London Region North Central & East Area Team

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

Practice Name: Squires Lane Medical Practice

Practice Code: E83007

Signed on behalf of practice: Practice Manager - Michaeal Mydlova Date:

Signed on behalf of PPG: Patient Date:

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, Telephone, Email, Post, Website | |
| Number of members of PPG: 10 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 48.9% | 51.1% | | PRG | 60% | 40% | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 20.15% | 9.49% | 17.52% | 15.95% | 14.07% | 9.75% | 6.86% | 6.18% | | PRG | 0% | 0% | 0% | 0% | 0% | 10% | 60% | 30% | |
| 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 | 2.23% | 1.78% | 0% | 16.79% | 0.64% | 0.71% | 0.87% | 0.98% | | PRG | 60% | 0% | 0% | 10% | 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 | Unknown | | Practice | 10.50% | 1.08% | 0.99% | 1.27% | 6.88% | 6.58% | 1.58% | 0.68% | 0% | 0% | 46.42% | | PRG | 0% | 0% | 0% | 0% | 20% | 10% | 0% | 0% | 0% | 0% | 0% | | |
| 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 Patient Reference Group, established in September 2013, still has a strong ‘White’ contingent (as reflected in our practice population), we are pleased that our PRG profile has improved over the past year and we have now patients representing also Asian and African ethnic groups. We have managed to recruit six new face-to-face members within the last year and are very proud to have one member who represents carers at the moment. Our present PRG group consists of ten face-to-face members who meet on a regular basis.  We are continuously recruiting new members for our PRG using the marketing information generated during the last and present year.  We currently advertise the PRG in our waiting rooms via posters and hand-outs, our website, in the practice leaflet, information cards attached to patient’s prescription and we have also included information in our patient registration pack. | |
| 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  If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:  We are still very young PRG and our main aim is to represent the demographics of our registered population. Our present challenge is to recruit more members from the younger group population and our PRG agreed that we could achieve this by creating virtual PRG alongside to the existing face-to-face group. We are awaiting a response to this. | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  Our main sources of feedback which were reviewed during our PRG meetings were:  Patient Questionnaire  Complaints & Comments Book  Friends & Family Test  CQC Report  Face to face feedback and suggestions received from patients  Appointment feedback card (feedback received from patients who made urgent or same day appointments) |
| How frequently were these reviewed with the PRG?  We reviewed our patients’ feedback every four months during our PRG meetings. |

1. Action plan priority areas and implementation

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| Priority area 1 | |
| Description of priority area:  Our main and the most important area of improvement is our premises development. | |
| What actions were taken to address the priority?  Over the last three years our practice was trying to move to the new premises at Finchley Memorial Hospital, therefore any improvements and developments at the present building were put on hold. Our practice was very busy with all the preparations for the move, recruiting new staff, contracting a Practice Development Manager to help with the HR side of the move but also more practical parts of the move like filing and preparing the medical notes.  To great disappointment to the partners, practice staff and our patients this was not achieved as the final financial decisions were not approved by NHS England at the end of September 2014 and after all our efforts we were not able to move to FMH.  Nevertheless, our premises are still our main area of improvement therefore since October 2014 our practice put together a plan, based on feedback received from our patients, to develop the following main areas of our building:   * Drains system * Disabled access * Electronic self-sign up for patients * Internal building development in general to meet CQC standards | |
| Result of actions and impact on patients and carers (including how publicised):  Our patients are continuously informed through our PRG meetings about the progress. Although in general everybody including our patients are still very disappointed with the outcome of our potential move to FMH, we are pleased to confirm that we have moved on and are very busy with new planning and preparing for our building work.  At present we are awaiting our first quotes for the requested work to come through, so we can decide on a date and time which is required for the work to commence. | |
| Priority area 2 |
| Description of priority area:  Practice website (update & awareness) |
| What actions were taken to address the priority?  We found out, thanks to our patient questionnaire feedback, that not many of our registered patients are aware of our practice website. Since then we have made sure that the information is available in our waiting rooms, leaflets with the details are handed out to patients from our reception staff and more information is given also at the point of registration.  Our website is updated on a regular basis and offers a wide range of services to our patients, such as: registration, online access, electronic prescription, patient questionnaire, FFT, virtual PRG registration. |
| Result of actions and impact on patients and carers (including how publicised):  Our present updated website is a great source of information and services to our patients who can access it at any time.  We have received very positive feedback from our patients and hope to offer even more services in the future. |

