

Patient Participation Group (PPG) DES report 2012 / 2013.

Patient Participation Group Profile

Practice Profile	
Total practice population	2800
Total number of patients who have ethnicity records	2364
Total Male population	1365
Total Female population	1435
PPG profile	
Total PPG members	9
Total British	6
Total other Ethnic group	3
Total Male representation	3
Total Female representation	6

What steps were taken by the Surgery to ensure that the PPG is a representative of its registered patients and where a category of patients is not represented, the steps the Practice took in an attempt to engage that category.

We have carried on from the previous year and have maintained our group of patients on our patient participation list. There have been two patients who are no longer with us on the group.

We feel that we have a good representation of an acceptable spectrum of patients in the PPG. We have a patient who has a learning disability, we have patients who have a different ethnic make up and we have varying age groups present varying from patients aged 44, 67, 49, 33, 45, 50 years old. We would have liked to also have had a representation from the age group of 16 – 24 years, but we found this a challenging age group to involve in the participation of our meetings and agendas.

We used our standards methods that we adopted last year, to try and invite more patients into joining our PPG. We did this by means of sending invites personally to patients, announcing the PPG on our Facebook page, announcing this on our website, adding messages on the repeat prescriptions on the reverse side, using leaflets and posters in the waiting room and reception. We were not able to recruit any new members on our team however, this has not prevented the team to discuss and support in making many exciting changes at the surgery for the year.

The previous years action plans and results of any changes made

We are going to firstly look at what we achieved in the last year, as a result of our PPG, before we go ahead to progress to this year's action plans and discussions.

In 2011 / 2012 we had a very robust group with a great deal of discussions, brain storming, ideas etc.

Action one was to create a balance of our bookable advance appointments with the open surgery during the surgery's busiest hours. We have actually, over the year successfully been working with a new appointment system for our morning sessions with the GPs. We now have a morning clinic which is made up of pre booked appointment slots from 9 – 10 am and then have open surgery from 10 – 12pm. In between these open surgery slots, we also have 3 emergency baby and children under 5 year old emergency slots. This new changeover of the appointment system has been met with great appreciation from our patients overall.

The fact that we had the three extra slots for the children also helped us achieve our second action plan that we had prioritised last year. Any child with alarming symptoms would be seen straight away out of turn which is another action point that has been very appreciated by our patients.

Another action point that had been discussed as a priority was to find a way to stop patients from having a long uncomfortable wait outside the surgery before it opened, in view of accessing the open surgery. However, by simply turning around our morning surgery appointments, we have now stopped patients from having to wait outside the surgery doors before they open for morning surgery. Only patients who have booked appointments are now coming in on their times and this has been a great benefit, especially in the adverse weather.

Another area that had been discussed was to enhance the waiting room environment and make this a more comfortable and welcoming place for patients. We not only redecorated the waiting room, we also redecorated the downstairs GP consulting room and more recently, we have completely redecorated the health care assistant's room downstairs. This has been a very positive result of this action plan and patients have commented positively about this.

Another action plan was to support patient's with strict time management priorities and avoid patients having to wait too long in the mornings as patients needed to get to work and school etc. Again the flexibility that our new appointment system has brought about, has made it possible for working patients to book morning appointments in advance and therefore, there are negligible waiting times since this has been in place.

Lastly, the final action with a high priority that was changed as a result of the workings of our group discussions in the last year, was the need to reduce the

number of different locum GPs that patients were seeing and trying to have more familiar or regular GPs instead. We have since then hired a more permanent GP locum Dr Purewal, who works on Monday and Wednesday mornings and is the main cover for our partners. This introduction has been met with great approval and has created increased continuity of care for our patients.

In summary, we had six areas in the previous year that we have worked on through the year to meet patient demands and as a result of our patient participation group. We will now progress to how we have worked through this year's actions and suggestions.

The details and description of the areas of main priority and how these were included in the practice survey.

We held our practice participation meeting with our members on 4 Oct 12. We decided to keep the meeting in the afternoon as opposed to the late evening, as we thought it would allow more of the members to access the surgery at this more sociable time.

