A REVIEW OF 'FRONT OF HOUSE' PATIENT EXPERIENCE IN GP PRACTICES IN PORTSMOUTH.

SUMMARY REPORT

OBSERVATIONAL DATA COLLECTED BY
PATIENT PARTICIPATION GROUP (PPG) REPRESENTATIVES,
SUPPORTED BY HEALTHWATCH PORTSMOUTH

PUBLISHED MARCH 2017

CONTENTS PAGE:

AIMS AND OBJECTIVES

Healthwatch Portsmouth is an independent statutory body that gathers the views and experiences of local people, enabling them to have a chance to speak up about health and social care services in their area. We collect local evidence-based information through community engagement to ensure that the people who plan, commission and check services listen to the people who use those services.

The opportunity to work with representatives from Patient Participation Groups (PPGs) in Portsmouth arose from an earlier mystery shopping activity we undertook across GP practices in the city, assessing consistency of information provided to patients and requirements for certain types of identification when applying to register with a practice.

The aim of the work was to involve local PPG reps in assessing their own practices, to highlight areas of good practice as well as those for improvement, making recommendations that might improve services and the patient experience.

This report aims to provide an overview of activities undertaken by PPG reps and Healthwatch Portsmouth staff, the methodology used along with the findings and recommendations arising from the work.

Healthwatch Portsmouth would like to take this opportunity to thank the PPG rep volunteers and all the GP practice staff who gave up their time to plan and participate in the visits and reviews. We would also like to thank staff at the Portsmouth Clinical Commissioning Group (CCG) for their support with this project.

METHODOLOGY

Whilst undertaking a mystery shopping activity earlier this year, Healthwatch Portsmouth received positive feedback with regards further developing the work around GP practices, to better involve PPG reps.

The mystery shopping report found some inconsistency of information and identification requirements across different Practices in the city, and it was hoped that by involving local PPG reps in associated work, that a stronger local voice would be developed to help influence how services are provided.

Healthwatch Portsmouth attended the city-wide PPG meeting in April 2016 to present the mystery shopping findings and seek interest from PPG reps in volunteering some of their time to visit and review their own practices.


Healthwatch Portsmouth presenting at the city-wide PPG forum

Interest was secured from PPG reps and a checklist developed with them concerning five key non-clinical / 'front of house' topics to reflect what PPG reps felt represented good practice. The five topics were:

1. Reception Service
2. Physical Environment
3. Information & Signposting
4. Access to Appointments
5. Patient Involvement

Through open discussion and use of post-it notes and flipchart paper, PPG reps were able to express themes within each topic area central to demonstrating if a Practice was achieving good standards to provide for a good patient experience.
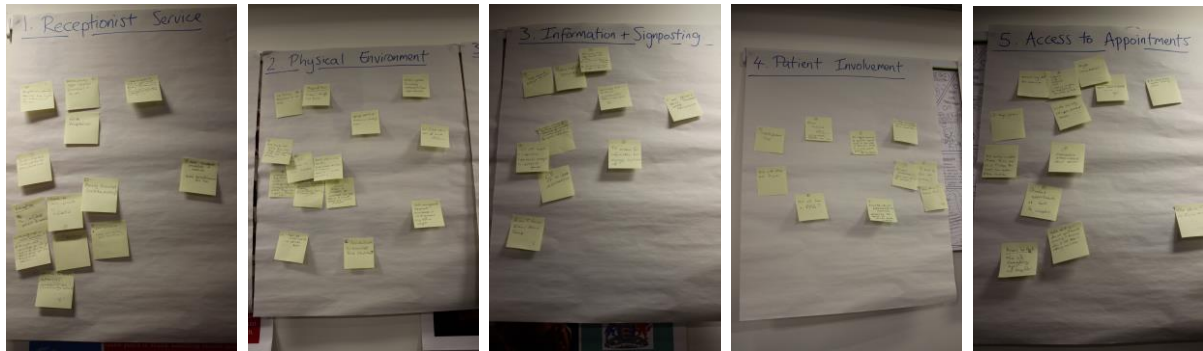
Flipchart paper with check-list suggestions from PPG reps

Healthwatch Portsmouth took the feedback from that event to draw up a draft checklist that was then finalised with PPG reps at smaller meetings which also confirmed the process for actually visiting Practices. The checklist used by visiting reps is contained in *Appendix One*.

PPG rep preparatory meetings

PPG visit checklist

During this time, CCG staff were notified of progress and GP Practices were kept informed throughout, including who their visiting PPG rep was, when they would visit and confirmation over the parameters for the activity.

The Healthwatch Portsmouth Manager also attended the city-wide Practice Managers' Forum to outline the plans and answer any questions Practice Manager had. The main concerns centred over whether this process was another inspection

(similar to Care Quality Commission (CQC) activities) and how much of their already busy schedule this would take up. Healthwatch Portsmouth were able to confirm this to be a distinct and different activity to CQC inspections in that it was from a lay person and patient perspective, as opposed to clinical approach. The visits were going to focus on 'front of house' services as opposed to medication, treatment and other clinical policies and standards. It was also confirmed this was a free opportunity for constructive feedback on key customer service-based performance and a way of gaining more meaningful engagement with their patient list.

When undertaking the visits, each PPG rep had a letter of introduction from Healthwatch Portsmouth they provided to the Practice on arrival. The reps had a Healthwatch Portsmouth team member they could contact at any time during the visit if they had a query or concern, and Practices were also given contact details for the team should they need to clarify any part of the activity.

