

Standard Reporting Template – Patient Participation DES 2014/15

Surrey & Sussex Area Team

Practice Name ROWE AVENUE SURGERY

Practice Code G81053

Signed on behalf of practice Leigh Burgess

Date 4/3/2015

Signed on behalf of PPG Chris Bowman

Date 5/3/2015

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)	Email, face to face, Noticeboards, Website, Leaflets local chemists
Number of members of PPG:	9

Detail the gender mix of practice, population and PPG:			Detail of age mix of practice population and PPG:								
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
Practice	2946	3186	Practice	934	426	640	726	806	837	891	86
PPG	2	7	PPG				1	2	2	1	3

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	2298	50	0		17	15	2	17
PPG	9							

	Asian/ Asian British	Black / African /	Other	
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						Caribbean / Black British				
%	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	35	12	12	12	22	8	5	1	4	
PPG										

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:

All patients were emailed or sent SMS text messages if they had provided details. Patients were asked opportunistically in the surgery. Adverts were put on the website and noticeboard in the waiting room. Notices put up in local Pharmacies. Members of the PPG spread the word by mouth around all the local groups, age concern etc.,

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

Large number of nursing homes and high proportion of elderly patients.

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

Patients were given leaflets in waiting room and large display area put in waiting room with leaflet and a 'drop in box' designed by a member of the PPG.

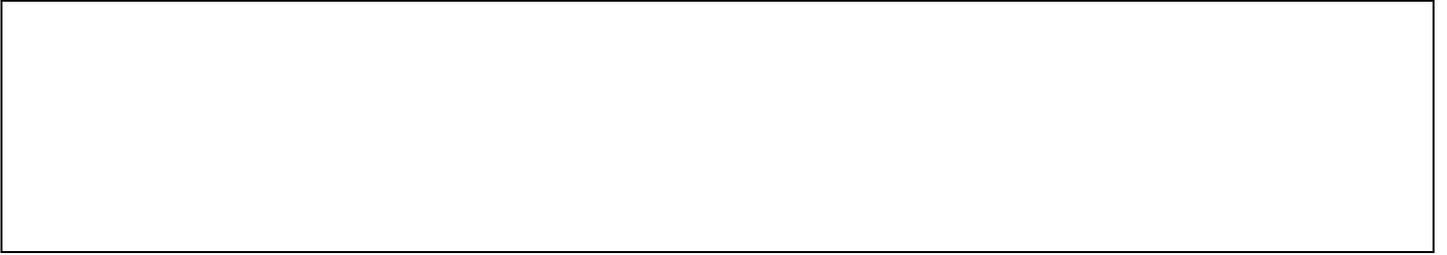
2. Review of patient feedback

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

The Practice registered with 'I want great care' with a survey which was also given out to patients coming to the surgery – we responded to feedback on the 'I want great care' website and collated all the feedback forms handed in at the Practice.

How frequently were these reviewed with the PRG?

AT Meetings which were held on a quarterly basis.



3. Action plan priority areas and implementation

Priority area 1
Description of priority area:
Increase the PPG Membership
What actions were taken to address the priority:
Members of the group designed a leaflet and box to place in the waiting room where all patients attending the Practice could see. Notices were put on the website and surgery notice board and TV screen in the waiting room. Clinicians promoted the group at every opportunity when seeing patients. The Practice manager invited any patient who contacted the surgery to raise concerns or complaints to join the group.
Result of actions and impact on patients and carers (including how publicised):
2 more members joined the group as a result of the clinicians promoting it during a consultation.

Priority area 2

Description of priority area:

Patient Access – to improve for patients

What actions were taken to address the priority:

The surgery paid for a company 'GP ACCESS' to look at our appointment system and come up with a more efficient service. We have recently started implementing this system whereby all patients are offered a telephone call on the day they phone up – Patients who need to be seen are then invited down to the surgery. Our senior Practice nurse undertook a prescribing degree and is in the process of attending a clinical skills workshop to be able to 'triage' patients to assist the Doctors. All reception staff have been trained to deal with any 'admin task' calls, reducing the number of patients needing to speak to the Doctor. The surgery undertook a refurbishment – building another consultation room within the waiting room to enable us to take on another trainee to assist with appointments. We are also now able to take on a paramedic on placement, enabling us to offer far more on the day appointments.

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

This has resulted in us being able to offer far more appointments to patients, with all patients receiving at least a phone call on the day with a clinician – no longer having to ring back another day. The Paramedic assisted us with our 'Unplanned admissions' list and enabled us to complete the care plans – this has resulted in us avoiding Hospital admissions. We publicised this in the practice, sent patients leaflets, advertised on our website, surgery noticeboard and waiting room TV Screen. Leaflets were also given out to all patients attending the Practice for a couple of months before we changed our system.

Priority area 3

Description of priority area:

Patient Transport

What actions were taken to address the priority:

The CCG Commissioned the local CTLA Service – a free non-emergency transport service for patients in the Havens practices to transport them from home to the GP Practice and Lewes Victoria Hospital.

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

This resulted in Patients who were not able to get to the surgery easily to be able to attend, plus patients were able to access transport to the minor injuries unit in Lewes – a route which is not very easy as on a steep hill and difficult for our patients with limited mobility. We advertised in the surgery, on the surgery website, noticeboard and TV Screen. Leaflets were also given out to patients in the waiting room and during consultations.

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>Our patient survey showed last year that the biggest problem with our practice was getting appointment. We have addressed this by offering the GP ACCESS system which enables all patients' access to a clinician on the day.</p> <p>Another problem raised regularly by patients was transport, in particular to Lewes Victoria Hospital for Minor injuries – due to the location and difficulty with access patients would rather attend A&E at the RSCH, which for minor injuries is not necessary. Patients are now able to access free transport through the CTLA Scheme.</p> <p>We also did not have a PPG last year so have worked hard on setting this up, relentlessly advertised and promoted the group, resulting in us setting up a very good group who are keen to work with the Practice improving all aspects for the benefit of our Patients.</p>

4. PPG Sign Off

Report signed off by PPG: YES / NO	yes
Date of sign off:	5/3/2015
How has the practice engaged with the PPG:	Regular meetings – at least quarterly
How has the practice made efforts to engage with seldom heard groups in the practice population?	Word of mouth, sending leaflets and promoting at local groups such as age concern.
Has the practice received patient and carer feedback from a variety of sources?	Yes, telephone calls, patient surveys, thank you cards and questionnaires.
Was the PPG involved in the agreement of priority area and the resulting action plan?	Yes – discussed at a meeting and agreed
How has the service offered to patients and carers improved as a result of the	More appointments, better transport facilities, Hospital avoidance and a group of patients

implementation of the action plan?	working closely with the practice to improve it.
Do you have any other comments about the PPG or practice in relation to this area of work?	