The following areas of main priority were identified and discussed.

1. Information regarding the CCG (clinical commissioning group) and the NHS with all the changes. The patients discussed the importance of being informed regularly of the updates and the changes that are rapidly occurring in the NHS at present. There was a clear thirst for information related to the abolition of the Ealing Primary Care Trust and where we, as a surgery, are going to move on from here. There was a general consensus that the patients should be informed about the changes in the way the GP surgeries are now expected to run with reference to budgets, commissioning, hospitals, referrals prescribing etc and that this information should be shared with those who would like to keep up with the impact of these changes.
2. Patient education was the next area that was discussed. There was a suggestion that we should look into providing more education for patients self care and self management of ones health. One of the members felt that there are many areas of disease and chronic health that are not always managed to be dealt with in a 10 minute consultation. The members felt that areas such as osteoporosis, diabetes, health and nutrition with diet, basic life support, first aid training etc is all areas where patients can access education and support to use in their own lives. The element of cost was discussed with regard to this point as we would need to pay trainers or speakers of various fields to come in and train up patients. There would be no problems as to accommodating these training sessions as we have a new students room that has been redone. We agreed

that this would also form a basis of a few questions on the patient survey this year. We also understood that this would support the practice in reducing A&E admissions to hospital.

3. The last area that we discussed as a possible action plan was the world of IT. There have been many advancements in the IT world and the CCG is now proposing to unify all the practices by using one IT system. Different areas revolving around IT was discussed with the members. We feel that there is so much more that can be done using advance IT tools for example, booking appointments online, requesting repeat prescriptions online, accessing updated news information and perhaps even having interactive consultations if ever this was going to happen. We agreed that this is another area that we would discuss on the patient survey and that this would be the final of all the areas of main concern for the purpose of our annual action plan at the surgery for 2012 / 2013.

How did the Practice obtain the views of their registered patients.

We designed the patient survey initially keeping the above main priority areas in mind to drive the basis of the survey and once this was done, we emailed the survey for a review to all the members of the PPG. Once the final details and changes were agreed upon, it was time to disseminate the surveys to the patients.

We did something a little different and additional this year. We decided that as we have many patients who are accessing our website and our new Facebook pages, as well as having a fairly large patient mailing list, we set up our survey via survey monkey. We also had the hard copy that was available for patients to complete when they came to reception.

We put the link of the survey on our website so that patients were able to click on this and be directed straight to the survey. We also had the link placed on our Facebook pages and we also emailed the link to all the patients on our mailing list.

Please see the link here <http://www.surveymonkey.com/s/NR68V5S>

For any patient who wished to fill this by hand, the surveys were available in-house for this purpose. We also posted out surveys with self addressed envelopes to patients who were housebound and also sent some to our local nursing homes i.e. Blakesley house and Sedra. In fact, some were also taken down to the nursing homes by Dr Bayer herself.

We kept the surveys accessible for about 5 weeks and then we proceeded to collate the results and tabulate these into statistics.

An account of the steps taken by the Surgery to provide an opportunity for the PPG to discuss the contents of the action plan.

We held a second PPG meeting in Jan 13 where we discussed the findings of the patient surveys with the members and the clinicians who attended. We had also taken the liberty of emailing the survey results to the members so that they had had the opportunity to view these prior to the meeting.

Before the actual meeting with the PPG, there was an in-house clinical meeting that also took place where the practice manager and the GPs discussed the results of the survey.

At the second PPG meeting, we looked at the responses in detail and as a group, we looked at how these changes could be implemented, whether we should implement them and looked at prospective challenges that we would encounter if we put any in action.

There was one important query that was raised by a member which was related to the language barrier. The member wanted to know if the survey was only in English or if we had processed this in any other language, considering the mix of ethnic population we have at the surgery. We thought this was a very valid point and is an area that we would definitely look into for any subsequent surveys. We did mention that the majority of our patients who have language barriers, do have a member of family who come in with them, and they would have been able to complete the survey on behalf of the patient. However this idea was taken on board positively and will be of important for future surveys.

The details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented.

