

# 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: Chrisp Street Health Centre

Practice Code: F84062

Signed on behalf of practice: Simon Robinson

Date: 30/3/15

Signed on behalf of PPG: Oliver Lynton

Date: 24/3/15

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

Does the Practice have a PPG? YES / <del>NO</del>											
Method of engagement with PPG: Face to face, <del>Email, Other (please specify)</del> - Note one member prefers email engagement and does not regularly attend											
Number of members of PPG: 13											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	6697	6769	Practice	3454	1580	3160	2034	1353	903	503	479
PRG	8	5	PRG	0	0	0	2	1	3	3	4

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	1649	4	0	1465	78	13	37	2030
PRG	9	0	0	1	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	226	107	4442	287	152	890	238	327	57	544
PRG	0	0	1	0	0	0	0	0	0	2

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:

We have an established Patient Participation Group (PPG) that meets at a set time every 3 months. We always advertise the meetings in advance on our newsletter ([Appendix B](#)), website ([www.Chrispstreet.org](http://www.Chrispstreet.org)) and on the Waiting Room TV. We recognise that the meeting does not suit the needs of everyone and we have made specific attempts to attract younger people to the group and those of non-white British ethnic backgrounds. We have done this through our baby clinic, contraception and sexual health clinics, and through suggestions from our GPs, as well as through the new patient registration process. We have asked our Patient Translator Advocates to help with the Friends & Family test, so that we obtain the views of patients who don't speak English well or who cannot write it. We have also asked patients we speak to during the complaints process, as well as those who have given us suggestions, whether they are interested in participating in our PPG. One PPG member works for our local Health Watch, and this gives the PPG a way of obtaining the views of other groups. For example, we consulted their Health Watch Youth Project in connection with an article on Shisha, and they provided us with their video link for our web site.

This year we sent a separate online survey to a selection of our younger patients aged 17-25 with emails recorded on our system, asking them for their views about how we could better engage with them ([see results in Appendix A](#)). We intend to repeat a similar survey for our Bangladeshi patients during 2015, and will consult with Health Watch about how to best achieve this.

We are also getting a good mix of respondents from the Friends & Family test (a summary is included in [Appendix A](#)). So far 61% of respondents are from a non-White British background, and of these 88% would be likely or extremely likely to recommend us. In addition, 37% of respondents to date are under 35 years of age. Of this group, 90% say they would be likely or extremely likely to recommend us. So we do feel we are getting representative feedback, albeit through the survey.

Our PPG is active at setting its own agenda and earlier this year requested a talk about Data Sharing in the NHS which was delivered by one of our GPs who has an interest in this subject. In the past, we have also arranged talks to the PPG from representatives of the local Commissioning Group and Network. We hope such events will attract new members and we advertise these events in advance.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community?  
YES/NO

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

We serve a large Bangladeshi Community (33% of Practice population). We have not been particularly successful at attracting representatives of this Community to our PPG. However, we have participated in local events including local schools initiatives with children/parents on healthy eating and minor ailments ([see page 11](#)). We ask our Bangladeshi advocates to help patients and carers they see to help complete a Friends & Family test. These are usually more vulnerable patients often with limited English language skills.

We have a smaller Somali population and did manage to attract a young female to the group who has periodically attended. We have handed out surveys during baby clinic and tried to attract new PPG members when doing this.

Non-practice staff, e.g. drugs workers and health visitors are active at seeking the views of patients. We have a large number of diabetic patients (over 800) and [surveyed 74 of them](#) during the Autumn 2014.

The PPG is included on our [patient leaflet](#). We also hand out [flyers](#) about joining to new patients when they register.

The Practice Manager and a GP regularly attend the local Poplar & Limehouse Network Community Partners Forum which is useful for getting the views of our patient population through other health and social care professionals who see them. The Manager also meets annually with the manager of a local residential facility for patients with mental health problems, local pharmacists and the Neighbours In Poplar Charity which focuses on more elderly/vulnerable patients, to obtain “on the ground” feedback about our services on behalf of patients and carers.

## 2. Review of patient feedback

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

Friends at Family Test data and supplementary Patient Satisfaction Survey on aspects of the practice  
Newly registered patient registration survey  
Under 25's online survey data  
Surveys of our Diabetic patients  
We also reviewed ratings and comments left on NHS Choices

Summary of all results included in [Appendix A](#)

How frequently were these reviewed with the PRG? At the quarterly meetings. It is agreed we review surveys/feedback as we receive it (see Minutes, [Appendix C](#)).

### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Continue to improve phone answering.</p>
<p>What actions were taken to address the priority?</p> <ul style="list-style-type: none"><li>- Aimed to improve satisfaction scores to over 80% this year and maintain reduced number of complaints that mention phone answering as an issue</li><li>- Recruited new apprentice to work on Reception and support phone answering</li><li>- Increased number of patients signing up for online access to 5,000 + with over 2,000 active users</li><li>- Increased Pharmacy First referrals, so patients know they can see pharmacist for minor ailments and reduce contact with the surgery for self-limiting illness</li></ul>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ul style="list-style-type: none"><li>- Current <a href="#">F&amp;FT scores</a> show patients satisfaction scores for phone answering have risen to 78%. We have publicised this in our newsletter. We would like to improve this further.</li><li>- We have received only one or two informal complaints about phone answering and no written complaints. Our clinicians have reported that patients rarely mention this less as an issue to them. Patients are advised a manager or senior receptionist is available every day to talk to patients about</li></ul>

concerns and this is included in our complaints procedure.