Visits to nine Practices were completed by the reps and their feedback provided to Healthwatch Portsmouth to collate and summarise. The specific feedback for each Practice was shared individually with them for comment and use in improvement planning, before the writing of this summary report and sharing of summary data with the city-wide PPG network and CCG, and in turn the HWP website (which does not identify how individual Practices performed). HWP also produced framed certificates for PPG reps to present to their Practices they visited to acknowledge their performance in meeting the standards devised by the reps themselves.
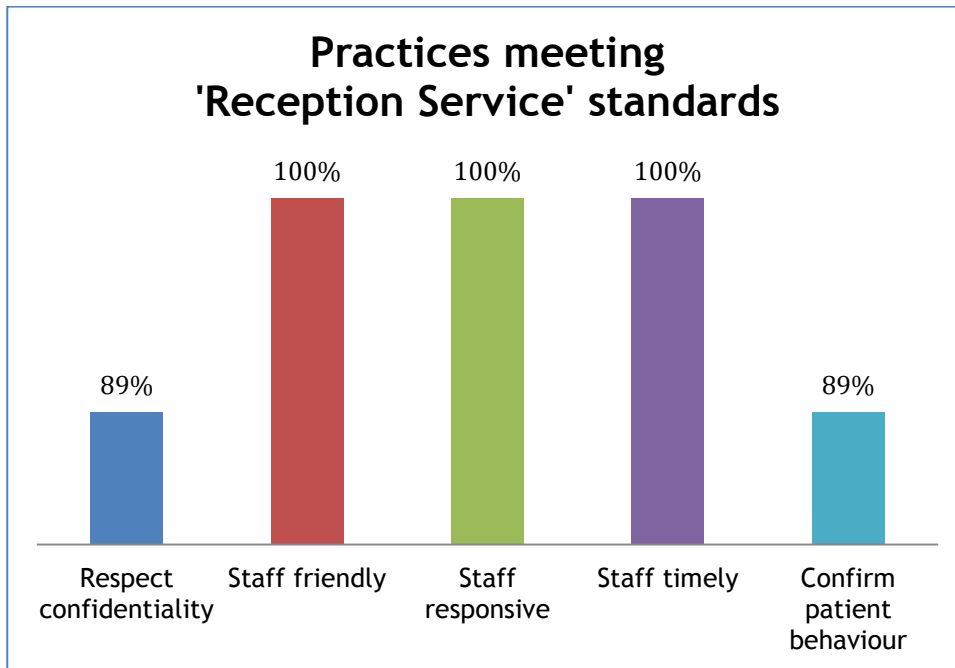

Example of outcome certificates

Feedback from PPG reps taking part in the process has been very positive, and has led some to understanding more about the workings of their Practice, which will help them be involved in a more informed way in the future.

FINDINGS & RECOMMENDATIONS

A full, detailed breakdown of all scores and observations are contained in *Appendix Two*. The main findings and recommendations from the visits to the nine Practices by PPG reps are summarised below, under each of the five topic areas.

1. Reception Service

Practices meeting 'Reception Service' standards

Respect confidentiality	Staff friendly	Staff responsive	Staff timely	Confirm patient behaviour
89%	100%	100%	100%	89%

Findings:
Practices scored well in this area, with only one Practice not meeting one of the standards (respecting confidentiality). At this Practice, it was felt staff were discreet but because of the open plan nature of the reception area, confidentiality was not always possible.

Recommendations:
- Where reception layout does not support confidentiality, Practices should use best endeavours to ensure another room is available to have the conversation and pro-actively promote this to ensure all patients are aware this is the case and how to request it.
- Staff undertake confidentiality training as part of core training – including refresher sessions as required.
- The CCG to look to work with Practices and reps to understand what the good practice is with regards the positive approach of staff (around friendliness and timely responses), to share with other Practices where performance is known to be less positive including through the use of CCG quality assurance frameworks.
- Commissioners and providers take care to design in layouts sensitive to confidentiality when scoping and proposing new services / buildings.

2. Physical Environment

Practices meeting 'Physical Environment' standards

Building accessible	Suitable parking	Waiting area welcoming	Designated child's play area	Good technology use
89%	89%	100%	33%	89%
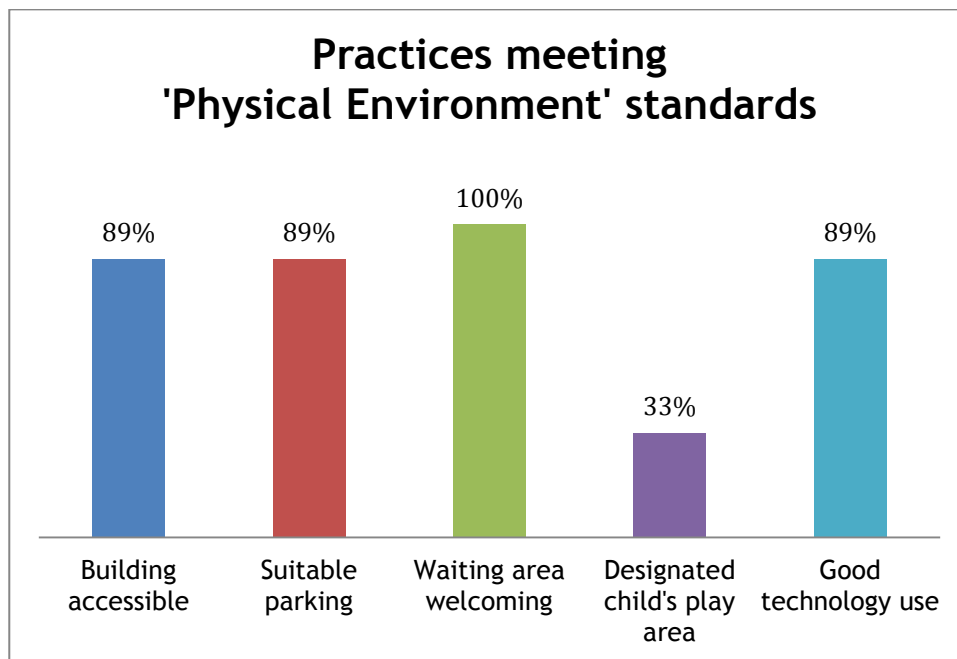
Findings:
Again, good scores were achieved across most standards. However, a priority standard for PPG reps was for Practices to have a designated area for children to play. Only 33% of Practices had a suitable area for this use. It was recognised in some cases this was because of the layout of the building which is not easy to change, however, this was also put down to concerns over cross contamination of children sharing toys, books etc. With reference to use of technology, it was highlighted a Practice utilised a clear beep and call display to prompt patients to go to the relevant room to attend for their appointment. However, it was also noted that one Practice had a TV in situ but it was not in use or working.

Recommendations:
- Practices and the CCG to work together to utilise all technology in place at surgeries, including the best use of the 'Life Channel' on waiting room TVs.
- CCG to investigate a consistent approach to cross contamination concerns over toy sharing and to encourage toy provision where possible.
- If access is an issue because of the building layout, the CCG and Practices to review the concerns and ensure patient access needs are documented so arrangements put in place to promote equitable access wherever possible (eg: alternative room / space to be used for appointments with these needs).
- Whilst recognising the constraints regarding building configuration and funds, where there is poor storage for mobility vehicles and pushchairs, the CCG to work with Practices to identify alternative outside space (where possible) to make available for this use. CCG and Practices to design in these features when considering new services / building layouts.