The patient survey had been divided distinctly into three main sections with sub sections. The three sections were patient information, IT and patient education.

With regard to the first section related to the relaying of information to patients regarding the changes in the NHS and the PCT, the group felt that this was quite an achievable task. The majority of patients from the survey expressed that they would like to know what is going on in the NHS and changes in the surgery workings, and that they would prefer to know this information by means of emails mainly. The second popular choice was the website being a source of information.

We decided that this would be an area that we can definitely work on as we have already built up quite a robust patient emailing list. We are going to actively take more information from patients by keeping the email consent forms at the reception desk which asks patients to share their email

addresses with the surgery. The reception staff has been trained to put these email addresses onto the system and informing the manager each time someone new wants to join the mailing list. Furthermore, with new patients, we have been asking them to provide us with their updated email address so that we can also add this to the clinical system. This would ensure that we can build up our database further and we can then proceed to send important information to the patients as and when it becomes available.

Furthermore, we discussed the possibility of adding an extra page on our website which would be a live news page, and this would be updated with any changes that are occurring in the NHS and CCG at present.

We also discussed the possible use of Facebook to post links about any information that is made available to the practice and that relates to any changes in the NHS.

With regard to the second section of the patient survey, related to IT, we discussed the changes that are taking place to our current IT system Vision VES. We have made a decision as a practice not to change the complete IT system, as we have been given a demo on the current system and how this is going to be enhanced in months to come. There is a newer version called Vision + which we are going to have the benefit of using. With this new update in our clinical system, we will be able to explore the realm of text messaging patients and requesting online prescriptions. We discussed that as soon as this comes into place, we will make amendments to our website and obtain the relevant software to start making the online access work better for patients. There was a query from one of the members about electronic access of patient prescriptions by the pharmacy, and we explained to the member about the Electronic Prescribing that can be done, which we are doing now anyway. The majority of patients have voted to have online access to appointments, however, we feel as a surgery, that this will require a great deal of training and discipline from the point of view of the staff that needs to deal with this as well as the patients who would use this facility. Therefore, this area is one that will be looked at a little later in the year, as we focus more on the less complicated IT online tools.

The last area of discussion of a proposal arising from the patient survey was patient education. We discussed the feasibility of this, seeing as only 32% of the patients who responded, offered to be willing to pay for the education that we would be able to offer. We discussed that there may be a variety of ways to offer the education to patients without having to incur charges to them. One suggestion was to have links on the website or our Facebook page with learning tools from hospitals, GPs and other surgeries where patients can watch and learn certain health related issues. One of the members also suggested a podcast and signing up to that and posting links on the website and Facebook. We also discussed the fact that we have students who work with us as we are a teaching practice. We thought it a feasible idea to perhaps video dummy consultations with the students where the GPs would do certain checks etc and these video links can be uploaded our website.

We discussed the workings of our current pilot that is being done in Ealing (ICP – integrated pilot scheme) which looks at thorough in depth care planning of patients of certain area (diabetes, elderly) and use that as an educative tool.

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One member also suggested looking on You Tube and seeing if there are any useful health related educative links that we can use to post on our website. We discussed the possibility of having some talks from professionals who would not expect to be paid or who would be working in the primary care and would be happy to offer their support and resources. We will be discussing this also as an option to try and book some professionals to come in to the surgery. We have already spoken to W5 Physiotherapists who are keen to support this activity.

The results of the survey can be seen below.

A summary of the statistical evidence relating to the findings or basis of proposals arising out of the local practice survey.

Total survey monkey surveys completed online	64
Total in house paper surveys completed and handed in	39
Total surveys completed by patients	103

Question 1 Would you like to know more about the changes happening in the current NHS environment which impact on the surgery?
This includes changes from the closure of the Ealing PCT and the move to local Commissioning groups.

Yes	No
88%	12%

Question 2 If you have answered YES to Q1, how would you like to be informed of the changes on a regular basis?

Email	Website	Leaflets	Booklets	Regular mtgs
64%	19%	17%	11%	6%

Question 3 How often would you like to be informed of the changes in the NHS and the Commissioning group?