- We recently recruited two new apprentices to support phone answering meaning there are more staff responding to incoming calls.
- The number of patients registering for online access have increased to over 4,400. At the time of this report, we have 1,622 active users (37% of those registered). In addition, 306 others who have registered but not used service and 2,479 have been given codes but not registered online. So we recognise there is work to do in getting patients to utilise their online access, and our receptionists are mentioning this frequently when they speak to patients.
- Our receptionists have a target for registering 20 new patients with online access each week. All new patients are informed about online access when registering. We regularly publicise the benefits of online access in our newsletter.
- We currently have over 500 current patients registered for Pharmacy First (Minor Ailments Scheme). Reception staff are encouraged to mention this scheme to patients and families eligible for free prescriptions if they say they wish to speak to a clinician about a minor ailment, e.g. hayfever, particularly those eligible for free scripts. We have also publicised the scheme in our newsletter.

## Priority area 2

Description of priority area:

Improve health promotion.

What actions were taken to address the priority?

- We worked closely with the Poplar and Limehouse Network around health eating and exercise initiatives, e.g. increasing referrals for the local Fit for Sport programme.
- A new weekly walking group led by a Patient Group member is due to commence after Easter.
- We have put more Health Promotional material in our newsletter and our website.
- Ensure more of our patients get to their Retinal Screening appointments at Mile End.
- We agreed to start using emails to invite patients to book their annual reviews for long-term conditions.

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

- In six months, we have referred nearly 200 patients to Fit for Sport. In addition, the Practice is hosting weight management classes led by external staff.
- This year we have included Newsletter articles on managing minor illness, bowel and breast cancer prevention and Shisha (see [Appendix B](#)). Future proposals include a health promotion quiz and

articles on sexual health. Our newsletter is emailed to over 1,700 patients for whom we have emails every 2-3 months and is available on the reception desk. We have also publicised our new walking group, which we hope will also help combat loneliness.

- We have been regularly phoning patients who are reluctant to attend their appointments and have arranged with our local Network mini bus transport for those who need it. We would mention this to patients if they explain they have difficulties attending including poor motivation. Our local health Network is holding classes on coping and hoarding, as well as a singing group, which we actively refer to.
- We intend to start sending email invites to patients from the new NHS Year – April 2015

### Priority area 3

Description of priority area:

#### Maximise Access & Appointments

What actions were taken to address the priority?

- Main impetus is getting patients to attend appointments they have booked, rather than providing more appointments
- We have continued with text messaging reminders
- Reception have been phoning patients most likely to miss their appointments
- Actively remove more patients who persistently miss their appointments. During the year we

- removed only 2 patients – but we need GPs to risk-assess individual patients before removing
- Ensure reason is obtained for appointments so people are directed appropriately. This is asked by reception at every appointment request
  - Encourage routine consultations with own GP which may decrease waiting times when waiting to be called in, i.e. patients don't need to re-explain their problems with GP they haven't seen before.
  - Review possibilities for online consultations and receiving emails from patients
  - Email invites to patients who need to attend the Practice for the annual review of their long-term condition

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

- We have continued with text messaging, but need to identify a new supplier once the nhs.net texting system ends in September 2015. Our local Network is helping look into this.
- We will continue to telephone patients which is a successful intervention; but this is quite resource intensive and we have concerns our patients may become over-reliant on having texts and phone reminders. We will review efficacy, and see whether we only implement at certain times, e.g. when we are low on appointments. In the meantime we have continued to publicise in our newsletter the importance of attending appointments and cancelling appointments if patients cannot attend. We also publicised how to use our same day Triage service.
- Online consultations - we have reviewed a locally endorsed system for providing online consultations but did not feel it was the right solution for our busy practice. We also have reservations about the introducing email access to patients and that we would need to ensure a safe, secure system that did not overburden our GPs and increase workload. Over 2015 we will

- consider alternative products and processes, and keep our patients informed via the newsletter.
- We have ensured those with online access can book appointments with their own GP's and other GPs working at the Practice without a personal list, as well as nurse appointments. As part of our flowchart for appointment requests – see Appendix D, we are asking patients whether they wish to be seen by their own GP or need to speak by phone to a clinician on the same day. We also have added two own GP telephone call back slots to every GPs clinic which can be offered to patients who call on the day.
  - We have reviewed our recall systems and begin (one-way) emails to patients inviting them to book their annual review from April 2015

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):

See Table below.

**PREVIOUS ACTION PLAN 2014**

Plan	Who	Update March 2015
<p><b>Audit telephone wait times</b>            - Monitored on an hourly basis by the Senior receptionists; data imported into Excel and discussed with Managers and Partners</p>	<p>DW/RB/JP/            SR/Partners</p>	<p>Results have shown good standards of waiting times. Some variability at busy times. Usually any delay is where there have been staff shortages or where staff have been called away to translate or chaperone.            Measures were put in place to help with this where possible, e.g. use of regular temp who is familiar with the surgery. We have also reviewed staff break times to ensure these are taken at the convenience of the practice rather than the staff member.</p>

