

Patient Participation Enhanced Service 2017/18 Annex D: Standard Reporting Template

Kingsmead Healthcare

4 Kingsmead Way London E9 5QG

London Region North Central & East Area Team

Complete and return to: england.lon-ne-claims@nhs.net no later than 31 March 2018

Practice Name: Kingsmead Healthcare

Practice Code: F84015

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

Date: 21 March 2018

Signed on behalf of PPG: Mrs. C Mehmed

Date: 21 March 2018

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

Practice NHS Choices website

Practice website

Patient Newsletters

Digital Patient Call System

Notice in the Practice Leaflet

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Number of members of PPG: 11. This includes the four members of the Practice who, by ethnic origin are – 1 Irish, 2 Indian and 1 English.

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	2725	2630
PRG	6	5

The mix has remained stable through 2017-18 with a list size increase to 5375 from 5351.

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1228	698	922	748	852	498	250	179
PRG			1	2	1	2	5	0

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	1347	60	0	192	107	57	29	98
PRG	1	1		1				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	132	32	230	36	69	1570	1374	0	31	10
PRG	2		1		1	2	2			

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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 82.5% 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 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:

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The Practice collected data from patients using the following channels:

- Friends & Family Test Feedback
- Comment Cards
- Extended Hours Feedback
- Feedback from patients for their experience of specific services such as NHS Health checks, Phlebotomy, Post-operative wound care, Time to Talk (Cancer), Duty Doctor, Maternity and Young People with Long Term Conditions
- Suggestion Box
- Patient comments on websites –
- <http://www.kingsmeadhealthcare.co.uk> and <https://www.nhs.uk/Services/gp/Overview/DefaultView.aspx?id=37476>
- Patient Complaints – verbal and written
- PPG Meetings & Feedback
- Verbal and written feedback from patients to any member of the Practice team
- National Patient Surveys with results published directly on the NHS Choices website

How frequently were these reviewed with the PRG?

Feedback data is collated and presented to the PPG collective on a quarterly basis.

3. Action plan priority areas and implementation

Priority area 1

Registration of Patients for Online Services

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What actions were taken to address the priority?

With the ever-increasing emphasis by the Department of Health-NHS England to provide more and more online accessibility to patients, whether for registration, requesting repeat medications or viewing limited personal clinical GP records, it was an obvious choice to deem this a priority for 2017-18. Besides, it has the advantage of reducing the workload of reception staff both for managing new registrations and making new as well as review appointments. 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 as possible for using online services. Patients are being encouraged to sign on by reception staff both verbally and through posters in the waiting area, the Practice leaflet, advertising in the newsletters and through the two websites.

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. The results have been very encouraging. In 2016-17, the Practice signed on 10% of its Practice list. In 2017-18, the number has increased to 22%.

Priority area 2

Extended Access with Evening & Weekend Appointments.

What actions were taken to address the priority?

Access to GP services is always a high priority on the service agenda and the Practice has been considering cost-effective ways of extending access to patients. Following a review in 2016-17, it was agreed that the Practice should reconsider at least largely financially neutral ways on extending the opening hours, with the options being to provide appointments from 8.00 AM or opening full day on Thursday or even considering Saturday morning surgery. The GPs and Practice manager worked out the costing and time commitments and it was agreed that the most viable option would be to open Thursday afternoons.

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

This thinking fortunately coincided with NHS England's decision to make DES extended hours payments conditional on opening the full five days instead of a half day closure. The Practice has therefore provided more access to its patients through remaining open for normal services until 6.30 PM on Thursday afternoons. Meanwhile, the local GP confederation has also created Hub Practices in each of its geographical localities which remain open at weekends. Appointments are accessible to all patients and booked through the reception of the Practice where a patient is normally registered. There is no issue with records merge as the clinical database is designed to automatically incorporate the consultations any patients may have at these HUB practices.

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Priority area 3

Medicine Management - Reduction in waste of repeat medications

What actions were taken to address the priority?

It has been estimated £300 million of NHS prescribed medicines are wasted each year. It is therefore incumbent upon each patient as well as Practices to ensure this is reduced to a minimum. Patients waste medications for several reasons, some deliberate, others circumstantial. These include non-compliance, deliberate or intentional non-adherence, unintentional non-adherence, non-preventable waste such as death of a patient or preventable waste such as when a patient stockpiles medicines for 'just in case'. Although this is a vast area to address with multiple issues to address, it was agreed that taking into account the limited resources available to GP Practices, the best endeavour would be to monitor issues of repeat medications through increase in repeat dispensing and involve pharmacists more in medication reviews and to nominate a clinical and a non-clinical lead to drive the monitoring as part of everyday clinical practice. The PPG members initiated this suggestion and it was agreed that the Practice should proceed with the implementation.

