London Region South LondonArea Team

Complete and return to: nhscb.lon-sth-pcc@nhs.netby no later than 31 March 2015

Practice Name: Mediventure Ltd

Practice Code: H84054

Signed on behalf of practice: Dr Dr.K.Agrawal Date: 25.03.15

Signed on behalf of PPG: Co Chairman of PPG Date: 31.03.2015

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

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| Does the Practice have a PPG? YES  |
| Method(s) of engagement with PPG: Face to face, Email, Other (please specify)**Face to face, email and post** |
| Number of members of PPG:**27** |
| Detail the gender mix of practice population and PPG:

|  |  |  |
| --- | --- | --- |
| % | Male  | Female  |
| Practice | 1619 | 1332 |
| PRG | 18 | 9 |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 333 | 346 | 524 | 513 | 380 | 276 | 186 | 192 |
| PRG | 0 | 1 | 0 | 4 | 5 | 6 | 7 | 4 |

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| Detail the ethnic background of your practice population and PRG:

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| --- | --- | --- |
|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 877 | 25 |  | 445 | 5 | 9 | 4 | 28 |
| PRG | 5 | 1 |  |  |  |  | 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 458 | 210 | 106 | 36 | 328 | 97 | 17 | 23 |  | 153 |
| PRG | 6 | 2 |  | 4 | 2 | 4 |  |  |  |  |

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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:Our practice has a mixed population of Asian, Eastern European, far Eastern and other white plus non white, afro Caribbean and black. 1. An audit of ethnicity of practice Population was done.
2. Identified regular service users in each group particularly those with chronic disease, mental health, learning disability, carers, nursing homes/care homes and younger age groups.
3. Selected patients from each group to form a provisional patient participation group.
4. An online invitation on Practice website was made available to join the PPG and on multimedia in the practice waiting area.
5. This information and invitation was also distributed via reception desk and putting a poster in the waiting room.
6. Invitations were sent to this provisional group to seek their consent to be member of PPG.
7. A PP group was formed from the patients who consented to be part of PPG .
 |
| 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? We have diverse population consisting of between 25%- 30% from the Asian sub continent . We have ensured that this group is well represented in the PPG meetings.If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:  |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:* **Patient survey questionnaire**
* **NHS Patient Satisfaction survey**
* **NHS Choices,**
* **Friends and Family Test**
* **PPG meetings.**
* **Informal an ad hoc feed back to the reception staff.**
* **complaints and suggestions**
 |
| How frequently were these reviewed with the PRG?We had PPG meeting at surgery (17.11.2014) and discussed the possible areas where improvement in the service could be made. It was agreed that we should do a survey on the following 4 points to seek patient opinion and select 3 priority areas. The priority areas were:

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| 1. To contact patients who have not responded to the bowel cancer screening test. This test is useful for early detection and exclusion of bowel cancer. |
|
|  |
| 2 To contact ladies who did not respond to the invitation for breast cancer screening in order to ensure that any abnormalities are picked up as early as possible. |
|
|  |
| 3. To revisit our laboratory investigation results at regular intervals so that any action required is not overlooked or not completed. |
|
|  4. To contact patients who needed to go to Accident & Emergency frequently so that we can identify the reason and improve in house services and better access. |
|

A patient survey was done to choose three out of the four areas. The patient survey result was presented to the PPG in second meeting on 01.12.2014 and it was agreed to implement the following areas 1 2 and 3 . |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area: **BOWEL CANCER SCREENING**To contact patients who have not responded to the bowel cancer screening test. This test is useful for early detection and exclusion of bowel cancer. |
| What actions were taken to address the priority?We looked at our Mail Manager (for test results) on daily basis and identify patients who have not sent the Bowel screening test kit.(DNAs) These patients were contacted by letters explaining the usefulness of the screening/ test and advising them to contact the Bowel screening unit ( contact numbers provided in the letter) to send them another kit to do the test. By doing this we encouraged the patients for uptake of Bowel Screening. |
| Result of actions and impact on patients and carers (including how publicised):Number of patients who did not send the test kit----------------- 14Number of patients who were sent letters ------------------------------ 14 (100%)Number of patients who had test done ----------------------------------- 1 |

|  |
| --- |
| Priority area 2 |
| Description of priority area: **BREAST CANCER SCREENING**To contact ladies who did not respond to the invitation for in order to ensure that any abnormalities are picked up as easy as possible. |
| What actions were taken to address the priority?We did an audit of patients who did not attend their breast cancer screening.We contacted the patients by post explaining the benefit of having a mammogram done.  |
| Result of actions and impact on patients and carers (including how publicised):Number of patients who did not attend. 1Number sent letters to make appointment for breast screening 1 (100%) |

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| --- |
| Priority area 3 |
| Description of priority area**: LABORATORY INVESTIGATION RESULTS.**To revisit our laboratory investigation results at regular intervals so that any action required is not overlooked or not completed. |
| What actions were taken to address the priority?We looked at our path lab results sent to us on Mail Manager and identified the clinically significant results which were not urgent but require action.We gave them a significant read code and contacted them in case the patient had not contacted the surgery within a fortnight.By doing this we ensured the test requiring action were not missed or overlooked. |
| Result of actions and impact on patients and carers (including how publicised):Patients to be contacted: 12Patients contacted: 12 (100%)Patients made appointment to see GP …12 |

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. In 2011-12 it was agreed with the PPG to review and update the website.
2. To install LED and display multimedia in the waiting room for practice information, health promotion and news regarding practice activity.
3. To improve and increase telephone consultations.
4. All this have been successfully achieved and we have improved our telephone consultations and increased our telephone consultation slots.

**2013-14**

We did a Patient satisfaction survey and identified need for opening hours.

GP availability days and time was displayed on multimedia and patient information leaflet.

All this has been successfully completed and we are still encouraging patients to use our website and get information from our surgery leaflet.

1. PPG Sign Off

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| Report signed off by PPG: **YES ( By the Co-chairman of the PPG)**Date of sign off: **31.03.2015** |
| How has the practice engaged with the PPG:How has the practice made efforts to engage with seldom heard groups in the practice population?We have engaged with seldom heard groups which we identify from our population group. Once identified we invited patients including carers, gypsies, LGBT, asylum seekers etc. We wrote them a letter to become part of PPG . We also encourage our patients to become members of PPG, through multimedia and websites. Some of our PPG members are active in local social work and we encourage them to disseminate the information in their relevant groups like church meetings, Stay Well in Kingston etc.Has the practice received patient and carer feedback from a variety of sources?**Yes, by patient survey, suggestion box, compliment letters, Friends and Family test, NHS choices website informal and ad hoc feed back to the reception staff etc.**Was the PPG involved in the agreement of priority areas and the resulting action plan?**Yes**How has the service offered to patients and carers improved as a result of the implementation of the action plan?1. **There are improvements such as patient contacting the Bowel Screening Centre to request the test.**
2. **We have contacted all the patients who have missed the Breast Screening.**
3. **We have contacted patients who have failed to ring to get their significant but not urgent results. We have followed up all such patients.**

Do you have any other comments about the PPG or practice in relation to this area of work?**We have very active and constructive PPG making good suggestions for improvements.** |

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