Monthly	Quarterly	Bi Annual	Annually	As and when
26%	29%	5%	4%	31%

Question 4 IT – We may be looking into changing our clinical IT systems from the current one.
Would you like to have more interactive services in the surgery?

Yes	No	Doesn't affect as don't use the internet
83%	10%	4%

Question 5 What areas would you like to see in the surgery more interactively?

Appts online	73%
Text messages and reminders	50%
Repeat Prescriptionis	67%
Apps downloaded for NHS only	12%
Interactive consultation	29%
Registration online	15%
Others	suggestions made to use skype for interactive consults and self help NHS website to be available.

Question 6 Patient Education – Would you be interested in obtaining more hands on educational support via the surgery?
This would be defined as coaching skills related to your particular group of illness e.g. diabetes, cancer, lifestyle, obesity etc

Yes	No	No answer
66%	22%	12%

Question 7 How would you like to obtain this training or educational support?

Webinars	26%
Talks from professionals	39%
Leaflets	24%
Group Lectures	18%
Booklets	20%
Training in house	6%

Question 8 Where would you like to have these educational support meetings?

In the surgery with other patients	39%
At home one to one	11%
Via internet with other patients	30%
No response	20%

Question 9 Which of these topics would be an area that you would like to receive educational support for?

Basic Life support	35%
Elderly Patient support	15%
Diabetes	12%
Orthopaedics	8%
Cancer	9%
Musculo skeletal	11%
Lifestyle and nutrition	31%
Anaphylaxis	10%
Physiotherapy	17%
Others suggested were Crohns disease, thyroid disease, kidney problems, sleep disorders and support for carers	

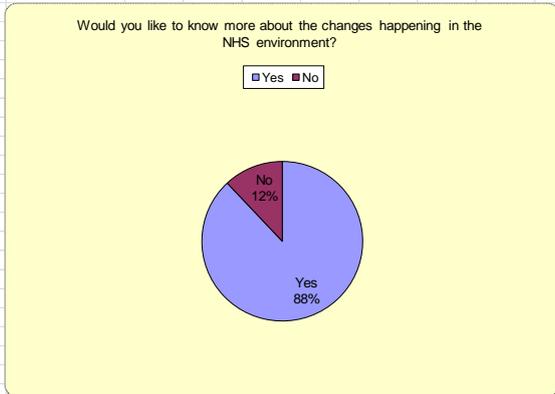
Question 10 Would you be prepared to pay toward the cost of holding these educational meetings or sessions if required?