3. Information & Signposting

Practices meeting 'Information/Signposting' standards

Bar chart showing:
- Info relevant/to-date: 100%
- Well displayed: 100%
- Re complaints: 89%
- In different formats: 56%
- Re other organisations: 100%
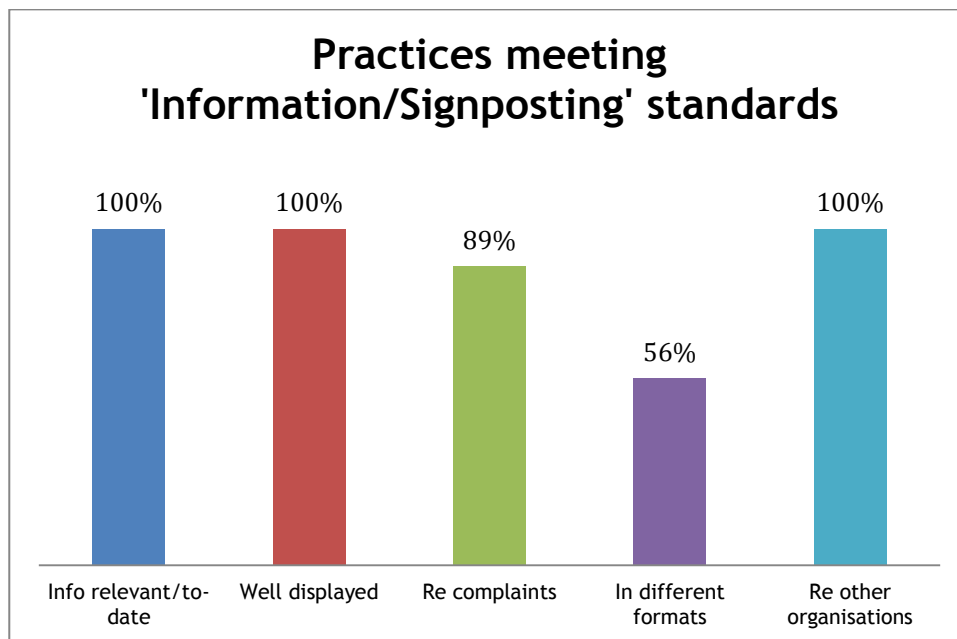
Findings:
Practices scored well in 4 out of 5 themes with one Practice noted as providing good information re triage routes in to GPs, nurses and other services. The underperforming area centered on information provided in different formats (such as large print, in audio or visual format). Only 56% of Practices met the standard expected for this by PPG reps, with observations for those not meeting this including:
- Not visible, staff too busy to ask
- Not seen / not obvious
- Not in different languages…some information too small.

Recommendations:
- Practices to make it clear to all patients, in their Practice leaflet or in other ways, what their policy is with regards to providing information in accessible formats and how patients request information in this way.
- CCG to understand how Practices are providing information regarding other organisations and how well displayed to see if this good practice can improve standards elsewhere.
- Practices and CCG to review whether a shared resource could provide information in different accessible formats, to save costs for Practices, and provide consistent standards across the city.
- CCG and Practices to consider directing patients (whether via online or by phone/face-to-face) to Healthwatch Portsmouth and key voluntary sector umbrella bodies to signpost patients to range of information, advice and support opportunities across the city.
- All Practices make clear how patients can feedback (whether positively or negatively), providing details of Healthwatch Portsmouth as an independent information source and NHS advocacy.

4. Access to Appointments

Practices meeting 'Access to Appointments' standards

- Triage offered: 89%
- Non face-to-face: 100%
- Use text/email reminders: 67%
- Appointment technology: 100%
- Publish info re wait times: 56%
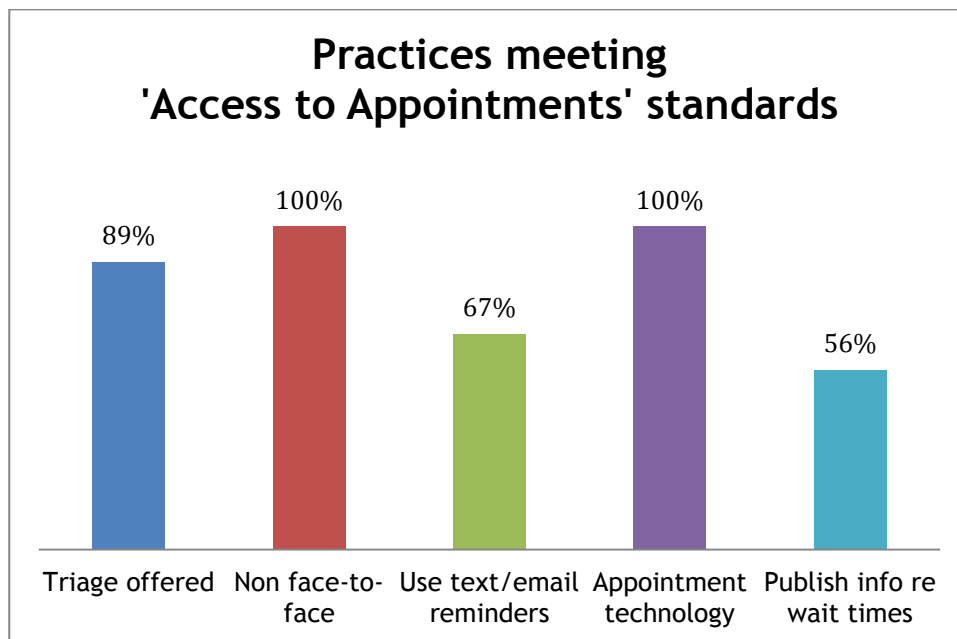
Findings:
Two of the themes were fully met within this standard (providing non face-to-face appointments and some use of online technology for managing appointments), although for two Practices, this only consisted of a telephone option rather than via online, email etc. The use of text/email reminder systems and providing information about appointments and waiting times performed less well, with comments confirming a rota system with other Practices was available but not publicised to patients at one Practice. Some reps fed back that Practices had concerns over data sharing issues when considering the use of text/email reminders.

