London Region North Central & East Area Team

Complete and return to: england.lon-ne-claims@nhs.net no later than 31 March 2015

Practice Name: ARNOS GROVE MEDICAL CENTRE

Practice Code: F85700

Signed on behalf of practice: RATHAI THEVANANTH (PRACTICE MANAGER) Date: 30.03.15

Signed on behalf of PPG: Litsa Worrall Date: 30th March 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)Mainly we meet Face to Face although we also advertise through the PPG noticeboard, practice website, text messaging for meeting reminders.  |
| Number of members of PPG: 31  |
| Detail the gender mix of practice population and PPG:

|  |  |  |
| --- | --- | --- |
| % | Male  | Female  |
| Practice | 1747 | 1360 |
| PRG | 14 | 18 |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 606 | 411 | 858 | 544 | 384 | 233 | 164 | 129 |
| PRG |  |  | 3 |  | 6 | 7 | 6 | 8 |

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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  | 219 | 25 | Not recorded under this read-code | 706 | 10 | 8 | 3 | 28 |
| PRG | 10 |  |  | 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 | 90 |  | 21 | 38 | 137 | 134 | 46 | 123 |  | 135 |
| PRG | 9 |  | 1 | 1 | 2 | 4 | 2 |  |  | 1 |

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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:We have advertised the PPG on our practice website, as well as spoken to members through the PPG who have enlisted others by encouraging them to also attend. Patients are well represented on the PPG as far as gender, ethnic and background are concerned. We are actively engaging with our patients opportunistically when they also register if they would like to become a member of the 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? No, there are no specific characteristics of our practice population that signifies we need to focus on any particular group. If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:We have a number of carers on our PPG group currently, working class patients as well as elderly. We do not have representation from the LGBT community or the younger generation as yet, although we have tried to encourage their membership to the PPG. We are looking at other ways of engaging with this group and may look at a virtual method by emailing them instead as this seems to be a preference with these groups, we continue to have an open membership.  |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:-Healthwatch Audit report (September 2014)- survey conducted by Healthwatch Enfield which captured results in many areas across practices in Enfield- discussed at the most recent PPG meeting on 13.03.15.-Friends and Family test data from Jan & Feb 2015- a recent source of capturing real-time patient feedback- again discussed at the most recent PPG meeting on 13.03.15.-NHS Choices feedback- the practice manager also responds to these online- this is reviewed and responded on throughout the year. -PPG Members feedback (face to face at meetings)- this is a very good source of feedback as it always generates discussion with the patients and the practice. -Enfield CCG Practice report (February 2015)- This also captures patient experience through MORI survey results published in January 2015.-PET- Patient experience Tracker- captures real time patient feedback following patient consultation- reported to the Enfield CCG. -Verbal feedback- recorded in our feedback book.-Practice website- we also receive feedback posted onto our practice website- to which the practice manager responds. |
| How frequently were these reviewed with the PRG?Where the practice has received feedback it is an item on the agenda for the PPG to review and comment upon, it is also a chance to explain our systems and processes to patients and listen to their views and feedback. The Practice manager will bring up feedback from patients, both received from NHS Choices or patient feedback, these have been a useful way of capturing the patient’s perspective and has raised awareness for the practice in how they decide or do things for patients. This includes NHS Choices, we have also taken patient complaints to discuss if the practice feels it appropriate and can benefit from the patients perspective. The practice has taken on feedback and have acted on them where it has been possible- we have a ‘You Said, We Did’ board which our PPG Chair has implemented in our practice and also shared best practice across all other PPG groups as she is also the Chair of the PPG Network in Enfield and is the Patient representative who sits on the Enfield CCG Governing body.  |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:Increasing access |
| What actions were taken to address the priority?-The practice signed up to the Key performance indicator for increasing access- by ensuring we are open at least 52.5 hours per week and also taking calls over the lunchtime. -Also the practice had signed up to the key performance indicator of having 16.5 hours per 1000 patients per week. This meant we also looked at offering in addition to clinical face to face consultations with the GP, we increased our nursing sessions, increased number of telephone consultations by the GP and also were the first practice to implement and start Skype consultations for those who prefer. |
| Result of actions and impact on patients and carers (including how publicised):Better access and quicker access. Telephone consultations also mean, patients are called back and where possible, given advice and actioned over a phone call.  |

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| Priority area 2 |
| Description of priority area:Increasing our cervical cytology rates as these were just below the target previously |
| What actions were taken to address the priority?Increased cytology clinic appointments given as a result of recruiting new practice nurse. We have now managed to reach above the target of 80% and are currently at 84%. The patient files were added with alerts when they were due for cervical screening and the receptionists and GP including the practice nurses would opportunistically ask the patients when they came in to book appointments. This has now become habit and patients now call up to book their own smear tests. The importance of self-management has also been encouraged here.  |
| Result of actions and impact on patients and carers (including how publicised):Better uptake of cervical screening which has increased our practice target and achieved good coverage with very low exception reporting. The patients are managed well as those results which come back as abnormal are then referred onto  |

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| Priority area 3 |
| Description of priority area:Increasing and monitoring blood pressure patients- as this is a poor area of performance in Enfield- public health have worked hard on increasing ambulatory care of patients.  |
| What actions were taken to address the priority?Increased number of BP clinics were held and active and proactive on-going monitoring of patients with high blood pressure.  |
| Result of actions and impact on patients and carers (including how publicised):Achieved a great success rate for the blood pressure monitoring of patients, we have achieved to date, 94.19% of all patients registered with us and over the age of 45 years who have their BP taken. We have also exceeded our targets for hypertensive patients, whereby we have achieved over 80% of those who are hypertensive to have a BP of =< 150/90.  |

Progress on previous years

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

YES- although we have had a PPG for many years, this is the first year we are claiming as part of the PPG DES. We anticipate on continuing with this.

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

N/A

1. PPG Sign Off

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| Report signed off by PPG: YES- Chair of the PPG- Litsa WorrallDate of sign off: 30th March 2015 |
| How has the practice engaged with the PPG: The practice engages with the patients by telephone, text, in person to enable a PPG meeting to come together. The practice uses signs for patients to come on board, the receptionists advises patients of the PPG, the website is welcoming new patients to join How has the practice made efforts to engage with seldom heard groups in the practice population? The Practice Manager has recently used the records to target the younger population of patients to ensure that we have a good mix of patients.Has the practice received patient and carer feedback from a variety of sources? Yes, it is important that we receive the feedback from Carers as well as patients, either through the telephone, website, emails, newsletters or in reception verballyWas the PPG involved in the agreement of priority areas and the resulting action plan? Yes, it is important for the patients to be involved in the setting of the priorities as this demonstrates to the patients the need the GP’s have of the PPG and what they think of their PPG’s involvement How has the service offered to patients and carers improved as a result of the implementation of the action plan? It has increased the Access into the practice we have also increased the number of GP’s working in the practice. It has seen more patients coming forward for important health screenings. Plus targeting patients with preventative care, makes the patient feel cared for.Do you have any other comments about the PPG or practice in relation to this area of work? We are out of room at the practice in Arnos Grove Medical Centre and the practice is trying hard to find other accommodation, even though there is adequate space at the centre, it would appear the Mental Health Trust are reluctant to offer the practice more space. |

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