<p><b>Increase patients involvement in the participation of surveys</b></p> <ul style="list-style-type: none"> <li>- Utilise growing numbers of patients email addresses of patients</li> <li>- Conduct face to face survey in 2014/15 to ensure those without email can participate</li> </ul>	JP/PPG	<p>In addition to the Friends &amp; Family test, we have conducted three surveys this year using paper <i>and</i> via an online <i>survey monkey</i> link on our web site. For our younger patient survey we emailed a link to over 150 under 25's for whom we had emails on record.</p>
<p><b>Continue with texting appointment times to patients</b></p> <ul style="list-style-type: none"> <li>- Investigate methods of improving attendance through this</li> </ul>	MC	<p>We continue to utilise nhs.net texting. A failure in the technology beyond our control at certain points of the year led to many texts not being received. We have also texted patients about with influenza vaccination reminders and health promotion about our smoking cessation services.</p>
<p>Greater involvement in Practice and community events e.g. Diabetes care in young people via education Poplar Health and Wellbeing Network events</p>	Staff/PPG	<p>We held a successful breast screening awareness campaign in November involving staff, clinicians and local volunteers from Bosom Buddies and the Womens &amp; Family Services, as well as staff from the public health team.</p> <p>Our GPs and staff have participated in several events coordinated by our local network of GP Practices, the Poplar &amp; Limehouse Network. These include:</p> <ul style="list-style-type: none"> <li>• Diabetes and stop smoking events held in Chrisp Street market</li> <li>• Two GPs participated in an award winning programme of education led by the Network in the community around minor ailments; one held at a local school and at the local mosque.</li> <li>• One of our GP trainees participated in a project at a local primary school around health eating.</li> <li>• A healthcare assistant gave a talk on smoking cessation for residents at a local mental health unit.</li> <li>• Three clinicians participated in a Network Video about services in the area which is near completion.</li> </ul>
<p>Explore ways of attracting new patients to join the Practice e.g leafletting; marketing via estate</p>	SR/KO	<p>We have created a leaflet for new housing developments in the area to attract new patients to the Practice.</p>

#### 4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off: 30/3/15

*How has the practice engaged with the PPG:* 4 meetings per annum; regular reviews of feedback; specific topics identified by the PPG; active involvement in producing PPG plan.

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

Adverts/publicity in newsletters, website, waiting room TV and posters. Various paper and online surveys (see [Appendix A](#)); feeding into our local Health Watch (via PPG member); meeting with other local groups and health professionals including patient advocates as outlined in Section 1-2. Targeted survey of younger patients (see [Appendix A](#)). Plans to extend this to other groups for 2015/16.

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

YES – Five surveys completed during 2014-15 plus review of feedback from NHS Choices (see [Appendix A](#)). Feedback has been reviewed regularly at PPG meetings (see minutes [Appendix C](#))

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

YES – At meetings in 15 January and 24 March 2015 where the report was agreed (see minutes [Appendix C](#)). In addition progress with the previous year's plan was reviewed during 2014/15.

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

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

Our PPG continues to provide a supportive approach when discussing our services and the changes members feel need to be made; praising and encouraging when things are going well, and feeding back examples of things that are not so good. The PPG first raised phone answering as a priority area for improvement two years ago. The resulting initiatives put in place have led to great improvements for patients, as demonstrated by improved satisfaction ratings – 63% in 2013 to 78% current (via Friends & Family test). The PPG was also instrumental in helping identify ways to improve waiting time for patients seeing the doctor, e.g. the “Waiting Room delays board”.

This year, a PPG member will lead a Walking Group at the Practice, an initiative aimed at improving health and wellbeing. The PPG has provided newsletter articles in the past as well as ideas for topics that other patients may find helpful.

PPG members' interests in technology means that from April 15, the Practice will start emailing invites to patients to book their annual reviews – helping reduce postage costs which can be invested back into front line care. The PPG is also keen to identify safe, effective ways of introducing online consultations, with the aim of improving access. The PPG is however sensitive to concerns about how new processes and technological initiatives are implemented.

The PPG consistently feels non-attendance figures are a concern and need improving. The Practice has agreed to look at implementing stronger penalties for patients who keep missing appointments.

This Report will also be available online plus hard copies in the surgeries. It will also be emailed to other interested parties such as Healthwatch and the local Health & Wellbeing Network. Followers on Twitter will be notified of its availability. The Report will also feature in the next Practice newsletter. All PPG members will be sent a copy of the report.

Our PPG members are a dedicated group of patients whose concerns are generally reflective of the wider Practice population. We would like to take this opportunity to thank them for their ongoing help and support.

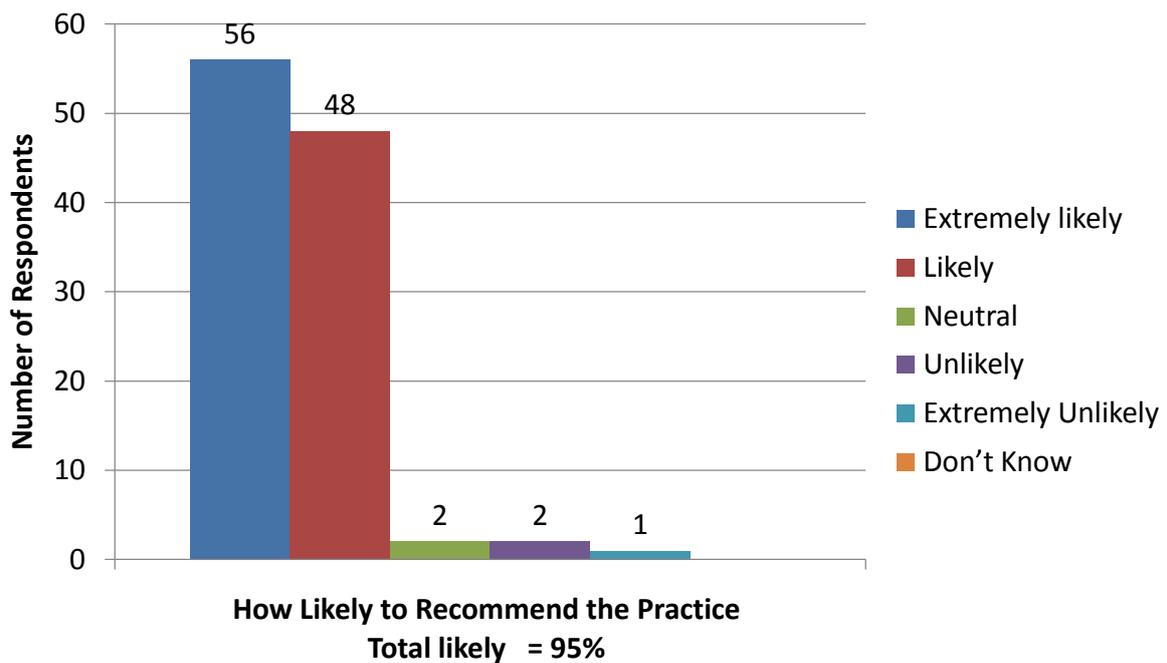
**APPENDIX A**  
**SUMMARY OF PATIENT SURVEY FEEDBACK, March 2015**