Recommendations:
- CCG to follow up on the contractual commitment for Practices to have in place online options for booking, amending and cancelling appointments to ensure at least 10% of their patient population are enabled to access appointments in this way.
- CCG to provide clarity around data protection and consent issues to encourage better use of text/email reminder systems when rolling out new systems to patients and agreed protocols regarding 'opting in' by patients.
- Practices to take all opportunities when in communication with patients, to confirm if patient information (including contact details) are correct.
- Practices to continue to encourage patient sign up to online systems by providing more information to patients to confirm how to book, amend or cancel appointments online, by phone or in person, whichever is most convenient (to also help reduce number of missed appointments)
- Practices, the CCG and Healthwatch Portsmouth to work together to provide more information to patients about alternative appointment options (other Practices where shared system in place, or non-face-to-face options, or see someone other than a GP where appropriate) and encourage patients to take a pro-active approach to the booking and changing of appointment times.

- PPG reps to emphasise the importance of patient attendance or cancellation of appointments across their patient groups and highlight ways to do this to help reduce number of missed appointments.

5. Patient Involvement

Practices meeting 'Patient Involvement' standards
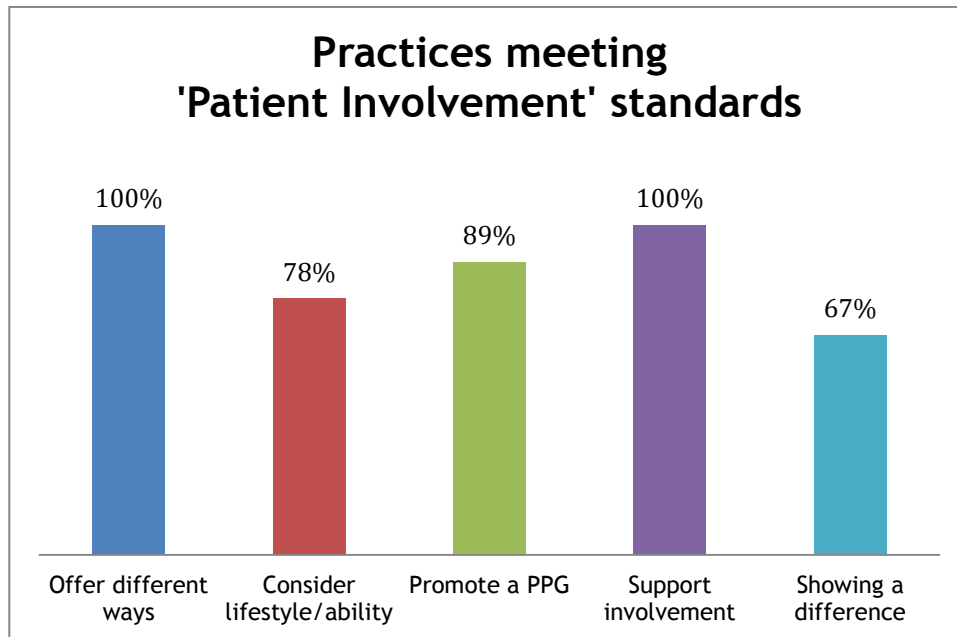
Findings:
All Practices reviewed offered a variety of ways for patients to give feedback about services, along with providing support for patients to get involved. 89% of the Practices also promoted the formation of a PPG and encouraged involvement from patients with this group. However, only one third of Practices pro-actively demonstrated the difference patient feedback makes and two needed to do more around offering more alternatives for feedback to be given, such as via their website. One PPG rep fed back that their Practice had previously struggled in the past to encourage involvement but had taken steps over the past year to rectify this.

Recommendations:
- Practices and PPGs to work together to publish and highlight the actions they have taken in response to feedback to demonstrate they have listened and in turn encourage more feedback.
- Each PPG reviews the good practice guidance for PPG development available online and contained with this report in *Appendix Three*.
- The CCG, with support from the city-wide PPG, to look to encourage active and effective PPGs to visit other Practices to support / mentor development of PPGs elsewhere.
- The CCG explore opportunities, with support from Healthwatch Portsmouth, to launch and/or develop other active patient engagement opportunities, including in different innovative formats (such as engagement online, social media, via one-off events, linking in with local community days) to reach all sections of the patient population.

SUMMARY & CONCLUSION:

Healthwatch Portsmouth supported local Patient Participation Group (PPG) reps to visit their own Practices to review 'front of house' services, using a checklist devised by members of the city-wide PPG forum.

In total, nine Practices were reviewed and this report has outlined the key findings and subsequent recommendations to share good practice and improve patient experience.

Key recommendation themes centre on:
- Confidentiality – pro-active approach to providing space for private conversations in/around reception areas.
- Child play areas – consistent approach re practice of providing toys.
- Access – confirmation that patient access needs are understood and supported within building layouts.
- Accessible information – pro-active approach to making information available in different formats.
- Data protection – confirmation over protocols in use of text/email reminders.
- Access to appointments – meeting of commitment by all Practices to have in place online systems for booking, amending and cancelling appointments.
- Participation – Practices to improve how engage with all sections of the community, how they use feedback and confirm the level to which patient feedback influences how services are provided.

Individual specific findings have been shared with the Practices that took part in this activity, with this summary report to be shared with PPG reps, the CCG, Healthwatch England and other stakeholders and made available for public access on the Healthwatch Portsmouth website with the aim of identifying good practice, areas for improvement and invite further feedback from the local community.

NEXT STEPS:

Healthwatch Portsmouth have provided all Practices with their individual ratings certificate with Practices encouraged to locate this in a prominent place in their reception area.

The key recommendations within this report will be followed up in due course by Healthwatch Portsmouth to see what changes have been made and how Practices have improved their PPG rep ratings.

Healthwatch Portsmouth will also work with PPG reps, other members of the public, Practices and the CCG to see how these visits can be developed further, with suggestions to include reps reviewing Practices other than their own, and Practices being assessed for dementia and/or learning disability user-friendliness.

