

Patient Participation Group (PPG) DES report 2013/2014

Patient Participation Group Profile

Practice Profile	
Total practice population	2904
Total number of patients who have ethnicity records	2496
Total Male population	1411
Total Female population	1493
PPG profile	
Total PPG members	10
Total British	6
Total other Ethnic group	4
Total Male representation	5
Total Female representation	5

Part one – Establish a PRG (patient representative group) comprising only of registered patients and use best endeavours to ensure the PRG is representative.

We have carried on from the previous 2 yearS 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 but we have also been joined by other members 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.

Part 2 – Agree with the PRG which issues are a priority and include these in a local practice survey.

What we did last year and how we acted upon previous years actions:

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 the previous year, we had a number of ideas that were discussed with the PRG and that we put into action over the months. The ideas that we discussed as a PRG and that were acted upon are listed below:

- *Relay of information to patients* – we saw from the results that patients were keen to know more about the NHS and the changes that were happening in the NHS with regard to the demolition of the PCT and the emerging CCGs etc. We acted upon this by ensuring that this information was put in our newsletters, on our Facebook page and on our website as well as sending emails with relevant information out to patients via email. We have also acted upon this via a blog that has been started by Dr J Bayer the partner. The blog is for the surgery and has excellent sources of information for patients to look at and support and help them for their medical issues. This has by far been the best source of patient information that we have created as a surgery.
- *Changes in the IT system* – there was a lot of discussion about wanting to upgrade and change our IT system to a more robust and advanced system. There was also discussions about using one clinical system within our health network or CCG and the PRG members felt that it would be a good idea to use a system where there were better chances to use online services etc. We acted upon this by signing up to changing our clinical system from Vision to System One. This change is going to allow us to be uniform with other practices in our network and is going to give us better features which may support the patients.
- *Patient education* – many PRG members as well as patients who took part in the survey showed interest in wanting to get further patient education via courses e.g. basic life support and first aid. We acted upon this by holding a basic life support training in house and invited patients to attend with a nominal charge. We had some patients who took part in this course with great success and we will continue to do this in the future with other courses to benefit patients.

What we plan to do this year:

We now will discuss the priority issues for the current year that we would like to see as changes in our surgery which are listed below, as per the discussions that took place at the PRG meeting on 17 Oct 13.

We divided our priorities in three distinct categories of importance.

1. Premises and merger

The first area of discussion as a prospect to change was how patients would react to the ideas of merging with another practice or growing by joining other practices, or working in health networks with other practices.

The PRG discussed on how viable it would be to join with another practice and looking at the pros and cons of doing this and allow us to move forward as a practice.

Some plus points discussed are the choices available to the patients e.g. being able to go to another surgery if our surgery is closed, being able to see a male clinician, seeing a clinician with different skills mix, having one uniform clinical system to work with etc. We decided that this would definitely be one of the focal points to put into our patient survey for this year in order to get an idea from patients what their thoughts would be on this topic.

2. Accident and Emergency attendances

The manager discussed how there has been many challenges in the news recently related to the NHS and one of the most prominent ones is related to the attendances by patients at the A&E department.

We discussed how this impacts negatively on the surgery through high costs being allocated to the budget and the severe misuse of these services.

We discussed how we need to ask patients if they are aware of the various choices of out hour's services that they can use instead of A&E services. These consist of urgent care centres, NHS 111, harmoni services, pharmacies, walk in centres etc.

We decided that we would like to ask questions on the survey based around the patient's knowledge about the alternative sources of support rather than the A&E department. We would also like to ask patients why they are visiting the A&E and see whether some of these issues can be dealt with in house in primary care.

3. Prescribing and Medicines wastage

The final area of focus that we decided to focus on for the patient survey was patient's education centred around medicines wastage. There are continuously large amounts of wastage in the NHS in current times where patients are over ordering their prescriptions, hoarding drugs at home, not synchronizing their prescriptions and we feel that we need to do something to help patients to know more about their options.

Furthermore, we wanted to add questions in the survey related to patient's knowledge about different areas of prescription request and types of ordering prescriptions e.g. dossett boxes, batch prescribing etc.

We also wanted to ask patients if they know anything about medication reviews which can be done with the GP in a patient consultation.

In summary we decided that the three above actions were the most important areas for the year that we would like to look at and centre our patient survey around in order to improve the efficiency and efficacy of the practice and for the patients.