**1) FRIENDS AND FAMILY TEST**

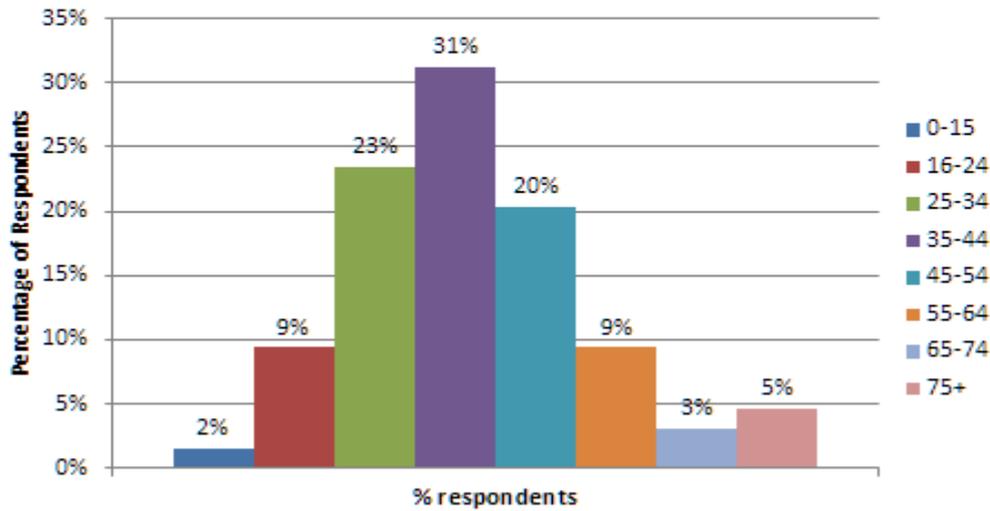
The Friends and Family Test was implemented as a contractual requirement for the Practice from December 2014. As of 28<sup>th</sup> February 2015, 109 responses were received and analysed. Currently a 95% of patients say they would be either extremely likely or likely to recommend the Practice.

*Data shown below is at 28 Feb 2015*

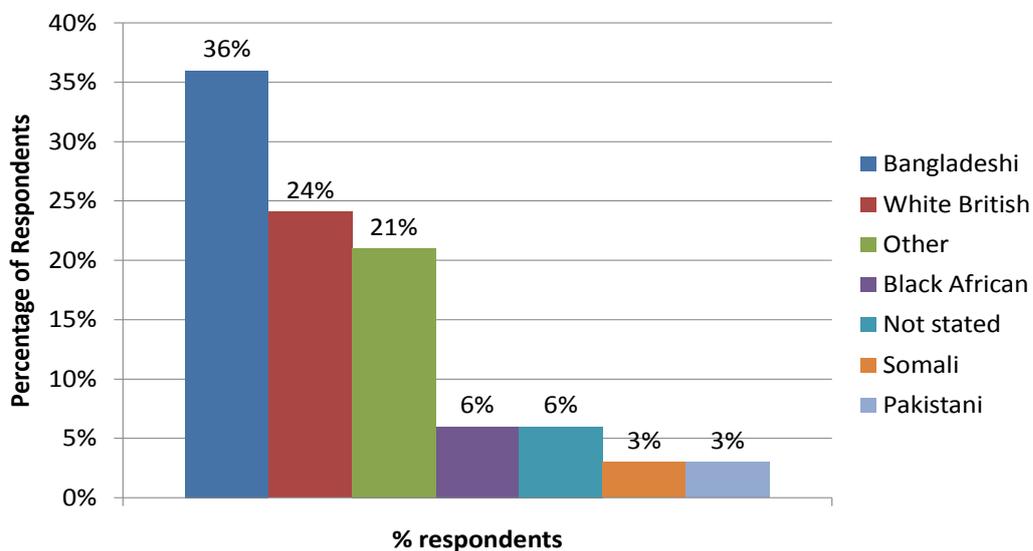
## Friends & Family Test



## Friends & Family Test % of Respondents by Age Group



## Friends & Family Test % of Respondents by Ethnicity



So far 3% of respondents have been carers or patients who are carers. 1% consider themselves as having a disability.

A large number of comments have been left to date – see pages 13-14.

The results and changes made are being fed back into our Newsletter – see Spring 2015 (Appendix B).

