

Standard Reporting Template – Patient Participation DES 2014/15

Surrey & Sussex Area Team

Practice Name Roebuck House Surgery covering Roebuck Surgery 1, 3, 4 and 5. Dr Chopra, Dr Parker, Dr Schneider, Dr Grund-Schneider and Dr Namvar.

Practice Code G81095, G81651, G81611, G81640

Signed on behalf of practice Peter Sims, Practice Manager Date 23rd March 2015

Signed on behalf of PPG Date 27th March 2015

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

Does the Practice have a PPG? YES / NO	Yes
Method of engagement with PPG: Face to face, Email, Other (please specify)	Face to Face, email, post (in the absence of email).
Number of members of PPG:	25

Detail the gender mix of practice, population and PPG:			Detail of age mix of practice population and PPG:								
%	Male	Female	%	0-9	10-19	20-29	30-39	40-49	50-59	60-79	>80
Practice	6224	6184	Practice	1120	1312	1303	1155	1837	1963	3020	698
PPG	5	20	PPG	0	0	0	2	1	3	14	5

Detail the ethnic background of your practice population and PPG:

White					Mixed/ multiple ethnic groups			
%	British	Irish	Gypsy or Irish Traveller	Other white	White Black & Caribbean	White & black African	White & Asian	Other mixed
Practice	8282	17	0	68	12	1	13	11
PPG	23	0	0	0	0	0	0	1

%	Asian/ Asian British				Black / African / Caribbean / Black British			Other		
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	6	1	1	13	30	6	6	2	8	19
PPG	0	0	0	0	0	0	1	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:

Roebuck Surgery is divided into 4 individual practices and looks after a total of 12410 patients. The Practices at Roebuck decided as they share premises it would be better and more representative to form a joint Patient Participation Group together. This also includes representatives who use Dr Chopra's branch surgery at Guestling. The groups mainly fall into retired category, but we have some members still in full time work. Others are very active members of the community, with one member feeding back to the Old Town Residents Association. Also represented are those with chronic health conditions and the voluntary sector.

The PPG was established in 2011 and whilst membership levels fluctuate from meeting to meeting, it has a small core of active members. It is hoped that as more patients become aware of the activities of the group that they will wish to become involved and in our recent survey a further 12 patients from Roebuck 4 expressed an interest in learning more about the group. However some groups such as the very young and very elderly are generally hard to represent at meetings but we do have a group of very active over 75 year olds. All patients can become involved and the group is promoted on the website, practice leaflet and in surgery waiting rooms. Some patients struggle to attend evening meetings but are kept informed via a mailing list attached to our website.

In establishing the PPG, some patients were approached by the staff or by the GPs, others came forward following advertising in surgery waiting rooms. We also wrote to a number of patients from different backgrounds to invite them to the meetings. The group meetings are advertised in surgery waiting rooms. The group is also promoted in the surgery newsletter and practice leaflet which is issued to all new patients. In order to be more representative the group surveys and encourages the views of all registered patients who are willing to participate in the survey.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. large student population, significant number of jobseekers, large numbers of nursing homes or a LGBT community? YES/NO

No

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

Not applicable

2. Review of patient feedback

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

Sources of feedback reviewed were individual questions from patients, feedback from the group at meetings during the year, the Friends and Family Test and the annual survey, which was repeated using the same questions as per the 2014 survey. This was repeated as it was felt to provide a very robust basis on which to plan and schedule discussions with our patients, despite the requirement for one being removed this year.

How frequently were these reviewed with the PRG?

During the year at meetings which are held bi-monthly (every two months). The feedback from the survey was discussed at a meeting at Roebuck House on the 19th of March attended by 8 members of the group, with a separate meeting held the week before for patients registered at the Guestling Branch Surgery, to discuss more specific Guestling related items. It has been agreed with the group that they wish to continue with bi-monthly meetings (or quarterly if found more appropriate) with the next due in June (date to be arranged with the group).

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Online appointment booking

What actions were taken to address the priority:

Promote website and access to online booking

Make sure that adequate appointments are available to meet demand

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

This was publicised on the website, in waiting rooms and in the new patient packs. Access to online booking has increased across the year and more patients have used to website (17% up from 3%). There

is still work to be done however as not everyone is aware or can use it.

Action Plan – 19th March 2015

The website should continue to be promoted throughout the building. Webpage to be reviewed with the Provider to ensure that patients can make best use of it. Once this review is complete and appropriate changes made, Dr Parker suggests notes promoting the website's online booking \ repeat prescription functionality are attached to all prescriptions for one month outlining how patients can register for online access.