Yes	No	No answer
32%	40%	28%

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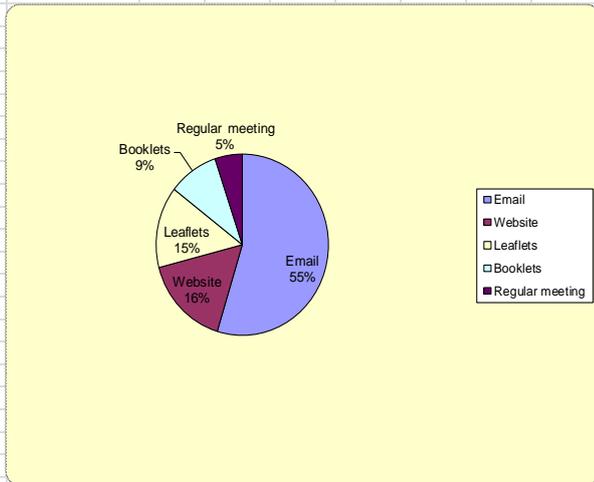
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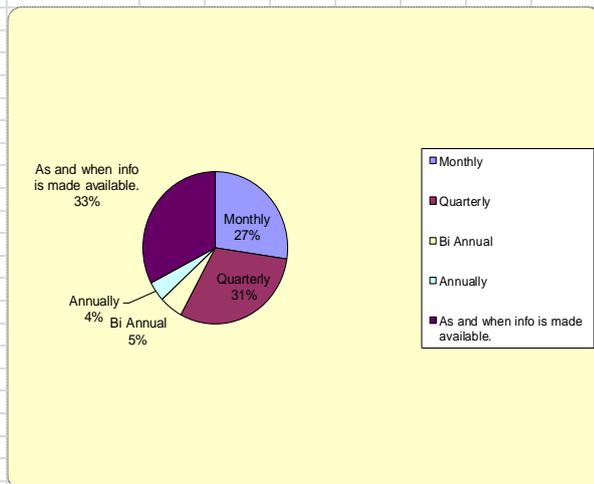
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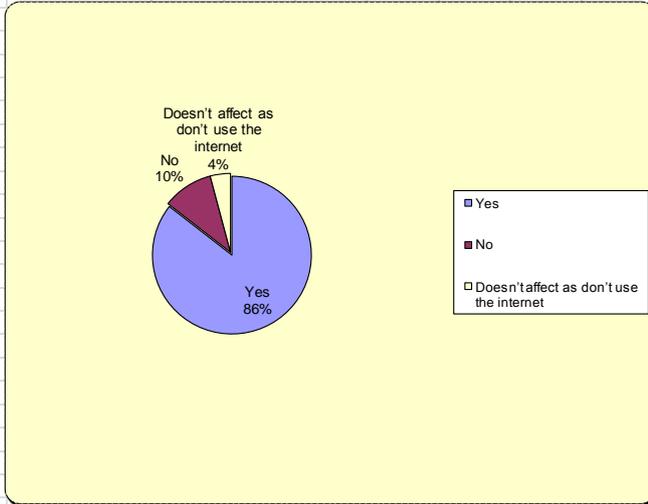
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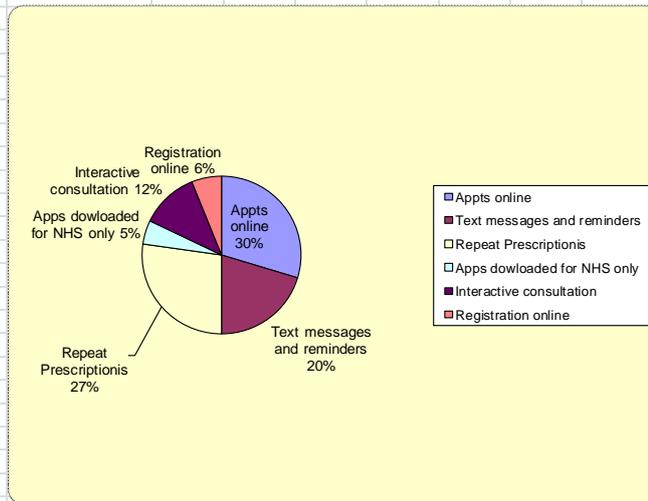
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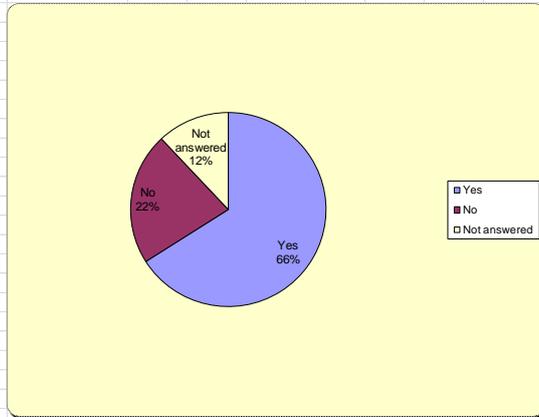
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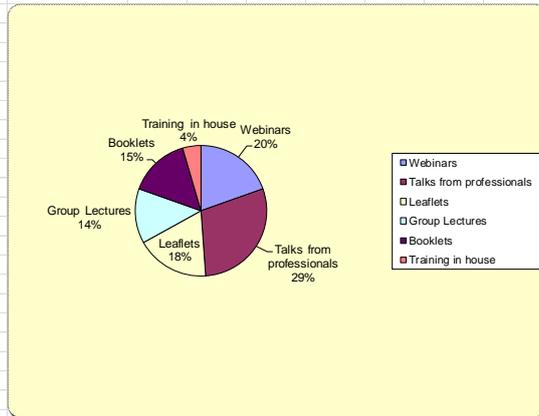
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Yes	66%
No	22%
Not answered	12%