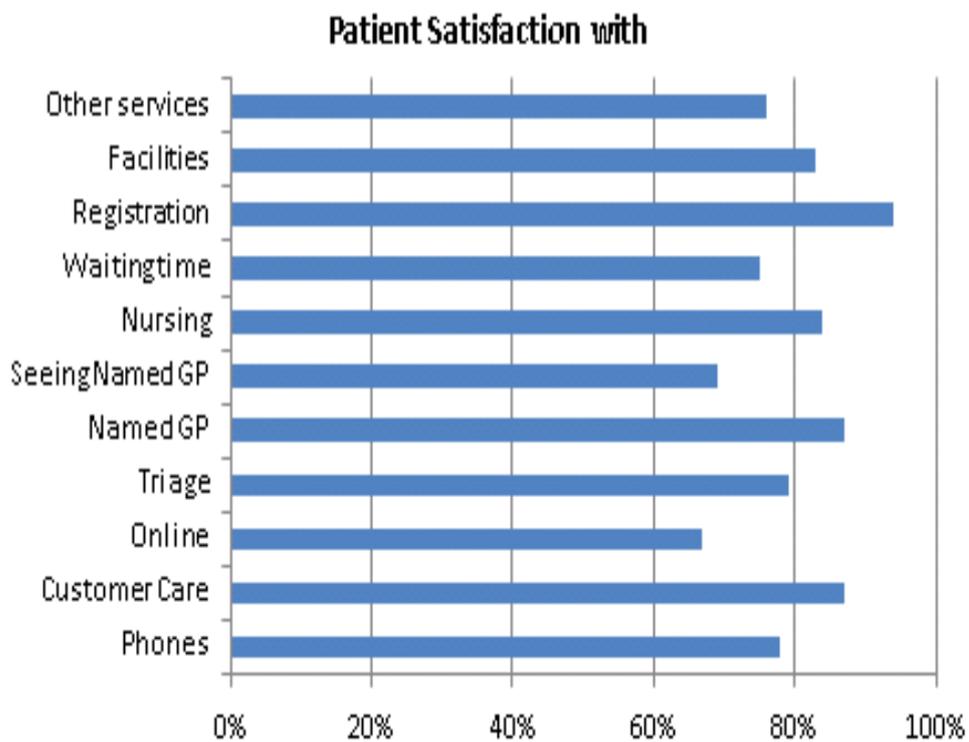
## 2) PRACTICE SURVEY 2014/15



When handing out the Friends & Family test we asked patients to complete an additional survey as attached. We asked patients how satisfied they have been with various aspects of the Practice. Results to date have been very encouraging.

# Additional Survey

(completed alongside Friends & Family test Dec 14 – Feb 15)



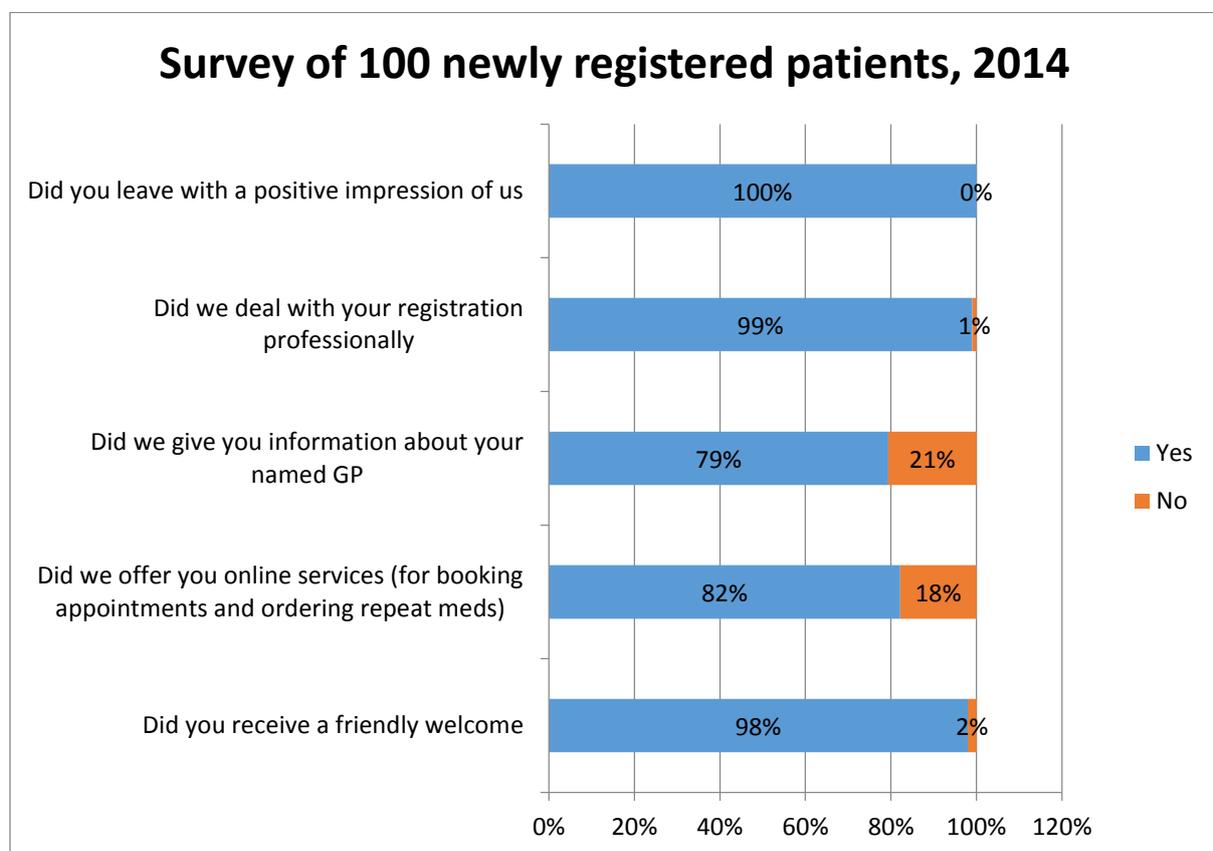
Full results are given below:

