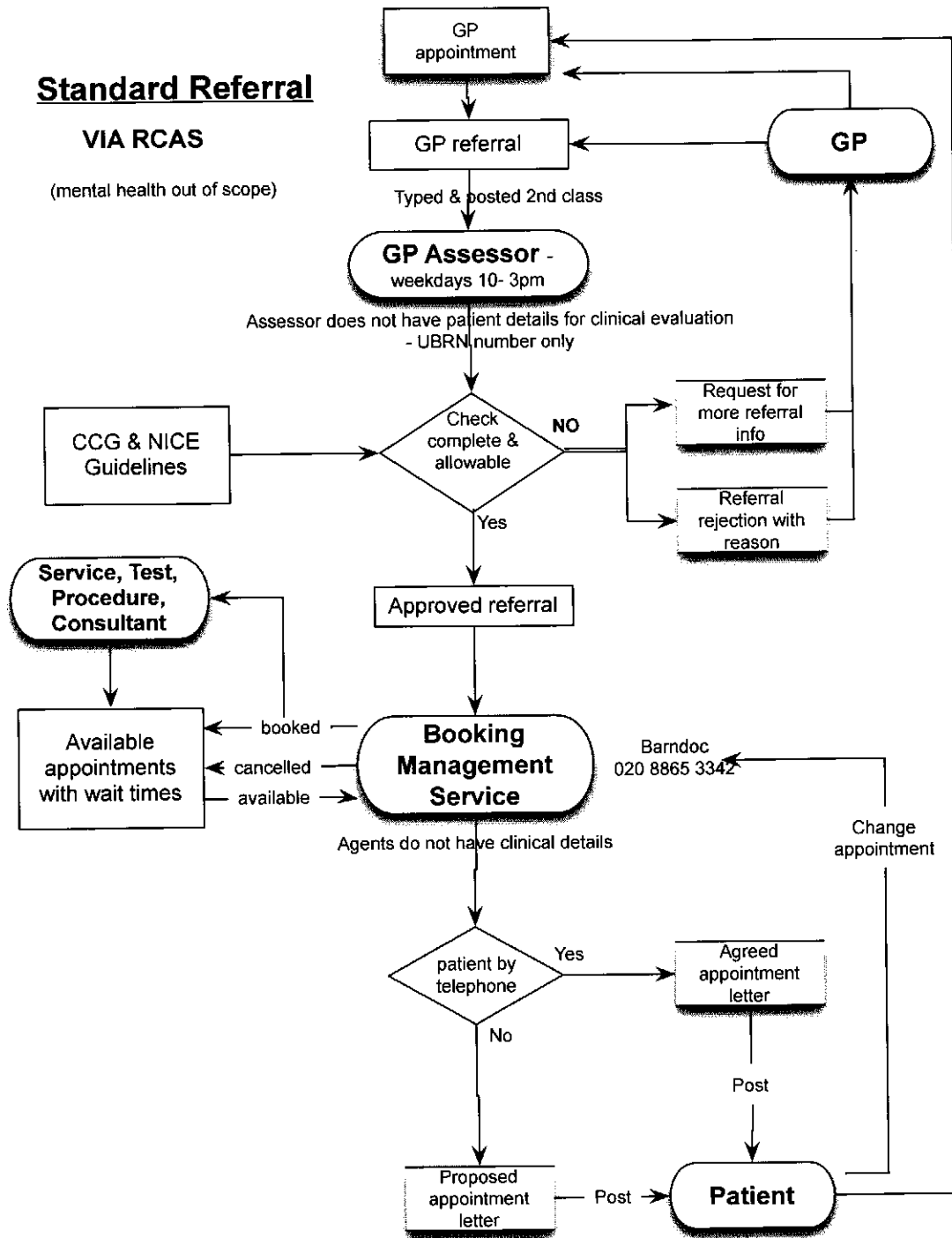
This works very well. Contact & arrangements are made in advance so they are expected and treatment starts immediately.

**Patient Group - Maureen Chatterley**

## Standard Referral

### VIA RCAS

(mental health out of scope)



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

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

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

Maureen Chatterley