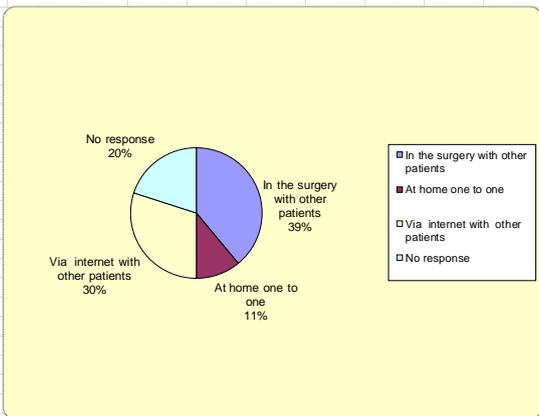
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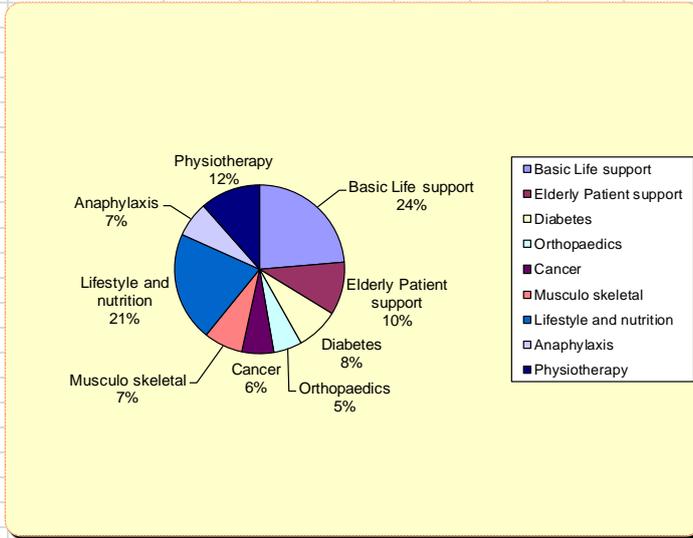
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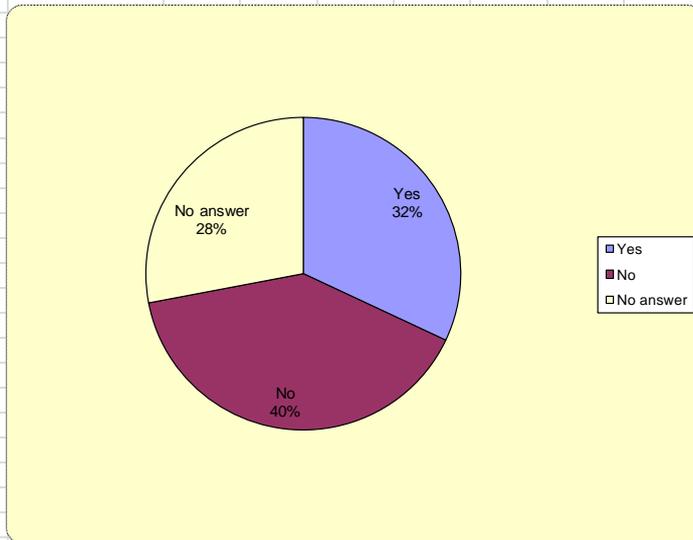
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Diabetes	12%
Orthopaedics	8%
Cancer	9%
Musculo skeletal	11%
Lifestyle and nutrition	31%
Anaphylaxis	10%
Physiotherapy	17%



Question 10 Would you be prepared to pay toward the cost of holding these educational meetings or sessions if required?

Yes	32%
No	40%
No answer	28%



Description of the actions that the Surgery intend to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising from the practice survey AND meeting with the PPG members

We had a very healthy response, we believe, from our patients for the survey this year and it was quite exciting to see the results when they were tabulated and formulated.