APPENDIX ONE: VISIT CHECKLIST

Patient Participation Group (PPG) GP surgery review checklist

Name of Healthwatch Portsmouth Patient Representative: _____

Name of GP Practice: _____   **Date of visit: _____/_____/_____**

Theme	Sub-area	Observation or Ask staff?	YES or NO?
Theme 1: Reception service	i. Do staff respect patients' **confidentiality**? (eg: not sharing personal information in front of others, discreet about peoples' needs in waiting room).	**Observation**	
	ii. Are staff **friendly**, welcoming, patient and approachable to all callers to the practice?	**Observation**	
	iii. Are staff **responsive** to different requests they receive? (eg: listen and try to find solutions, deal with different communication needs and behaviours).	**Observation**	
	iv. Are staff **timely** in the way they deal with patients approaching them at the practice?	**Observation**	

	v. Is there information confirming what **behaviour** Practice staff expect from patients/visitors (eg: not shouting, swearing, aggressive, violent)?	**Observation**	

Theme 1: Reception service - Additional comments

Theme 2: Physical environment	i. Is the building **accessible** for all visitors? (eg level access, option of lifts, easy opening doors).	**Observation**	
	ii. Is there suitable **parking** for cars & storage for bikes, mobility scooters, pushchairs?	**Observation**	
	iii. Is the reception and **waiting area welcoming** and well laid out? (eg: tidy, clean, bright, enough seating and a good temperature).	**Observation**	
	iv. Is there an area designated for **children** to play?	**Observation**	
	v. Is there good use of **technology** in the waiting area? (eg: TV, automated check-in machines, systems for calling patients into appointments)	**Observation**	

Theme 2: Physical environment - Additional comments

Theme 3: Information & signposting	i. Is information **relevant & up-to-date**? (eg: still in date, relevant).	**Observation**	
	ii. Is information **well displayed**? (good use of notice boards, not too much information, sectioned into health promotional and information about the practice such as contact numbers, opening times etc).	**Observation**	
	iii. Is information provided about how to make a **complaint** or give **compliments**?	**Observation**	
	iv. Is information provided in **different formats**? (eg: leaflets, large print, audio, different languages, pictorial, visual on TV screen). Is there any staff guidelines to confirm this?	**Observation & Ask staff**	
	v. Does information provide details of **other organisations** patients can use for health and well-being needs? (eg: community support groups, NHS choices, Healthwatch, pharmacy services).	**Observation**	
Theme 3: Information & signposting - Additional comments			

Theme 4: Access to appointments	i. Does the practice **triage** appointment requests to see if appointment really needed or other advice/services would be more suitable?	**Ask staff**	
	ii. Does the practice provide appointments / advice via **non face-to-face** methods? (eg: email, Skype, telephone).	**Ask staff**	
	iii. Does the practice use **text/email reminders** to help patients keep appointments?	**Ask staff**	
	iv. Does the practice use **technology** to help manage appointments? (eg: online booking, amendment and cancelling of appointments).	**Ask staff**	
	v. Does the practice publish **information** about appointments? (eg: current waiting times for non-urgent appointments, number of missed appointments).	**Observation & Ask staff**	

Theme 4: Access to appointments - Additional comments

Theme 5: Patient involvement	i. Does the practice offer a **variety of ways** in which patients can provide feedback and get involved in improving services? (eg: PPG, surveys, focus groups on specific issues, comments box, complaints process, 'Friends & Family Test').	**Observation**	
	ii. Does the practice consider **different lifestyles and abilities** when offering ways to give feedback? (eg: meetings at different times, online and written surveys, large print, plain English).	**Observation & Ask staff**	
	iii. Does the practice **promote a PPG** and encourage membership / involvement with the group? (eg: PPG can take place via email as well as face-to-face meetings).	**Observation**	
	iv. Does the practice provide **support** to encourage patients to get involved? (eg: refreshments, administration of meetings, room use).	**Observation & Ask staff**	
	v. Does the practice show how feedback from patients has **made a difference**? (eg: you said, we did information, because of your feedback we changed…)	**Observation**	

Theme 5: Patient involvement - Additional comments

APPENDIX TWO: FULL DETAILS OF SCORES & COMMENTS

	Sub-area	1	2	3	4	5	6	7	8	9	Total
Theme 1: Reception service	vi. Do staff respect patients' **confidentiality**? (eg: not sharing personal information in front of others, discreet about peoples' needs in waiting room).	Yes	Yes	No[1]	Yes[2]	Yes	Yes[3]	Yes[4]	Yes[5]	Yes	8/9
	vii. Are staff **friendly**, welcoming, patient and approachable to all callers to the practice?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9/9
	viii. Are staff **responsive** to different requests they receive? (eg: listen and try to find solutions, deal with different communication needs and behaviours).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9/9
	ix. Are staff **timely** in the way they deal with patients approaching them at the practice?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9/9
	x. Is there information confirming what **behaviour** Practice staff expect from patients/visitors (eg: not shouting, swearing, aggressive, violent)?	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	8/9

Observations:

1. Staff are discreet but this is difficult due to the open plan nature of the reception area.

2. If requested by the patient a separate room is provided.

3. If a patient wishes to discuss matter in private a room can be made available.

4. The waiting room and reception are one open area but there is sufficient open space to make overhearing conversations at the Reception desk unlikely when sitting in the waiting area seats unless a patient talked very loudly.

5. The waiting room and reception are one open but small area which could allow some words from conversations at the Reception desk to be overheard but this is unavoidable within the smaller building that houses this practice.

	Sub-area	1	2	3	4	5	6	7	8	9	Total
Theme 2: Physical environment	i. Is the building **accessible** for all visitors? (eg level access, option of lifts, easy opening doors).	Yes	Yes	Yes	Yes	No[9]	Yes	Yes	Yes	Yes	8/9
	ii. Is there suitable **parking** for cars & storage for bikes, mobility scooters, pushchairs?	No[1]	Yes	Yes/No[4]	Yes[6]	Yes[10]	Yes	Yes	Yes[15]	Yes	8/9
	iii. Is the reception and **waiting area welcoming** and well laid out? (e.g.: tidy, clean, bright, enough seating and a good temperature).	Yes	Yes	Yes	Yes[7]	Yes	Yes	Yes	Yes	Yes	9/9
	iv. Is there an area designated for **children** to play?	No[2]	No[3]	Yes	Yes	No[11]	Limited[12]	No[13]	No[16]	No	3/9
	v. Is there good use of **technology** in the waiting area? (eg: TV, automated check-in machines, systems for calling patients into appointments)	Yes	Yes	No[5]	Yes[8]	Yes[12]	Yes	Yes[14]	Yes[17]	Yes	8/9

Observations:

1. The practice is on a busy street which does not allow for parking and the building does not have room for pushchairs or scooters.