PART 3 – CARRY OUT THE LOCAL PRACTICE SURVEY AND COLLATE AND INFORM THE PRG OF THE FINDINGS

The manager sat down with the partners and we designed a patient survey using questions based on the priority issues that we discussed at our PRG meeting in October 2013. We sent these to the PRG members to look at approve before we sent them out.

We then disseminated this survey to patients in house whilst they waited in the waiting room for their consultations, via a link from survey monkey on Facebook and the website and by sending the link to patients via email on the database.

For any patients that are housebound or in the nursing home, the GPs took surveys with them when visiting them and asked them to complete these for us and brought these back.

The results of the patients survey were collected by the manager and statistics were seen and sent to the members of the PRG for their information. These were also shared on our Facebook page on our practice blog for all patients to see, as well as on the website.

We had 140 patients who completed the survey using one of the above methods.

Once the survey had been carried out and we had received the results, these were put into statistics as detailed above by the manager and were subsequently discussed at the follow up PRG meeting held at the practice on 5 Feb 2014 with the members. The findings of the results were also emailed to all the PRG members in advance so that they could look at these prior to the meeting with a view to preparing ahead of our meeting on how we were going to tackle the various issues that were brought up in the survey.

The patient survey that we used with the results can be seen below:

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PATIENT SURVEY 2013 / 2014 DATA ANALYSIS

Total surveys completed by patients	140
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Question 1 Are you aware of how to contact the Out of Hours GP or emergency services when the surgery is closed?

YES	51%
NO	49%

Question 2 In the past 6 months have you tried to call an Out of hours GP service or attend the A&E dept when the surgery was closed?

Yes for myself	11.00%
Yes for someone else	7.00%
No	83%

Question 3 In the past 6 months, if you have had to attend A&E at the hospital, why did you need to do so? Choose one or more.

1 The GP surgery had no appointments	5%
2 The surgery was closed and I couldn't wait until it next opened	11%
3 I was advised to go by NHS 111	6%
4 It was a life threatening emergency	2%
5 I didn't know which other out of hours service to use	4%
6 I had a fall or broke a bone which needed A&E attention	4%
7 I wasn't satisfied with the other out of hours service and needed another visit	1%
8 I havnt been in to the surgery in a long time and am not aware of the services	8%
9 I havent been in to the A&E in the past 6 months.	36%

Question 4 Answering YES or NO, please tick below the services you are aware of with regard to dealing with Out of Hours GP care?

	YES	NO
1 NHS Direct website	68%	32%
2 Pharmacy minor ailments	48%	52%
3 Walk in centres	55%	46%
4 NHS 111	58%	42%
5 Urgent care centres	28%	72%
6 Harmoni	16%	84%
7 NHS Choices website	29%	71%

Question 5 If you have called NHS 111 for the out of hours services recently, have you had a good experience? Do you think you were helped appropriately?

YES	18%
NO	21%
NOT APPLICABLE	61%

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Question 6 Which of the following services are you aware of with regard to your Repeat Prescriptions or medications?

	YES	NO
1 Online prescription request	46%	54%
2 24 hour / late night pharmacy	39%	61%
3 Dossett prescribing	10%	90%
4 Batch prescribing	9%	91%
5 Where to take unused medication	31%	69%
6 Medication review appts	50%	50%
7 Medication wastage and what to do	21%	79%

Question 7 In the current times of the NHS, there is a lot of focus to join forces with other surgeries and work as mergers. Would this be something you would consider as an important move or venture for the surgery in times to come?

YES	37%
NO	38%
NOT CONCERNED ABOUT THIS	25%

Question 8 Which of the following benefits do you think a merger or joint venture with another surgery would bring for you personally as a patient at this practice?

	YES	NO
1 Be able to see a GP at another practice	48%	52%
2 Be able to see a Male GP	17%	83%
3 Be able to see a GP if surgery is closed half day	73%	27%
4 Be able to see a GP with different skills mix	59%	41%
5 Use of one IT system to access patient records at two sites	50%	50%

Question 9 Are you aware of what the CQC (Care Quality Commission) is about and how it affects the surgery?

YES	20%
NO	80%

Question 10 Are you aware of the Practice complaints policy and how to make a complaint?

YES	34%
NO	66%

PART 4 – PROVIDE THE PRG WITH AN OPPORTUNITY TO COMMENT AND DISCUSS FINDINGS OF THE LOCAL PRACTICE SURVEY. REACH AGREEMENT WITH THE PRG OF CHANGES IN PROVISION AND MANNER OF DELIVERY OF SERVICES.

