# Standard Reporting Template – Patient Participation DES 2014/15 Surrey & Sussex Area Team

Practice Name: Downlands Medical Centre - Polegate

Practice Code: G81004

Signed on behalf of practice Dr Sandra Robins& Simon Lawrence

Date 23<sup>rd</sup> March 2015

Signed on behalf of PPG

Date 23<sup>rd</sup> March 2015

Patrícía Sermons

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Jan Cooper

• 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
Number of members of PPG:	8 ( 1 just retired)

Detail the gender mix of practice, population and PPG:		Detail of age mix of practice population and PPG:									
%	Male	Female	%	<1C	17-	25-	35-	45-	55- 64	65- 74	> 75
			70	<16	24	34	44	54	04	74	>75
Practice			Practice	1456	670	909	952	1429	1401	1760	1954
			PPG						3	5	
PPG	3	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	3663	8		1632	4	3	1	22
PPG	8							

		Asia	n/ Asian Brit	tish	Black / African / Caribbean / Black British			Other		
					Othe					
					r			Othe		Any
	India	Pakista	Banglades	Chines	Asia	Africa	Caribbea	r	Ara	Othe
%	n	ni	hi	e	n	n	n	Black	b	r
Practic										
e	36	3	3	13	15	11	7	8		28
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:

We currently have a Patient Participation Group with 7 members (5 females & 2 males) from mixed age groups with long term medical conditions and disabilities.

Our original group consisted of 9 members the maximumnumber we can accommodate within the extremely cramped conditions at the practice. One member has been gone for some while andhas not yet been replaced. A valued member resigned his post at our most recent meeting. We will now actively advertise for some new membership particularly from a younger cohort of Our patient list and will actively seek to recruit members in the near future to replace the retirements that have occurred.

The group was initially recruited when invitations were sent out to a selected number of patients but representative of our practice population at that time.

Posters were also placed on surgery noticeboards so that the group would include a broad cross section and every effort was made to contact and include all ethic and patient groups.

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? NO

The practice has a large elderly population as detailed above. We are actively seeking to recruit younger members to the patient participation group and continue to do so although have historically had difficulty in recruiting new&younger members to the Group.

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

#### • Review of patient feedback

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

- Patient surveys
- Patient Feedback forms
- Friends & Family Test questionnaires and comments attached to these forms

How frequently were these reviewed with the PRG?

- Quarterly

Action plan priority areas and implementation

#### **Priority area 1**

Description of priority area:

**AUTOMATIC CHECK IN** – could the automatic check-in advise patients if their appointments were at the Polegate or Willingdon surgery so those attending at Polegate would be aware if their appointment was scheduled at the Willingdon Branch Surgery.

As a follow on to this - could appointments booked on line signify whether these were at Polegate or Willingdon. It was considered that this would aid use of these facilities to patients booking on-line and checking in for appointments using the 'self check in'

What actions were taken to address the priority:

This is currently under review with our clinical systems provider and the software company who provide the automatic check in to review whether the required enhancements can be made to resolve the issues that have been raised by the patientgroup.

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

### Priority area 2

Description of priority area:

• **INORDINATELY HEAVY WORKLOADS IN PRIMARY CARE** – Group members are aware of the heavy workloads in General Practiceand considered that patients expectations of the National Health Service for what are considered routine matters are set too high

What actions were taken to address the priority:

• They noted that processing times for repeat prescriptions were clearly advised and had been extended ensuring that prescriptions were prepared in a timely manner and patients therefore knew the Practice charter. Could other services, routine appointments, medical certificates be advertised to patients via the Practice Newsletter & Website and any other means to reduce patients expectations and demands upon the practice. Result of actions and impact on patients and carers (including how publicised):

It is early days and too soon to actively review the impact of this initiative. We hope that progress is being made, patient education will be required and in the long term if expectations are reduced demand on the practice will reduce to manageable levels.

#### Priority area 3

Description of priority area:

TELEPHONE ACCESS BY PATIENTS TO THE PRACTICE

What actions were taken to address the priority:

We have historically been aware of patient's difficulties in gaining access to the practice via the telephone particularly at levels of peak demand.

A number of initiatives have been worked on to reduce the levels of telephone activity by the following:

- Improved and increased on line access for the ordering of repeat prescriptions and booking of appointments.
- This will be further improved in June by commencement of the electronic prescriptions service reducing paper based prescriptions and hopefully enquiries relating repeat medication orders.
- Improved appointments structure. 48hour booked appointments phased out. We now offer 1/3rd book in advance appointments (3 months in advance with all clinicians) and 2/3rds book on the day appointments.
- More telephone triage by the doctors reducing the number of unnecessary face to face consultations for conditions /enquiries that canbe dealt with over the telephone.
- Regular employment of locum GP's increasing available appointments so that calls can be dealt with and consultations booked at first call rather than call backs.

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

A slow process but we hope the service has improved. Our patient group give very positive feedback over the service provided by the Practice and complaints are low in this area.

#### 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

Car Parking - very little we can do here as the confines of the current premises preclude improvements (but see below).

Large Premises - nothing tangible but our Patient Group have maintained this issue as a high profile with local Councils, Government, MP and NHS England & we remain hopeful for some positive progress in the next 2 - 3 years

Music playing in waiting room - now achieved at the Polegate main surgery site.

Programme of works continues at Polegate with works to the main entrance, improved and full disabled access with automatic door opening. A new administration office has recently been achieved and a new clinical consultation room is planned.

Baby changing facilities have been introduced at both surgeries.

The waiting room at Polegate has been repainted, new pictureshung, the children's play area reduced in size and a waiting area created for patients in wheel chairs. We are to communicate and highlight this priority within our regular quarterly newsletter, via the Practice Website and where appropriate via patient communications such as poster in waiting rooms etc. This area can be broken down into a number of elements for education as follows:

 Prescriptions - posters / patient communications advising that a minimum 3 working days / 72 hours (previously 2 days / 48 hours) is now required for the processing of all repeat prescription requests. This has been added to the side tear off repeat prescription request, appears on the Practice website and will be incorporated within future quarterly newsletter. We will endeavour to reduce patient expectations surrounding practice workloads.

- Non NHS work / Medical Forms & Questionnaires we ask patients to give us 14 21 days to complete this non urgent work so their expectations are reduced and then when we are able to provide after 10 days they are happy with the service.
- Appointments all urgent on day needs will be met but by patient education we aim to reduce expectations and by doing so encourage the patientto expect a wait of up to a week for a routine appointment for a non urgent medical consultation.

## • PPG Sign Off

Report signed off by PPG: YES / NO	YES
Date of sign off:	23 <sup>rd</sup> March 2015
How has the practice engaged with the PPG:	Regular face to face meetings
How has the practice made efforts to engage with seldom heard groups in the practice population?	Website, posters, newsletters.
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
How has the service offered to patients and carers improved as a result of the implementation of the action plan?	Improved telephone access & appointment booking .
Do you have any other comments about the PPG or practice in relation to this area of work?	