2. Toys are available but there is no room to play.

3. There is no designated play area for children. As the practice is quite small the decision was made, in consultation with the PPG, to make the space accessible to patients with mobility needs/pushchairs. Infection control risks of multiple use of toys by children was also factored into the decision.

4. Limited on street parking only and limited space for pushchairs, etc.

5. TV's in place but not in use/working.

6. There is very adequate parking for both cars & cycles although no facility for scooters/pushchairs, this is mainly because the patients need to use them for their visit.

7. There used to be a play area but this was removed when a blood pressure monitor was installed in the waiting room. The play area frequently resulted in toys being scattered over the room causing a hazard in a very crowded room. At the rear of the waiting room there is now a large felt play board.

8. According to the receptionist many patients don't like using the check-in machine. This was confirmed by one patient I spoke to. There is also a blood pressure machine for patients to use.

9. The old building constrains accessibility. Level access is provided. There is o lift but patients requiring appointments downstairs are flagged on the system.

10. Parking on residential roads for 2 hours is reasonably easy. Undercover storage at the entrance with rail to padlock buggies for security.

11. Toys are not available due to the risk of cross contamination. Books & small toys were constantly taken from the waiting room.

12. There is a children's play board on one wall but it is quite small and really only available to one child at a time.

13. There is no designated play area for children although there is a small coffee sized table with fixed toys. This is not a criticism however as I believe several surgeries have closed such play areas after identifying that they were a source of transferred infections.

14. There was a large clear display indicating when patients were called into their consultations, I liked that there was a clear bleep each time a new patient was called so that patients could look up and didn't have to watch the display the whole time. Some other

messages were displayed between the patient names being called but I didn't feel this was particularly effective.

15. I could see no specific parking provision for mobility scooters as this practice is in what is essentially a converted domestic house. The entry ramp could allow patient's bicycles to be locked to the outside rails. On street car parking was available in the surrounding area in the daytime, if needed a public carpark was available nearby.

16. There is no designated play area for children although there is a small coffee sized table with fixed toys.

17. There was a large clear rolling display indicating when patients were called into their consultations, I liked that there was a clear bleep each time a new patient was called so that patients could look up and didn't have to watch the display the whole time. Some other messages were displayed between the patient names being called. I felt these extra messages were more effective than the previous surgery I visited as the seats faced the display. However the Group website is given incorrectly and leads patients to somewhere else entirely.

	Sub-area	1	2	3	4	5	6	7	8	9	Total
i.	Is information **relevant & up-to-date**? (eg: still in date, relevant).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9/9
ii.	Is information **well displayed**? (good use of notice boards, not too much information, sectioned into health promotional and information about the practice such as contact numbers, opening times etc).	Yes	Yes	Yes	Yes[4]	Yes	Yes	Yes	Yes	Yes	9/9
iii.	Is information provided about how to make a **complaint** or give **compliments**?	Yes	Yes	Yes	Yes	Yes	Yes[7]	Yes	Yes	No[11]	8/9
iv.	Is information provided in **different formats**? (eg: leaflets, large print, audio, different languages, pictorial, visual on TV screen). Is there any staff guidelines to confirm this?	No[1]	Yes[2]	Limited[3]	Yes[5]	Limited[6]	No[8]	Yes[9]	No[10]	No[12]	5/9
v.	Does information provide details of **other organisations** patients can use for health and well-being needs? (eg: community support groups, NHS choices, Healthwatch, pharmacy services).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9/9

Theme 3: Information & signposting

Observations:

1. Different language leaflets were not visible; staff were too busy to ask.

2. Available on request.

3. Not seen/leaflets but nothing obvious, no audio, no alternative languages.

4. The leaflet rack is positioned outside a treatment room so not easily available. There is insufficient space in the waiting room for leaflets to be displayed.

5. The self check-in machine is available in 8 languages. Practice leaflets can be provided in large print and alternative languages if required but this is not advertised. The practice manager has investigated the provision of a book with useful phrases in several languages and their translation into English but the cost of production prohibits this at this time.

6. Braille is available at reception and audio is currently being produced. The website Quick Links has translate page drop down menu with a wide variety of languages.

7. There is a patient feedback screen in reception asking for details of patient experience.

8. There are plenty of leaflets but not in different languages. Some of the information was too small print to easily read on the boards. Online information is incorrect. The opening hours are shown as 8.00-18.00 when it should be 8.00-18.30. The old phone number is still shown and there is no information about pre-booked evening and Saturday morning appointments on a rota system with other surgeries in the group.

9. There was no signage indicating the availability of information in other languages, to carry such a large range of literature in multiple languages would be very expensive in terms of space and cost. I asked about availability of information in large print, the Reception staff assured me that they would provide verbal assistance to anyone in need of such help. The Practice website can be translated into most languages with Google Translate.

10. . I liked the large friendly poster showing triage routes to Doctors, Nurses or alternatives depending on the level of need. There was no signage indicating the availability of information in other languages, to carry such a large range of literature in multiple languages would be very expensive in terms of space and cost.

11. I discussed the complaints procedure with senior staff who said that patients can complain to receptionists who will guide patients

into the correct procedure and also information is given on Practice website.

12. Information on website with ability to change the language on line.   No leaflets available though.

	Sub-area	1	2	3	4	5	6	7	8	9	Total
i.	Does the practice **triage** appointment requests to see if appointment really needed or other advice/services would be more suitable?	Yes	Yes	No[1]	Yes	Yes	Yes[7]	Yes	Yes	Yes[14]	8/9
ii.	Does the practice provide appointments / advice via **non face-to-face** methods? (e.g.: email, Skype, telephone).	Yes	Yes	Yes	Yes[2]	Yes[5]	Yes[8]	Yes	Yes	Yes[15]	9/9
iii.	Does the practice use **text/email reminders** to help patients keep appointments?	Yes	Yes	Yes	Yes[3]	No	Yes	No[10]	No[12]	Yes	6/9
iv.	Does the practice use **technology** to help manage appointments? (e.g.: online booking, amendment and cancelling of appointments).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9/9
v.	Does the practice publish **information** about appointments? (e.g.: current waiting times for non-urgent appointments, number of missed appointments).	Yes	Yes	No	Yes/No[4]	Yes[6]	No[9]	Yes/No[11]	No[13]	No[16]	5/9

Theme 4: Access to appointments

Observations:

1. Recruitment is in place to have nurse triage.

2. Telephone only.

3. Texts are sent when appointments are made and again as a reminder the day before the appointment. The Practice manager suggested they would consider reminder emails for patients who are due for minor surgery, etc. especially if this involves 2 members of staff. This could act as a reminder but also give the patient the opportunity to cancel.