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| Priority area 3 |
| Description of priority area:  Improve communication channels between the practice & patients |
| What actions were taken to address the priority?  As fairly new PRG we understood at the very beginning that we have to change and improve our existing ways of connecting with our patients. Our main aim was to increase the number of our PRG members and we successfully managed to recruit six more face-to-face patients this year. As a group we havemanaged to find new ways of “advertising” our group through information cards attached to patient’s prescriptions or handing out leaflets in the waiting room while patients are waiting for their appointment.  We found it rather difficult to connect and involve the younger population of our registered patients and as a result of this we agreed during our last PRG meeting that we will introduce virtual PRG to our patients. This way patients could be involved as much as coming to our face-to-face meeting or as little as replying via email to (four times a year) surveys. To support and develop our PRG our practice has attended the recent PPG event organised by the Healthwatch and Barnet CCG on 25th February 2015 as well as becoming affiliated with the National Association for Patient Participation (NAPP). Also thanks to the information received from this event we have found out that the most effective way of recruiting new members to our PRG is to talk to them for a few minutes when they come to the practice. The outcome our PRG is we have agreed that it would be helpful if one of our young reception staff could approach patients while they are waiting for their appointment or on their way out of the practice and hand out the leaflets and whenever possible have a quick chat with our patients and give them a brief outline about our PRG. We have designed a brief leaflet which offers all the information and also gives our patients the opportunity to leave their details and sign up if they wish to do so. |
| Result of actions and impact on patients and carers (including how publicised):  We are yet to recruit any new members to the virtual PRG but we are hopeful that as word is spread, patients will start to show interest. We would like to continue with this approach and hope to recruit at least 50 new virtual members in the coming year. |

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):

Our PRG was established in September 2013 and in our first year and a half our main areas of progress are:

1. We managed to develop a positive and constructive PRG where new members are invited on an on-going basis.
2. Our PRG constitution document was reviewed by the group and the updated version is available on our website.
3. We managed to recruit 6 new face-to-face members so we have at the moment 10 representatives compared with 4 in the previous year.
4. We are pleased that our PRG profile has also improved over the past year and we have now patients representing also Asian and African ethnic groups compared to the previous year when we had only British representatives and we are very proud to have one member who represents carers at the moment compared to the last year when we didn’t have any representatives from this group.
5. We carried out three patients surveys (results available on our website) which helped us to prioritise our main areas of improvement. Since last year we have managed to improve the following main areas:

**Appointment procedure:**

Our appointment system is monitored continuously so we can implement any necessary changes. We managed to improve and establish a good appointment procedure where patients are informed on a regular basis on how and when they can make an appointment. We have recognised that early morning appointments booked on the day are the most wanted from our patients, we have therefore increased the number of appointments which are released only for the morning requests. This has proved to be a very good move as the number of our daily urgent appointments, which are booked at the end of morning clinics and are increasing the pressure on our clinical staff, has reduced and we can deliver better services to our patients within the planned timeframe.

**Practice premises:**

Our practice premises remained our main area of development since our move to a new location at Finchley Memorial Hospital failed back in September 2014. Thanks to our patients feedback we managed to prioritise four main areas of development and at present are waiting for the first quotes to come through so we can decide on the date and time for the required work to start.

**Reception Staff Development:**

We managed to employ three new permanent staff for the reception therefore we no longer depend on a temporary staff from agencies. Since then our reception services have improved dramatically as we have managed to provide continuous good quality services to our patients. All of our staff have taken in-house and customer care training to ensure they have the skills to identify patients’ needs and offer them the assistance they require.

1. PPG Sign Off

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| Report signed off by PPG: Yes  Date of sign off: |
| How has the practice engaged with the PPG:  How has the practice made efforts to engage with seldom heard groups in the practice population?  PRG is open to all our registered patients and they are continuously invited to join a group at the point of registration, in our waiting rooms (via posters and hand-outs), via our website, in the practice leaflet, information cards attached to patient’s prescription and face-to-face by our reception and clinical staff.  Has the practice received patient and carer feedback from a variety of sources?  Yes, we have received our patients feedback from a different variety of sources such as our patients questionnaire, complaints & comments book, friends & family test, CQC report, face to face feedback and suggestions received from patients on a daily basis, appointment feedback card (feedback received from patients who made an urgent or same day appointment).  Was the PPG involved in the agreement of priority areas and the resulting action plan?  Yes, all the feedback received from our patients were regularly reviewed at our PRG meetings and according to the results found we agreed to our main areas of improvement (please refer to the minutes from our regular meeting for more details).  How has the service offered to patients and carers improved as a result of the implementation of the action plan?   * We agreed to four main areas of our building improvement: drains system, disabled access, electronic self-sign up for patients, and internal building development in general to meet CQC standards. * Our appointment system has been continuously monitored and we have managed to increase the number of same day appointments, which have satisfied not only our patients’ demands but has also released some pressure from our clinical team. * We managed to employ more reception staff. This has considerably improved the quality and continuity of our reception services. * We have developed strong sources of feedback from our patients which has helped and it will continue to help our practice to develop areas of service to patients’ satisfaction.   Do you have any other comments about the PPG or practice in relation to this area of work?  No. |

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