London Region North Central & East Area Team Complete and return to: england.lon-ne-claims@nhs.net no later than 31 March 2017

Practice Name: Kingsmead Healthcare

Practice Code: F84015

Signed on behalf of practice: Dr. G.R. Ananthapadmanaban

Signed on behalf of PPG: Mrs. C Mehmed

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

Does the Practice have a PPG? YES Method(s) of engagement with PPG: Face to face, Email, Other (please specify) Face-to-face Telephone Advertising in waiting area and all clinical rooms Practice NHS Choices website Practice website Patient Newsletters **Digital Patient Call System** Notice in the Practice Leaflet

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Date: 21 March 2017

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## Patient Participation Enhanced Service 2016/17 Annex D: Standard Reporting Template Kingsmead Healthcare

#### 4 Kingsmead Way London E9 5QG

Number of members of PPG: 14. This includes the five members of the Practice who, by ethnic origin are – 1 Irish, 1 English, 1 Indian and 1 Pakistani.

Detail the gender mix of practice population and PPG:

Detail of age mix of practice population and PPG:

%	Male	Female	%
Practice	2834	2497	Prac
PRG	7	7	PRG

	> / ว	65-74	55-64	45-54	35-44	25-34	17-24	<16	%
	92	300	535	884	708	906	626	1180	Practice
PRG  0  0  3  0  4  3  4  0	)	4	3	4	0	3	0	0	PRG

Detail the ethnic background of your practice population and PRG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish	Other	White &black	White &black	White	Other
			traveller	white	Caribbean	African	&Asian	mixed
Practice	1986	54	0	207	105	57	29	107
PRG	2	2		1				

	Asian/Asian British						Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other	
Practice	102	46	203	29	62	1246	1267	0	31	10	
PRG	2	1	1		1	1	2		1		

Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

The White and Black African-Afro-Caribbean patients form 82.4% of the practice population, the remainder belonging to other and varied ethnic communities. To strike a balance between the size of the PPG and make it consistently function to a level where it

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would be a productive and enduring patient platform, the PPG decided in 2009 to have two representatives each from the dominant populace and one each from the South Asian and Kurdish-Turkish community. This decision also took into account morbidity profile which is weighted heavily in favour of the older population.

Having this selection framework in place, the Practice encourages all patients to participate in the proceedings of the PPG. We advertise for interest in our waiting area as well as through our newsletters, digital patient call system and websites. This is available in different languages.

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

NO

## 2. Review of patient feedback

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

The Practice collected data from patients using the following channels:

- Friends & Family Feedback
- Comment Cards
- Extended Hours Feedback
- Suggestion Box
- Patient websites

- Patient Complaints verbal and written
- PPG Meetings & Feedback
- Verbal and written feedback from patients to any member of the Practice team
- Phlebotomy service patient feedback

#### How frequently were these reviewed with the PRG?

Feedback data is collated and presented to the PPG collective at every meeting.

3. Action plan priority areas and implementation

#### Priority area 1

## **Online Booking of Select Clinical & Administrative Services**

What actions were taken to address the priority?

It was agreed with the PPG that all members of the Practice team and the PPG would encourage as many patients as possible to sign on for the online booking of clinical appointments, requests for repeat prescriptions and limited viewing of medical records. This aim is in tune with the national NHS priority which would help stream the workload and save time for patients as well as be convenient. The national target is 10% in the first year (2016-17).

All PPG members and other staff of the Practice team speak directly with patients about the benefits of signing up for online services. Some decline and some do not have access to computer. PPG members circulated in the waiting area on certain days to talk to patients and encouraged to sign up. Reception staff are at hand to process applications straight away so as not to keep

patients waiting. Posters in the waiting area, the practice leaflet, advertising in the Practice newsletters, the two Practice websites and the patient call TV all help with recruitment.

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

The PPG and the Practice team feel that this priority should be ongoing and the advertising for improving access should be encouraged at all times. At the end of the first year (March 2017), 11% of the Practice list has been signed up (533 patients).

Priority area 2

**Reduction in the Misuse of Out-of-Hour Services** 

What actions were taken to address the priority?

The rate of use of out-of-hour services, especially A&E, has been high for the Practice. Patients use A&E for a number of reasons, most genuine but some others unjustified. It was agreed that the Practice ought to run a campaign to encourage patients to use A&E services judiciously and to think before they decide what would be the most appropriate out-of-hours service for their needs, if at all. With the help of the PPG, the Practice team drafted a letter which explained the reasons and provided patients with ALL possible out-of-service options. This letter was mailed to all the patients registered at the Practice. This message is also reinforced through the Practice PPG newsletters and will be followed up as a target in 2017-18.