	Phone Answering	Customer care	Online services	Same day care (triage)	Named GP	Seeing own GP	Nursing services	Waiting time on arrival	Registration	Facilities	Other services e.g. midwife, alcohol/drugs, psychology,
Very Satisfied	45%	52%	22%	62%	65%	42%	46%	37%	48%	44%	47%
Fairly Satisfied	33%	35%	20%	17%	22%	27%	22%	37%	35%	39%	5%
Neither Satisfied or Unsatisfied	10%	6%	8%	6%	6%	23%	13%	14%	6%	2%	16%
Not Satisfied	9%	4%	12%	6%	2%	0%	0%	8%	0%	10%	0%
Very Unsatisfied	2%	2%	0%	2%	4%	2%	0%	2%	0%	0%	0%
Don't Know	2%	2%	39%*	8%	2%	6%	13%*	2%	12%*	5%	32%*
<b>TOTAL SATISFIED</b>	<b>78%</b>	<b>87%</b>	<b>67%</b>	<b>79%</b>	<b>87%</b>	<b>69%</b>	<b>84%</b>	<b>75%</b>	<b>94%</b>	<b>83%</b>	<b>76%</b>

\*For some answers *Don't Knows* have been excluded from the "Satisfied" denominator as it is likely those patients have not used online access, nursing services, or were not recently registered so had no recent experience of the registration process.

### 3) SURVEY OF OUR NEWLY REGISTERED PATIENTS, 2014

During the late Summer/early Autumn 2014, we surveyed 102 newly registered patients at the desk and asked for their opinions about the service they received when they registered with the Practice. The results were extremely impressive. 99% of respondents said the registration was dealt with professionally and 100% said they left with a positive impression of the practice. We felt we could improve further by ensuring patients are clear about their named doctor and how to use our online services. The latter is often dealt with in more detail by the Assistant Practitioners during the patient's New Patient Health Check which is booked after registration.



#### 4) UNDER 25's ONLINE SURVEY

We recognise our patient group is not as diverse as it could be. In order to engage with younger patients at the practice, we emailed over 200 patients aged 16-25 who have emails recorded on our EMIS system, and asked them to complete a brief online survey.

We received disappointingly few responses. All respondents said they preferred a survey as a way of giving their opinion (rather than a meeting or online forum). Although all respondents had visited our website, very few had registered for online access. One interesting suggestion was that we *“provide more reminders and newsletters on health information and services that the younger generation needs to be aware of such as getting HPV shots for females, or getting to know how we can better prevent ailments that can appear in our older years if we don't start taking care of it now”*. We had already started to include some health promotion items in the newsletter. Our Spring newsletter includes an article on Shisha provided in conjunction with the local Healthwatch Young Person's Project. We intend to add articles about Sexual Health and HPV to our next newsletter in May 2015.

Question	Yes %
How would you prefer to give feedback:	
-Newsletter	0%
-Meeting	0%
-Survey	100%
-Online Forum	0%
How you would prefer to receive updates:	
-Newsletter	100%
-Website	0%
-Twitter	0%
-Text Messaging	0%
Have you registered for online services?	100%
Have you downloaded our mobile app?	0%
Have you visited our web site?	100%

## 5) SURVEY OF DIABETICS, 2014

In Autumn 2014, we conducted a survey of 74 diabetic patients. This included a distinct cohort of patients who had not attended their digital retinopathy appointments at Mile End Hospital.

The feedback showed that several respondents would welcome new initiatives encouraging healthy eating and physically activity. One option proposed by Lilian on the PPG is that she would set up a new weekly walking group from the Practice. This commences in April 2015 and has been publicised in our newsletter.

Many respondents would also like to have their appointments sent by email which we have included in our PPG plan. We also need to ensure that test results are included with the care planning invite letter, and that explanations of test results sent with the letter are clear. For those who missed their appointments for retinal screening, the survey showed that people are receiving their appointments from the hospital and most find them convenient. However, the survey was unable to identify any new measures we could take that would help improve attendance, and we could perhaps have asked this question more explicitly. Full results below:

<b>STANDARD DIABETES QUESTIONNAIRE PATIENT'S FEEDBACK</b>			
<b>Section A: Information available about diabetes</b>			
In this section we would like to know what kind of information you would have liked to have received when you were first diagnosed.			
<b>1</b>	<b>Thinking back to when you were first diagnosed with diabetes, what information would you have found useful at this time? Please choose as many as apply from the following:</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	<b>a. Special advice about diet</b>	33	9
	<b>b. Special advice about weight control and exercise</b>	34	8
	<b>c. How to keep yourself healthy</b>	34	5
	<b>d. How to reduce any risks to your health that are associated with diabetes</b>	20	5
	<b>e. How to get support to deal with your feelings when you were told you had diabetes</b>	13	4
	<b>f. Just some simple information in the first instance</b>	20	2

	<b>g. Anything else? Please specify</b>	<i>Comments: happy with support and treatment given by surgery; happy by given lots of information and a plan; happy with treatment and advice given by Dr Rahim; overall very happy with the service and happy to go to the course; seriousness of diabetes that affects kidneys and eye sight is not easy to explain and what they are going through.</i>	
<b>2</b>	<b>When you were first diagnosed with diabetes, how would you have preferred to receive the information about your diagnosis? Please choose one from the following</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	<b>a. Talking to a doctor/nurse</b>	40	20
	<b>b. Receiving written information such as leaflets or printouts</b>	0	4
	<b>c. Learning more about diabetes from a doctor or nurse as part of a group of people with diabetes (we sometimes refer to this as diabetes education)</b>	0	4
	<b>d. Accessing information online</b>	0	1
	<b>e. Anything else that was useful or not so useful? Please specify</b>	<i>Happy received information.</i>	
<b>Section B – Before your yearly review</b> We would like your views on your yearly diabetes review which takes place at your GP practice with your nurse or doctor. This is often referred to as the yearly care planning review or care planning meeting.			
<b>3</b>	<b>Did you receive the results of your tests before your appointment?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	<b>a. Yes. (Go to question 4)</b>	7	14
	<b>b. No. (Go straight to question 8)</b>	29	7
	<b>c. Not Sure (Go straight to question 8)</b>	7	5