The Practice subsequently nominated a GP lead along with the Practice manager as the non-clinical lead and the repeat dispensing protocol was reviewed and instructions issued to all members of the team to adhere to the rules. It was agreed that the most efficient way would be to use the tools we already have on EMIS Web and reception staff were advised to follow a clear pathway for every repeat prescription received. GPs and other clinical staff also involved in repeat prescribing such as the HCA were cut out of the loop in being asked not to issue repeats to convenience the patient. Each prescription request is evaluated, issue records checked and periods calculated to establish the level of compliance. Medication reviews are now done every six months for each patient on a repeat and those found to be compliant with a stable clinical status are issued prescriptions through 'repeat dispensing', thereby involving the pharmacist in the monitoring process. They provide feedback on any discrepancies in compliance. In the last five months, the number of patients on repeat dispensing has increased from about 250 to 802.

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

Through 2017-18 and especially in the last 5 months, the GP clinical and Practice manager have been largely responsible for monitoring requests for repeat prescribing and it has helped to cut down on waste. The process has also made those involved more experienced and knowledgeable about the whole procedure. The work is ongoing as part of everyday clinical practice but the PPG feels it has made a valuable contribution to help patients manage their health better whilst helping the NHS through reducing cost on wasted medication. It will be some time before a long term meaningful shift in patient, prescriber, and dispenser behaviour changes permanently – it is also a question of personal attitude towards health as well as public finances - that would finally result in an overall sustained reduction in pharmaceutical waste on a national level.

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Progress on previous years

Is this the first year your practice has participated in this scheme?

NO

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

1. **Notable Past Achievements**

- New telephone system; Completely refurbished premises; New Patient Arrival console; Extension of opening hours to include Thursday afternoons until 6.30 PM with a GP clinic from 1 October 2017; New digital display and patient call system (Envisage); New Practice website in addition to the mandatory NHS Choices website
- 2. Six-monthly to quarterly newsletters – Achieved 2017-18
- 3. Increase in number of patients registering directly through the website – Achieved goal over previous year but ongoing
- 4. Increase in number of patients requesting repeat medications using the website - Achieved goal over previous year but ongoing
- 5. Increase in number of patients making appointments on line - Achieved goal over previous year but ongoing
- 6. Monitoring waiting time to improve patient experience – this was reviewed and found to be not so helpful in terms of cost-benefit. It would be more appropriate to review patient access in order to maximise it at all possible times. This will be a target in 2018-19.
- 7. Increase patients to take up on the offer of NHS Health checks. The initial target of 85 was far exceeded by achieving 202 screenings – ongoing
- 8. Monitor quality of patient privacy in the waiting and other areas – reviewed but ongoing
- 9. Use of A&E coordinator to reduce the number of inappropriate A&E and OOH contacts – clinics still running and ongoing
- 10. Annual patient survey regarding services – done 1-10.3.2018 and results published and discussed
- 11. Evening and weekend appointments – availability increased through Hub arrangements – achieved 2017-18 but also ongoing
- 12. Managing medication issues to reduce waste – achieved by increasing repeat dispensing from 250 to approximately 812 in 2017-18, comprising 45.85% of the practice population.
- 13. It was felt that recruitment of patients to attend PPG meetings was better dealt with by the receptionists as they see regular patients and can encourage them to attend the PPG meetings. Another idea put forward for attendance to PPG Meetings would be to have a raffle (something small) to encourage patients to attend. Everyone loves a raffle!
- 14. It was agreed that a POSTER in reception and also consultation rooms would be a good idea, However it needs to be keep it simple – short and to the point otherwise patients will not read it and then putting it on the website if possible.

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4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: 21.03.2018

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

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now more directly engaged with carers as a result of the Avoiding Unplanned Admissions service 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, whether it has been work on extended opening hours, more telephone consultations or weekend surgeries in hub practices. The whole team has been engaged in signing up more and more patients for online services. It is actively managing repeat prescribing to reduce waste of medication. The PPG's suggestions and their implementation have proved to be very productive for the patients, the Practice and indeed, the NHS.

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.

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