Impact on patients and carers is an easier way to order Repeat Medication, which is auditable via the clinical system and reduces the workload for the admin team, leaving them with more capacity to deal with general enquiries, therefore improving access.

This to be conducted by the management team with patients.

To be reviewed in 3 months at the June meeting.

Priority area 2

Description of priority area:

Online prescription ordering

What actions were taken to address the priority:

Promote website and patient access

** This service has been available sometime and has now been improved with patient access but is still identified as a facility that people want to use, seemingly having not found it .This was reflected both in the survey and by some members of the PPG who thought it was the same as the repeat prescription ordering via email.*

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

Publicised on the website, new patient packs and in waiting rooms. As above with online booking, online prescription ordering has increased across the year with more patients have used to website.

Action Plan – 19th March 2015

As detailed above for online appointment booking, the website should continue to be promoted throughout the building. Webpage to be reviewed with the Provider to ensure that patients can make best use of it, with notes promoting the service attached to prescriptions for one month. The notes attached to prescriptions for one month will also promote this service.

Impact on patients and carers is an easier way to order Repeat Medication, which is auditable via the clinical system and reduces the workload for the admin team, leaving them with more capacity to deal with general enquiries, therefore improving access.

The impact of the Electronic Prescription Service (EPS) to be established. To be rolled out later in 2015.

This to be conducted by the management team with patients.

To be reviewed in 3 months at the June meeting.

Priority area 3

Description of priority area:

Concerns regarding access to weekend & evening cover for surgery particularly with closure of IC24 Rye base in 2014.

What actions were taken to address the priority:

IC24 new contract providers offered to meet with PPGs with a request for a meeting to be set up to explain new arrangements and what will happen if they need a GP on weekends. It was not possible to meet with IC24 but the new NHS 111 service has been set up and operational for some time. The options are that patients go through a series of questions from trained call handlers who then provide advice, advise the patient to attend A&E, dial 999 in some instances or transfer the call to IC24 who then ask the patient to attend their base, provide a home visit or a prescription which will tide them over until their GP surgery is open.

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

Action Plan – 19th March 2015

NHS 111 is publicised in the waiting rooms, website and nationally on radio and television. Hopefully the NHS 111 service has reduced some of the concerns raised by the group but there is a meeting of PPG's late March which may provide further detail. If this is the case then an amendment will be made to this action plan.

The group were told of the proposals to open a couple of hubs staffed by local GPs across the Easter bank holiday weekend, which should provide a viable alternative for patients to A&E or the walk in centre. The hub system proposed to provide additional capacity across the Easter bank holiday weekend was originally proposed to cover the increase in demand across the winter period but the CCG did not approve the bid in time. This would have made significant improvements to access to Primary Care at the weekend and a better service for our patients.

Patients will access the hubs by dialling NHS 111 and then go through a series of questions from trained call handlers who then provide advice, transfer the call to one of the Primary Care hubs, advise the patient to attend A&E, dial 999 in some instances or transfer the call to IC24 who then ask the patient to attend their base, provide a home visit or a prescription which will tide them over until their GP surgery is open.

Check the feeling of other PPGs at the meeting late March.

Feedback regarding the outcome of weekend opening across the Easter weekend to be provided to the PPG at the next meeting in June.

Progress on previous years

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

Free text
<p>Online appointment booking and prescription ordering.</p> <p>Access to online booking and prescription ordering has increased across the year with more patients having used to website (17% up from 3%). There has also been an increase in the number using the email service which may be due to the registration process required to use the online service. This will be monitored during 2015 and we could look at registering all new patients as part of the new patient pack.</p> <p>Weekend and evening access.</p> <p>NHS 111 service has been set up and operational for some time with some members of the group explaining that they had used the NHS111 number and their experience was very positive in terms of what was supposed to happen.</p>

4. PPG Sign Off

Report signed off by PPG: YES / NO	Yes. Emailed or posted to all on the 23 rd of March after the meeting on the 19 th of March.
Date of sign off:	29 th of March 2015
How has the practice engaged with the PPG:	Face to Face meetings, email or post where appropriate.
How has the practice made efforts to engage with seldom heard groups in the practice population?	Yes the Practices have tried to engage with all patients. It is not felt that we have any particular groups with specific issues however.
Has the practice received patient and carer feedback from a variety of sources?	Yes
Was the PPG involved in the agreement of priority area and the resulting action plan?	Yes at the meeting on the 19 th March with the report sent out via post and email on the 23 rd for comments and agreement.
How has the service offered to patients and carers improved as a result of the implementation of the action plan?	Yes as more are using the online booking and prescription service with no complaints received by the Practices around access at weekends or evening.
Do you have any other comments about the PPG or practice in relation to this area of work?	No