## **Roebuck House Surgery**

## **Patient Participation Group Report**

## **Background**

Roebuck Surgery is divided into 4 individual practices and looks after a total of 12410 patients. Hastings & St Leonards have high unemployment rates and a high proportion of those out of work are claiming Incapacity & Disability Benefits (20.9% were listed as permanently unable to work in 2001 due to disability or illness). Pockets of Hastings & St Leonards have high deprivation rates. Over 40% of homes have no earner which is significantly above the national average. There is a high elderly population and a prevalence of mental health issues.

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, who met separately in March.

Dr Chopra and Dr Namvar have been providing an additional service since October 2014 which provides protected time for proactive GP visits to patients assessed as requiring them due to having complex needs. This has proved to be a very popular service with patients as the GP has time to address their concerns. It has been shown to avoid admissions, which in turn reduces cost, reduces the demand on secondary care and treats the patient at home or in residential care where appropriate.

There are some significant changes coming up in 2015 namely the merger between Dr Parker and Dr Namvar which will see Roebuck Surgery 5 cease to operate and a new partnership formed. This will operate mainly from the middle floor of Roebuck House in the area occupied by Roebuck Surgery 4 from Monday the 30<sup>th</sup> of March 2015.

This will bring increased capacity through additional GP clinics provided by Dr Namvar and Dr Julia Godis (Thursdays only) but also an additional Practice Nurse one day a week, Nurse Linda Magasin.

We will also be trialling an automated arrivals screen which will be situated in the reception area shared with Dr Chopra's Practice. This will hopefully make checking in easier for patients and will be more convenient for them as they won't have to walk down the corridor when they arrive. This will also provide more time for the reception team to answer phones for enquiries and appointment requests rather than checking patients in.

## **Practice Population Profile**

### Age

Age Range	0-9	10-19	20-29	30-39	40-49	50-69	70-79	80-89	90-99
Male	169	174	157	127	256	429	125	61	8
Female	140	182	149	158	294	492	201	104	30

### Sex

Males 1504 Females 1750 Total 3254

## <u>Differences between the practice population and Patient Participation Group</u>

The PPG was established in 2011, with membership levels that still fluctuate from meeting to meeting, but with a 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 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 continues to be 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.

How did the Practice ensure that every effort was made to get a representative number of patients on the group?

In establishing the PPG, some patients were approached by the staff or by the GPs, with others coming 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 and 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.

## **Practice Opening Hours**

Roebuck Surgery reception is open Monday to Friday 8.30am to 6.30pm.

The surgery closes between 1-2pm for lunch with the telephone answered for urgent enquiries only.

A full list of clinic times is available on the website.

Extended hours are offered within the Roebuck Group both early mornings and evenings.

Out of hours the Practice is assisted NHS 111 and IC24, formerly South East Health Ltd.

## Patient Survey (questionnaire)

The patient group developed the survey working with the practice, based on previous national surveys that have been completed. The group were involved in the creation of the 7 question survey and the interpretation of the results. All data collected was inputted into our online survey for collation of data.

It was decided to use the same survey again so that trends could be analysed and comparisons made with the previous year. One of the action points was to have the group put forward additional questions throughout the year but this has not been possible.

Last year's action plan had identified a desire of some patients to have more online access to surgery facilities, which were introduced early in 2014 and this survey further investigated that. Patients attending surgery over a time period whether to see the doctor, or make an enquiry at the reception were asked to participate.

A total of 93 of patients were surveyed which is up from the 59 surveyed in 2014.

In 2013 the action plan pledged to introduce online appointment booking and this was introduced by the surgery in February 2014 around the time of the survey. In the 2014 survey 3% had used the Practice website, but this has risen to 17% of those surveyed using it. There continues to be a number of survey responses requesting online prescription ordering and appointment booking, with one responded unaware that there was a website.

Out of hours care and A&E attendances continue to be in the headlines with the latest figures showing that A&E departments across the UK have failed in meeting the 4 hour wait target. ESHT A&E performance was met at 95.63% for November, but the surgery wished to further raise awareness of this issue, to see how services can be improved to help prevent attendances, by repeating the questions about the use of these services.

20% of those surveyed in 2014 had attended A&E in the previous year, which dropped to 17% in the 2015 survey. Importantly 31% of these were emergencies or for x-ray (recommended by their GP or other health professional), with the remaining 69% out of hours. This would suggest that use of A&E was appropriate. The only suggestions offered by the survey results in 2014 to minimise the need for A&E attendances was to open on weekends and evenings and this was suggested again by one patient. This has been discussed again by the Practice, who will increase the number of extended hours appointments for those working in the past year adding an additional Monday evening from April when they merge with Roebuck 5. There is not the demand for Saturday surgeries with IC 24 reducing weekend services due to reported lack of demand in 2014.

There have been proposals put to the CCG around opening 4 hubs over the winter period but this was not progressed. They are interested in reviewing the proposals however and this is work in progress with the possibility of some Practices opening across the Easter weekend. Several GP surgeries in the area have been meeting with a view to creating a Federation of Practices, which would then be able to bid for additional services such as the one above, which they would not be able to

provide individually. We are committed to providing the best possible care for our patients and believe this can only be provided by local GPs practicing in the area.

The results of the survey were collated and reviewed by the group working with the Practice. The results were reviewed made available to PPG members via email or printed format ready for discussion at a PPG meeting on the 19<sup>th</sup> of March where an action plan was compiled. The results of this survey have been made available on the Practice website. A copy of this report will be available to any patient who requests one as well as being circulated to those on the email list.

# ACTION PLAN - 28th March 2014

ISSUE	ACTION REQUIRED	BY WHOM	TIMESCALE
Online appointment booking	<ul> <li>promote website and access to online booking</li> <li>make sure that adequate appointments are available to meet demand</li> </ul>	- Management team	- every 3 months. Ongoing review at next patient survey

### Was this successful?

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.

This to be conducted by the management team with patients.

To be reviewed in 3 months at the June meeting.

Online prescription ordering	<ul> <li>promote website and patient access</li> <li>* This service has been available sometime and has now been improved</li> </ul>	- Management team	Ongoing review at next patient survey
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with patient access but is still identified as a facility that people want to use, seemingly having not found it.	

### Was this successful?

As above with online booking online prescription ordering has increased across the year with more patients have used to website. There is still work to be done however as not everyone is aware or can use it.

# 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 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.

Concerns	IC24 new contract	Management team	As soon as can
regarding	providers have offered to		be arranged.
access to	meet with PPGs.		
weekend &	Meeting to be set up		
evening cover	with PPG to explain new		
for surgery	arrangements and what		
particularly	will happen if they need		
with	a GP on weekends.		
impending			
closure of Rye			
area.			

#### Was this successful?

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.

# Action Plan - 19th March 2015

Hopefully this has dealt with 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.

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

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

To be reviewed at the next meeting.

Patient Survey	To put forward potential	Patient group.	Bi-monthly until	
	items for survey at each		December	
	meeting		2014	

### Was this successful?

There have been no additional items put forward but the existing survey was still relevant and provided a good basis to review year on year trends. The data collated will also feed into other Access to Primary Care discussions.

## **Conclusion:**

Overall the Practice received positive comments:

- 82% of patients surveyed were very satisfied and 18% satisfied with the overall care provided in the 2015 survey, up from the 91% patients that were very satisfied or satisfied in the 2014 survey.
- 100% would now recommend the Practice up from 79% in last year's survey.

The next survey will take place in January 2016 and the surgery will continue to ensure that this is widely distributed and representative of the surgery population.