We will now breakdown below each area that we would be planning to put into action as a result of discussions with our PPG and as a result of the results of the patient survey.

Action 1

RELAY OF INFORMATION ABOUT THE CHANGES IN THE NHS AND THE CLINICAL COMMISSIONING GROUP

Result: We have seen from our results from the patient survey above that 88% of the patients have responded to wanting to know more about their NHS and their surgery. This knowledge is related to information about the changes to the Primary Care Trust which will cease to exist from April onwards this year and the build up and workings of the clinical commissioning group (CCG) for Ealing. This is also the request to be kept up to date with more current affairs that are happening in the NHS on a regular basis, whether its news about potential hospitals shutting down or basic news on prescribing changes and health care awareness in the NHS. The majority 64% of the patients would like to be informed of these changes by email with some 19% wanting to be informed via the website. As a practice we are going to firstly build our mailing list for emails even more. We have already got something in place to ensure we can collate the email addresses from patients when they come in to the surgery, however opportunistically, we will endeavour to get as many people onto our database and use these mailing lists to send information to our patients which they are waiting for. This will be done on a 'as required / as and when' basis as requested by the patients on the survey as they do not wish to be drowning in information. In fact based on the survey, 31 % of the patients would like the information sent to them on this basis with a close 29% preferring the quarterly frequency. We will endeavour to maintain a balance and use the quarterly newsletters etc to inform patients of any changes too.

Action 2

IT –Would you like to have more interactive services in the surgery?

We asked our patients and discussed in the PPG meetings about the changes of our IT system or the upgrades and revamping of the system and how this would be welcomed in the surgery. Would patients like to see more interactive services in the surgery? 83% of the patients who responded to the survey said that they would and the top choices based on the survey were appointments online, text messages and repeat prescriptions.

We are currently using the clinical system Vision and we have decided, as a practice, that we are not going to change yet to another system. We are waiting for our clinical system to be upgraded soon to Vision + and then we are going to see if we can start putting these changes and requests into place.

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For example, we will be able to send text messages as reminders to patients to come in for appointments and we will also be able to have password protected repeat prescriptions requests added on to our website. The online appointments are an area that will require quite some training and discipline for both the patients and the staff who have to monitor this. However we are going to look into this area of opportunity and try and see if it will be feasible to do, as it is a very popular choice and in demand.

Action 7: Patient Education

As per the survey, 68% of our patients have shown interest in obtaining more hands on educational support via the surgery. Of these 39% have requested talks from professionals and 26% have shown interest in having webinar training too.

This was discussed quite comprehensively with the PPG at the last meeting and their general consensus was that we should try and use the resources that we have that are not costly, and use those first. For example, suggestions have been made to use web links, webinars, demonstrations etc and use professionals who work in the primary care and would not charge for coming in to talk to patients.

We can also use our own staff for example our Health Care Assistant to give things like smoking cessation advice, alcohol advice etc.

For patients who are happy to pay, we are going to look at organising in house training sessions with the companies who give basic life support and allergy training and see if we can get this at a discounted rate for groups.

The opening hours of the practice premises and the method of obtaining access to the services throughout the core hours.

The surgery is open as below

Monday	8.30 – 18.30
Tuesday	8.30 – 18.30
Wednesday	8.30 – 8.00pm
Thursday	8.30 – 13.00
Friday	8.30 – 17.00

We have extended evening surgery on Wednesday night each week.

Patients can access the surgery by phoning us on 020 8997 2525 to make an appointment or to speak to a GP.

All our out of hours information is available on our practice leaflet and on our website www.102theavenue.co.uk

The surgery is open throughout the day and we do not close for lunch.

Access is also possible by emailing us on the admin email address which is admin.theavnue@nhs.net

We have a walk in surgery every morning from 10 – 11am and we also have access to telephone appointments if patients need to speak to the GP on a daily basis.

We also have home visits that can be arranged by prior appointment with the GP.

Extended hours accessibility.

At the Avenue Surgery the extended hours appointments are accessible, once a week, on a Wednesday evening up until 8.00pm. These appointments can be booked in advance or can be booked on the day depending on the availability.