<b>4</b>	<b>Can you remember roughly how long before your review appointment you received your results?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	a. 0 - 7 days	7	5
	b. 8 – 14 days	1	5
	c. More than 14 days	3	2
	d. Can't remember	9	9
<b>5</b>	<b>Were you able to understand the information in the test results? Please choose one option from the following:</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	a. I understood all of the information in the results	12	19
	b. I understood the information with the help of a family member or friend	1	1
	c. I understood only some of the information in the results	4	2
	d. I didn't understand any of the information in the results	3	0
<b>6</b>	<b>Did the information in the test results help you to prepare for your review appointment with your doctor or nurse?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	a. Yes	12	17
	b. No	1	4
	c. Not sure	8	1
<b>7</b>	<b>If the information wasn't helpful or you didn't understand, please tell us how we might improve</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
		<b>Comments</b>	
	<b>Please only answer question 8 if you did not receive your test results before your yearly appointment with your doctor or nurse.</b>		
<b>8</b>	<b>Would you have liked to receive your test results before your yearly review appointment?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	a. Yes	17	17
	b. No	14	5
	c. Not sure	10	2
	<b>Any comments?</b>	<b>Comments</b>	

<b>Section C: Your yearly review</b>			
We would like you to think about the actual yearly review appointment with your nurse or doctor. This is often referred to as the yearly care planning review or care planning meeting. The purpose of this meeting is to plan your care for the coming year building on the plan you identified in the previous yearly review appointment.			
<b>9</b>	<b>Did you discuss last year's plans?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	a. Yes	28	19
	b. No	9	2
	c. I can't remember the plan from last year	7	4
	d. This is my first review meeting	4	1
<b>10</b>	<b>Did you feel you were able to share ideas around your care at this appointment?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	a. Yes	35	22
	b. No	7	1
	c. I didn't have any specific ideas to share.	2	3
<b>11</b>	<b>Did you feel the nurse or doctor considered any other illnesses you have and the effect of these on your diabetes?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	a. Yes, fully	32	19
	b. Yes, partly	2	3
	c. No, not at all	10	2
	d. I don't have any other illnesses	0	2
<b>12</b>	<b>Did you feel you were involved enough in building the plan?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	a. The plan was built by me and the nurse/doctor	41	20
	b. The nurse/doctor decided the plan for the year	6	0
	c. There was not a plan that I was aware of	1	1

13	Is there anything you found particularly helpful about your annual review?	Diabetics	Retinal Screening Non-Attenders
		<i>The nurse confirmed what I had to do i.e. diet etc; very clear about everything and very helpful; talking over what is going on and having things explained to understand what is going on; right advice given; always the same; covered everything; helpful review to keep tabs on health makes sense of illness.</i>	
14	Did you have enough time with your nurse or doctor for the yearly review meeting?	Diabetics	Retinal Screening Non-Attenders
	a. Yes it was long enough	44	24
	b. No, there wasn't enough time	1	0
	c. It was too long	1	2
15	Thinking back on the last year, did the annual review with your nurse/ doctor help you manage your diabetes?	Diabetics	Retinal Screening Non-Attenders
	a. Yes	32	23
	b. No	3	1
	c. Not sure	7	2
	Any comments?	<i>has continued doing what I have been told to do since diagnosed 14 years ago; felt like I was able to understand and good tips from doctor on how to manage diabetes; exercise and diet informative</i>	

16	Is there anything you feel that can be done to help you manage your diabetes better? Please tick up to three options from the list below:	Diabetics	Retinal Screening Non-Attendees
	a. Receiving diabetes Information in groups with other people with diabetes – (we sometimes call this education)	4	1
	b. Opportunities for more exercise	14	4
	c. Healthy eating classes	12	3
	d. Healthy cooking classes	12	3
	e. Chance to meet with other people who have diabetes (we sometimes call this peer support)	8	3
	f. Help to stop smoking	0	1
	g. More time with my doctor	6	1
	h. Having the annual review meeting with family member, carer or friend with you	6	1
	i. Nothing, because it isn't my role to manage my diabetes	28	3
	j. Nothing, because my diabetes is well controlled	18	13
	k. Anything else? Please specify	<i>given enough information; memory loss so not able to do much; 6 weeks training was helpful; happy going on the course</i>	

Section D: Some information about you			
In this section we would like to know a little more about you. This information will help us understand the needs of different groups of people with diabetes living in Tower Hamlets.			
17	How long ago were you diagnosed with diabetes?	Diabetics	Retinal Screening Non-Attenders
	a. Within the last year	5	1
	b. 1 – 5 years ago	14	17
	c. 6 – 10 years ago	9	3
	d. More than 10 years ago	15	5
18	Do you have any other long term illness? Please tick as many as you need to from the following:	Diabetics	Retinal Screening Non-Attenders
	a. Long term lung disease (COPD)	0	0
	b. Heart failure	0	0
	c. Hypertension (high blood pressure)	3	8
	d. Dementia	0	0
e. Anything else? Please tell us about these	<i>Feet checked every 6 months would be helpful; happy with chrisp street and their approach to daibetes; enjoy appointments one to one, want more help with feet; good eye treatment; would like a machine to test glucose levels;happy with treatment received so far; pleased with how treated.</i>		
<p><b>Section E: About your retinal screening appointment</b></p> <p>This year we are also asking some questions to people who haven't had a retinal screen recently to help us understand why this may have been difficult.</p> <p>Retinal screening is a test that can help discover early changes in the eye due to diabetes that, if left untreated, can cause blindness. It involves taking photographs of the back of the eye using a special camera. From our records it appears that you didn't have a retinal screen between April 2013 and April 2014</p>			