Once the results of the patient survey had been collated by the manager and the results analysed as per the above, the manager emailed these results to all the PRG members (as well as publishing these on the website and Facebook and blog pages) and offered the PRG members an opportunity to come in for the next meeting on 5 Feb 14, to discuss these results and look at action plans in order to tackle the issues that needed changing.

The manager also informed the PRG members that 140 patients had responded to the survey and that we had a wide range of variety of patients who had completed the surveys from a wide range of age groups, patients with learning disabilities, patients of various ethnic ranges, patients with various occupations etc. so as to ensure that the survey represented many facets of the registered practice population.

The meeting took place in house at the surgery and many discussions took place with regard to the results of the practice survey. Those patients who were unable to attend offered their opinions and suggestions to the manager in writing by email or phoned in to discuss these with the manager in order to ensure that their views were also counted.

PART 5 – AGREE WITH THE PRG AN ACTION PLAN SETTING OUT THE PRIORITIES AND PROPOSALS ARISING OUT OF THE LOCAL PRACTICE SURVEY. SEEK PRG AGREEMENT TO IMPLEMENT CHANGES AND WHERE NECESSARY INFORM NHS ENGLAND

As a result of the follow up meeting with the PRG members that was held in order to discuss the results of the patient survey that was carried out at the end of 2013 and how to work with these results in order to focus on action points for the coming months. The manager went through all the questions one at a time and discussions took place.

In general the main trend that emerged was that there is a lack of information on the patient's part i.e. they are not aware of many of the services that are being provided in various parts of the NHS and the practice.

The lack of knowledge lay in the following areas:

- Out of hours terminologies of the places where patients can go for out of hours emergencies.
- Prescribing areas e.g. terminologies such as batch and dossett and what they mean

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- Prescribing issues revolving around unused medication, 24 hour pharmacies, online prescriptions etc.
- The complaints procedure and how to make an official complaint
- CQC and what this represents for the practice and its importance.

ACTIONS POINTS THAT THE PRG DECIDED TO USE TO TACKLE THE PATIENT SURVEY

- Revise the notice board and look at perhaps making it more centred or focused on the current topics on hand. One of the PRG members has offered to work with the manager to look into redesigning the patient notice board to make it more user friendly, up to date and offer more information on the current issues and offer information on the out of hours services and other services that patients did not have knowledge about based on the results of the patient survey. This can be done by looking at putting up different block sections on the notice board to make it more specific for patients needs and keep these updated as currently as possible. Currently the notice board is quite messy and not pleasant to the eye therefore it was felt that we are not utilising our features in an appropriate manner.
- Look at using the right hand side of the repeat prescription form to offer information to patients about different changes in the NHS e.g. advertise the NHS 111 number via this method. This page is looked at all patients to order repeat prescriptions and therefore, it is deemed to be an effective method to attract patient interest and guide it to current events.
- Another action point / plan is to get a banner in the waiting room to advertise the NHS 111 number as this is being considered one of the main ways to stop patients to attend the accident and emergency services with no necessity.
- Another action plan is to look into working with our local health network or work alone as a practice and design a small pocket size patient information booklet that we can give to patients to use as a way to access key services in case the surgery is closed. This would consist of out of hours services, contact numbers and important places that patients can use so that they use the correct services and don't rely on the wrong services. A lot of the areas in the patient survey that patients did not have knowledge about would be put in this patient handbook.
- Another suggestion and action plan by a PRG member was to go to local schools and talk to secondary teenage children about the uses of accident and emergency departments and how they should learn how to use these services and not misuse them. These are the future mums and dads of the country and therefore will have a huge impact on these services.
- There was no action plan set up for the practice merger idea as not many patients responded to this question as one of high importance in the survey. We decided as a PRG that this is something that we will deal with if and when it happened in the future. We are already compiling health networks and we are going to use these to our

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advantage to support patients in the future months with regard to the level of services that we can provide.

- With regard to the lack of knowledge that patients have about the CQC and complaints procedure, once again, the action plan that we are going to use for this is to educate patients more about this. Dr Bayer is going to write up blogs for both these areas and we are going to publish these on our website and Facebook pages so that patients are more aware of these two factors which are very integral to the practice.

The manager concluded the meeting in stating that as a PRG we are going to look at the action plans /points above over the next 6 months and put them in place for the benefit of the patients.

Before any of the changes take place, the members of the PRG are to be contacted by email for finalisation of the action plan and also to gain support if any PRG member would like to offer specific help and support in any given action point.

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.