4. Current waiting times are not published but the number of missed appointments are displayed and updated on a monthly basis.

5. Telephone only.

6. Waiting times are not published but the number of appointments and missed appointments for previous 3 months are shown in each waiting area.

7. A GP is on duty daily between 8.00-9.30 and 14.00-15.00 to speak to patients over the phone before booking urgent appointments.

8. Patients can register for an ID at reception and then can input their symptoms online to get advice. This is a new system just underway.

9. Pre booked appointments are available 18.30-20.00 Mon & Thurs and Sat am. There is a rota system with other practices in the group but this is not advertised either in the surgery or online.

10. The Practice staff can communicate with patients by non-face-to-face methods and would like to use text/email reminders, but there is a big issue over obtaining consent for contact by various methods under the UK Data Protection laws. Local demographics mean large numbers of patients do not have fixed landline phones and frequently change mobile numbers. Certainly no criticism is made for staying within the law! The practice were about to see a new demonstration of a reminders system and are keen to move forward.

11. The number of missed appointments are displayed but the waiting times are not.

12. The Practice staff can communicate with patients by non-face-to-face methods and would like to use text/email reminders, but there is a big issue over obtaining consent for contact by various methods under the UK Data Protection laws. Local demographics mean large numbers of patients do not have fixed landline phones and frequently change mobile numbers.

Certainly no criticism is made for staying within the law! The practice were about to see a new demonstration of a reminders system and are keen to move forward.

13. I couldn't see a sign publishing current waiting times for non-urgent appointments or the number of missed appointments, I don't believe this featured in the messages on screen either, but didn't ask.

14. Triage is only done on same day urgent requests for appointments.

15. A form can be filled in with symptoms on line and a doctor will reply appropriately. Advice will also be given by telephone (requesting a doctor to telephone you back with advice or appointment if necessary.)   This is usually done on the same day as the request.

16. Numbers of D.N.A's used to be flashed across the LED screen but this is not now done.

	Sub-area	1	2	3	4	5	6	7	8	9	Total
Theme 5: Patient involvement	i. Does the practice offer a **variety of ways** in which patients can provide feedback and get involved in improving services? (eg: PPG, surveys, focus groups on specific issues, comments box, complaints process, 'Friends & Family Test').	Yes	Yes	Yes	Yes	Yes[5]	Yes	Yes[7]	Yes[8]	Yes	9/9
	ii. Does the practice consider **different lifestyles and abilities** when offering ways to give feedback? (eg: meetings at different times, online and written surveys, large print, plain English).	Yes	Yes	Yes[1]	Yes	No	Yes	Yes	Yes	No	7/9
	iii. Does the practice **promote a PPG** and encourage membership / involvement with the group? (eg: PPG can take place via email as well as face-to-face meetings).	Yes	Yes	Yes	Yes	Yes	No[6]	Yes	Yes	Yes	8/9
	iv. What **support** does the practice provide to encourage patients to get involved? (eg: refreshments, administration of meetings, room use).	Yes	Yes	Yes	Yes[3]	Yes	Yes	Yes	Yes	Yes	9/9
	v. Does the practice show how feedback from patients has **made a difference**? (eg: you said, we did information, because of your feedback we changed…)	Yes	Yes	No[2]	Yes[4]	No	No	Yes	Yes	Yes	6/9

Observations:

1. Feedback on Website.

2. Not currently published.

3. PPG is struggling to get patients to join but meetings are promoted on the TV screen. Refreshments are provided but this is not advertised.

4. Some recent PPG suggestions have been implemented

5. Friends & Family test leaflet in one of the waiting areas and the terminal between all the waiting areas. All patients will pass this terminal but the patients rep who visited stated they had never noticed it or been told about it.

6. Friends of the Practice support this group practice and events have been held there. There is a poster showing how much money has been raised which is currently over £70, 000.

7. I could have marked most of these patient involvement questions as No (currently) but that would be unfair as I know the practice has run an effective PPG until this year when reductions in the PPG membership and pressures from the implementation of the new IT systems and staff recruitment have pushed the PPG down the Group's agenda. Now an effort is being made to revive the PPG and its work this autumn.

8. Practice 8 is part of the same group as Practice 7 therefore the answers for patient involvement are the same.

APPENDIX THREE: PATIENT PARTICIPATION GROUP (PPG) GOOD PRACTICE GUIDANCE

Patient participation groups
From 1 April 2015, the contract requires all practices to establish (if it has not already done so as a consequence of the enhanced service) and maintain a patient participation group (PPG) and make reasonable efforts during each year for this to be representative of the practice population. The practice must engage with the PPG throughout each year, at a frequency and in a manner as agreed with its PPG, including to review patient feedback (whether from the PPG or other sources) and feedback from carers of registered patients, who themselves are not registered patients. The purpose of this engagement is to identify improvements that may be made in the delivery of services by the practice. Where the practice and PPG agree, the practice must act on suggestions for improvement using reasonable endeavours to implement these.

Purpose
The purpose of the Patient Participation Group (PPG) is to ensure that patients and carers are involved in decisions about the range, shape and quality of services provided by their practice. The requirement aims to promote the proactive and innovative involvement of patients and carers through the use of effective PPGs and to act on a range of sources of patient and carer feedback in order to improve the services delivered by the practice.
The role of the PPG includes:

- being a critical friend to the practice
- advising the practice on the patient perspective and providing insight into the responsiveness and quality of services
- encouraging patients to take greater responsibility for their own and their family's health
- carrying out research into the views of those who use the practice
- organising health promotion events and improving health literacy
- ongoing communication with the patient population.

This guidance supports practices to meet the contractual requirements and provides examples of the activities that support good participation.