Secondly, the Practice has accessed A&E counselling services from the Well Family Service which entails high frequency users having counselling with an A&E coordinator. This clinic is run on a weekly basis and involves patients coming back for more than one session until their understanding improved and-or their needs met through other agencies.

Thirdly, the Practice also sends advice letters to individual patients who are reported (A&E correspondence) as using A&E services inappropriately, especially when the Practice is open.

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

The last time the Practice carried out this educational exercise, in 2011, patient attendance dropped by approximately 22% in the following year. The currently available figures reflect a desired downward trend, which was the aim of the exercise. The Practice team and the PPG will continue to reinforce the message, with the former targeting individual patients who misuse out-of-hours services so as to educate them.

Priority area 3
Refurbishment of Premises
What actions were taken to address the priority?
PPG and other members of the Practice pointed out that clinic rooms 5 & 6 were too hot in the summer and too cold in the winter. Additionally, the lighting in the waiting area and corridor was deemed not bright enough and so unwelcoming. Although the cost of the exercise was high, the PPG persuaded the partnership to install new dual heater-air-conditioner unit in each of the two clinical rooms and have the entire lighting replaced with LED lights.
Result of actions and impact on patients and carers (including how publicised):
Many patients have commented that clinic rooms 5 & 6 feel very comfortable now and that the level of new lighting is very acceptable.

## Progress on previous years

ls thi	s the first year your practice has participated in this scheme?
NO	
lf you	u have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):
1.	system; Extension of Opening Hours; Digital Envisage Patient Call and Advertising System; new Practice website in addition to NHS Choices one; Excellent feedback from the FFT every month.
-	Six-monthly newsletters - ongoing
3.	
4.	Implement strategies to encourage patients to use online services such as repeat medication, making appointments and viewing sections of their medical records - ongoing
5.	Proposal for PPG meetings to be held as an open forum
6.	Monitoring waiting times to improve patient experience
7.	Encourage patients to become contactable by email address
8.	Encourage patients to get screened for diabetes and hypertension (NHS Health Checks) 2017-
9.	Monitor quarterly the quality of privacy on offer to patients in all parts of the Practice - ongoing
10	. Focus on signing up younger (<40) patients to the PPG.
11	. Use of A&E coordinator to help minimise misuse of out-of-hours services – ongoing
12	2. Patient Surveys regarding services

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Kingsmead Healthcare 4 Kingsmead Way London E9 5QG

## 4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: 21.03.2017

## How has the practice engaged with the PPG:

Although the Practice PPG meets once a quarter, we encourage the representatives to act as councillors for the patients. If they have any concerns or wish to raise a query, they have access to the Practice team at all times. Additionally, the meetings serve as a comprehensive forum for all patient-related services and all patients are encouraged to provide feedback.

- Face to face meetings
- Telephone as and when appropriate

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

All patients are made aware that they should not hesitate to contact the Practice as there is access to interpreter service. The Practice leaflet also carries relevant information. In a Practice which has a significant variety of ethnicities in very small numbers, staff members speak several of the languages spoken by the minority which is a welcome facility and they are regularly engaged by patients (e.g. Vietnamese, Hindi, Urdu, Arabic, Punjabi). Such patients are encouraged by staff and GPs to engage with the Practice to meet their clinical and social needs.

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

The Practice continually gets feedback from patients and carers, formally through the GP consultation skills audits and the FFT as well as through verbal or written complaints or positive comments. There is a suggestion box in the waiting area. Clinicians are

now more directly engaged with carers as a result of the Avoiding Unplanned Admissions and Frail Home Visiting services and the creation and update of care plans which provides the platform for continuing engagement between carers and clinicians.

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

All the priority items proposed, agreed-actioned and implemented upon were first raised by the PPG, discussed and finalised on the same forum. The Practice takes the views of the PPG seriously as they reflect the views and needs of the patients.

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

The Kingsmead PPG has had a very productive year as its work has been mostly about increasing patient choice. The Practice now has a female GP who not only provides clinical services but also increases the choice patients, especially female patients; have in engaging with the Practice. The educational aspect of using out-of-hours services by patients helps increase their choice and in an appropriate manner and reduces waste of capacity and thereby, cost. The refurbishment of some clinic rooms and overall lighting can only be for the betterment of visiting patients and of those of the Practice team who serve them.

The PPG engaged actively during the CQC inspection and the feedback from the inspection team was very praiseworthy. The Practice received `Good' in all areas.

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

Generally, the PPG method of engagement with patients has turned out to be a mutually satisfactory approach as the work it does benefits both patients and the Practice. However, there is a lot more scope for a higher level of engagement with patients in trying to improve the health of patients, mainly through education and encouragement, which the PPG can help deliver through patient champions. The focus of its work in the coming year will be on this aspect of health promotion – encouraging patients to undergo the NHS health check.

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