<b>20</b>	<b>Did you receive an appointment for the retinal screen by post?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	<b>a. Yes</b>	not asked	<b>23</b>
	<b>b. No</b>	not asked	<b>2</b>
<b>21</b>	<b>We normally send appointments out by post. Would you prefer another method of contact?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	<b>a. By text</b>	not asked	3
	<b>b. By phone call</b>	not asked	2
	<b>c. By email</b>	not asked	9
	<b>d. Letter by post is fine</b>	not asked	12
	<b>Any other method? Please specify</b>	not asked	Moorfields
<b>22</b>	<b>Was the date and the time of the retinal screening appointment convenient for you?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	<b>a. Yes</b>	not asked	21
	<b>b. No</b>	not asked	3
	<b>c. I didn't receive an appointment</b>	not asked	1
<b>23</b>	<b>Was the venue or location of your appointment convenient for you?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
	<b>a. Yes</b>	not asked	22
	<b>b. No</b>	not asked	2
	<b>c. I didn't receive an appointment</b>	not asked	1
<b>24</b>	<b>Is there another venue that would have been more convenient for you?</b>	<b>Diabetics</b>	<b>Retinal Screening Non-Attenders</b>
		not asked	none listed

## COMMENTS

### 2014-15 Friends & Family

#### Positive

- I am very happy with the service and manners of the staff here
- Doctor and staff provide a good service!
- Because this GP gives good care to all my family.. Dr Smailes actually exceeded her expectations
- Quick response from the doctor in emergency situations, telephone advise as well. Doctors and professionals
- Very good and everyone here knows care of duty
- I am very satisfied since your service
- I feel free to take advice and friendly staffs
- Team work from both doctors and staff to provide high standard of care
- I am always able to get a doctor to return my call and schedule an appointment for me and my childrens within 48 hrs
- I am really impressed with the service as I suffer from a life threatening condition so being able to see a doctor when needed is important
- Good reception and GP. Service is 100%
- Understanding, trying to help where they can
- We are very happy with our present GP. Reception staff are excellent
- Overall Chrisp Street delivers excellent patient care in a very prompt and efficient way. I am very happy.
- Chrisp Street Practice is good at dealing with emergencies
- Have seen most of the doctors and they've always sorted me out
- Doctors and nurses are much more helpful than I imagined
- The service is great and doctor and nursing staff are helpful and try and reassure you if like me you are a nervous patient... The help I have been given from Dr Hart, Tosan, Debbie and Ruma is always good.
- Always found this to be a very good surgery. The staff are helpful and the GPs very good
- Have significant health issues in last 6 months and have been well supported here in that time.

#### Developmental/Suggestions

- What I would like to see changed is that for every patient you can only tell the doctor one ailment. That means in a 10 minute slot you can tell the doctor about one things and that may be dealt within 2 minutes but still you need to make a new appointment
- Can get appointments within reasonable time/telephone Doctor when in need of prescription but don't need to be seen by a Doctor (triage)
- Sometimes receptionists do not check to see if patients request has been responded to by GP

- Initially I felt that things were properly explained by the doctor. However I feel at times the doctor is hesitant to contact the professionals needed to get the right service
- On various occasions I have to remind the receptionist I am in the building! I often wonder if I was up to 30 mins late for an appointment would I still be seen. But it seems to be ok for me to wait up to 30 mins to see a GP even though I am early or on time.
- I have been waiting 25 minutes and very annoyed

### NHS Choices

- I was their patient during the toughest time of my life. I've had problems I'd never had before... I am glad I was registered there.
- My whole family is join in Chrisp Street surgery. I always find this surgery is providing their service more than my expectation. All the staffs in this surgery are dedicated to serve their patients no matter about patient's religion, cast, race, colour and gender.
- The receptionists are borderline rude at best and unwelcoming at worse! There administrational skills border on incompetence and the practice manager is unhelpful and rude.
- The great thing about this GP is that even if you do not call at 8am you can still get an appointment...I am very happy to be moved to this GP!!! and the receptionists are very helpful and polite
- It is important for me and my family to have this surgery as it's value us and provides excellent services for us and local community
- The doctor give treatment for every body equally . They are a sensible doctors.
- My 94 year old grandad is a patient with Chrisp Street. He doesn't have much support in his life so it is a breath of fresh air that the Practice is so helpful and caring towards his needs
- Living in an urban area we consider ourselves very lucky to have a fantastic GP and a team of friendly and helpful staff.
- I wouldn't recommend this surgery .. The premises are dirty and the toilets dangerously unhygienic!
- Very happy with the speed and quality of the service. Nice people doing a good job in good time. Thanks.

## **APPENDIX B**

### **2014/15 Newsletters**

[Spring 2015](#)

[Winter 2014](#)

[Autumn 2014](#)

[July-August 14](#)

## **APPENDIX C**

### **Minutes of 2014/15 PPG Meetings**

[24-3-15](#)

[13-1-15](#)

[14-10-14](#)

[15-7-14](#)

## APPENDIX D

### Appointments flowchart