Requirements
From 1 April 2015 it is a contractual requirement for all practices to:

- develop and maintain a PPG for the purpose of obtaining the views of patients and enabling the practice to obtain feedback from the practice population on services delivered by the contractor
- to make reasonable efforts for this group to be representative of the practice patient population
- to engage with the PPG at a frequency and in a manner agreed with the group
- to review patient feedback (whether from the PPG or other sources – FFT, patient surveys etc) with the aims of the practice and PPG agreeing improvements that could be made to services
- to act on suggestions for improvements, where the practice and PPG agree.

Practices are required to declare in the annual electronic practice self-declaration

Developing a PPG
If it has not already done so, the practice must develop and maintain a properly representative PPG that obtains and reflects the views of its registered patients and carers and enables the practice to obtain feedback from a cross-section of the practice population. Practices that have previously taken part in this enhanced service will not need to create a new structure (or PPG), but should review whether the group remains representative of the practice population.
Traditionally, practices have developed a PPG through volunteers and regular meetings. Some practices have developed a virtual PPG, an email community they consult with on a regular basis, but which does not have regular face-to-face meetings. The practice should develop its PPG in the most appropriate way to effectively reach the broadest cross section of its patient population and meet the contractual requirements. This may be a virtual or a face-to-face group or a combination of the two.
Whilst advertising within the practice premises and in the practice patient leaflet will help, inviting patients personally to join a group (virtual or otherwise) has been shown to be very effective. Inviting new patients at the point of registration as well as at routine practice visits also helps to reach those people who attend infrequently. This can be done either at reception or at the end of the consultation by simply handing a leaflet to patients.
Once patients have been recruited to the PPG, a constitution should be agreed between all members of the PPG (patients and practice) to set out the membership, how the PPG will work and the objectives. Practices should not limit engagement to the PPG. Practices should also promote innovative forms of patient participation to provide accurate feedback from all groups, and allow a better understanding of patients and carer needs. For example:
- promoting innovative forms of communication and insight between the practice and patients to co-design services that meet the needs of their practice population
- improving communication channels with people who practices may otherwise not get the opportunity to engage, particularly vulnerable patients

- developing patient champions who work with practices to support particular issues, or particular groups such as patients with mental health conditions
- holding annual events with practice population to showcase progress achieved/future plans
- providing opportunities for patients and carers to find out more about how the practice and the wider health economy works
- providing opportunities for patients and carers to be involved in wider service developments in the area.

Representing the practice population
Whichever approach they adopt, practices must clearly demonstrate that they have established a PPG comprising registered patients and their carers, and used best endeavours to ensure that the PPG is representative of their registered patient population. They should also demonstrate that they have made reasonable efforts to engage with any under-represented and seldom-heard groups, including patients with mental health conditions or groups with protected characteristics as identified in the Equality Act 201038.
To do this, the practice needs to have an understanding of its practice profile. This understanding should take into account more than age and sex i.e. this could include factors such as levels of unemployment in the area, number of carers, black and minority ethnic groups, or a large local lesbian, gay, bisexual and transsexual community. Local Healthwatch, voluntary organisations and community and faith groups may be able to support practices to engage with marginalised or vulnerable groups, such as older frail people or patients with learning disabilities. It may be useful to access the Joint Strategic Needs Assessment, available from the Local Authority or CCG which will contain information on the make-up of the local population.
All practices will have a significant number of registered patients who are children. It is up to the practice to determine how best to seek their views, subject to parental consent, and practices will wish to consider other ways in which children can be involved. It is important that practices and PPGs also represent the roles of carers. PPGs should include the carers of registered patients, even if the carers themselves are not registered with the practice.
The practice and PPG may find it useful to reach out to a particular group of people by doing a focused piece of work to engage them, or linking with local community or voluntary sector groups. The venue and time of the PPG meeting could be changed or running a drop in session could be considered. Working with local community and voluntary sector groups will be helpful in making links with under-represented groups. Practices should particularly ensure that they comply with the Equality Act 201039 when developing a PPG. Information on compliance can be found on the Equality and Human Rights Commission website, in the Government Equalities Office guide and on the Advisory, Conciliation and Arbitration Service (ACAS) website
PPG and practice staff to review patient feedback

Practices should aim to have continual/regular dialogue around improvement with their PPG and wider registered population, and should reflect on existing and new sources of feedback such as those listed at the beginning of this guidance. The practice should agree with the PPG how regularly that feedback is reviewed.

Using a variety of sources of feedback the practice and PPG should identify areas of priority. These are likely to be based on key inputs, including the identification of themes from:

- patients and carer priorities and issues
- themes from complaints and suggestions
- planned practice changes
- bespoke survey
- Care Quality Commission (CQC) related issues
- the GP patient survey
- the Friends and Family Test
- working with local commissioners (Clinical Commissioning Groups/NHS England/Local Authority)
- views from local voluntary and community groups, including local Healthwatch.

Develop action plan with PPG on improving practice and implementing changes

Based on feedback, practice and PPG should agree clear priorities for improvement. Areas of improvement could be around any areas of quality that are important to patients and carers. This could include what services are offered, how services are accessed and delivered or how the practice engages with patients and carers and the wider community. The action plan could include ways in which the PPG will contribute towards the improvements e.g. supporting volunteering across the practice.

Practices are recommended to agree a clear action plan, for instance in the form of a report, which the PPG and Practice can use to evidence that feedback has been taken on board and that the PPG has been properly engaged. The report could include details on the make-up of the PPG against the practice population, sources of information analysed, the areas identified for improvement, what actions were taken to address these priorities and the resulting changes made.

Practices should keep the PPG up-to-date with progress on any agreed actions, for instance through their practice website, NHS Choices website, posters in waiting rooms, PPG meetings, newsletters etc.

Practices might consider sharing their experiences with a range of groups and organisations including:

- the PPG
- the wider practice population
- Local commissioners (Clinical Commissioning Groups/NHS England/Local Authority)

- Local Healthwatch (which might facilitate effective working between the local healthwatch and the PPG)
- Local voluntary and community groups
- CQC - at the time of inspections/registration.

CONTACT US:

For more information about Healthwatch Portsmouth, please contact the team at:

- Email - info@healthwatchportsmouth.co.uk
- Tel - 02393 977097
- Web - www.healthwatchportsmouth.co.uk
- Post - c/o Learning Links, Unit 3, St Georges' Business Centre, St Georges' Square, Portsmouth PO1 3EY.