Pulborough Medical Group



Local Patient Participation Report March 2014



Executive Summary

The following report outlines requirements for a Local Patient Participation Report to satisfy the Patient Participation Direct Enhanced Service 2011 – 2014 requirements as directed by the;

THE NATIONAL HEALTH SERVICE ACT 2006

The Primary Medical Services (Directed Enhanced Services) (England) (Amendment) Directions 2011 Insertion of new direction 12A - "Patient Participation Scheme".

The survey results in this report have been collated since 1st April 2013, and continue on from results in the 2013 Local Patient Participation Report.

Pulborough Medical Group	Practice Manager:
Pulborough Primary Care Centre	Mr. Alan Bolt
Spiro Close	
Pulborough	
RH20 1FG	
T : 01798 872815	
Number of full time doctors (FTE)	5.7
Number of patients	12,400

Our practice is based at the new purpose built Pulborough Primary Care Centre at Spiro Close, Pulborough.

Our Doctors, Nurses, Health Care Assistants and other health care professionals provide a wide range of clinics and services to over 12,000 local residents in Pulborough and the surrounding area.

Under a contract with West Sussex Primary Care Trust we offer all core NHS funded Personal Medical Services (PMS) to our registered patients as well as a range of enhanced services. We also offer a range of private services and clinics (such as insurance medicals, private sick notes and certain vaccinations) that are not funded by the NHS.

Patient Participation Direct Enhanced Service Methodology:

The practice engaged with NETbuilder to provide their comprehensive managed survey solution, NBSurvey, to enable the collection of views from patients in multiple locations across various demographic groups. This enabled us to canvass our patients opinions via an input channel most suited to them, from physical paper and in-practice touch screen kiosks / laptops, through to virtual online surveys.

Pulborough Patient Link Summary:

The current number of members for the Pulborough Patient Link (PPL) is ~800. There is a PPL Committee that represents the PPL and meets bi-monthly with the practice to discuss, amongst other items, the results from the surveys and action plans.



Results Summary:

Item	Total
Number of Surveys	7
Number of Responses	293
Number of Input Channels	4

Summary Outcomes & Action Plan - PPDES Year 3 Results

To continue organising Health related educational events and to hold a further meeting with the local school to follow up on the very well received meeting with Teachers and Parents. Liaise with PPL for new topics and areas for future surveys and to inform all patients of these results. Raise awareness of NHS changes through PPL Committee and newsletters and in particular seek patient views on local commissioning opportunities. Continue with continuity of care not only for long term conditions but also for a 'medical episode'. We are looking to introduce 'Doctor Groups' where a group of GP's will look after a nominated list of patients. This follows on from recent work with Continuity of Care. Continue to develop local services available here at PMG.

Reflections on the Patient Participation Enhanced Service for 2013-2014:

This has been a very positive year for PMG and for all those involved in the third year of the PP DES. First and foremost, the real-time nature of the survey reporting has continued to facilitate prompt change where appropriate. Longer-term plans for the evolution of patient services have also been enabled and will help to guide staff to focus resources where required. We have successfully introduced on-line appointment booking for Doctors, cancellation of appointments and the ordering of Repeat Medications. This new on-line facility will improve accuracy and patient safety for the ordering of medications and afford patients the ability to make and cancel appointments from home.

In general the surgery has had a positive response to the PP DES both in terms of the results of the survey and the contribution from patients. The practice will continue to build on its communication with patients enabling a good flow of communication to and from the practice.

We have introduced a new Consultant led Dermatology clinic, Audiology Service (with a sound-proof booth), Community Echocardiograms and Consultant led Orthopaedic follow up clinics including post-operative physiotherapy.



CONTENTS

Executive Summary	2
Patient Participation Direct Enhanced Service Methodology:	2
Pulborough Patient Link Summary:	2
Results Summary:	3
Summary Outcomes & Action Plan – PPDES Year 3 Results	3
Reflections on the Patient Participation Enhanced Service for 2013-2014:	3
About The Practice	6
The Doctors	6
Trainee GP's	6
The Practice Staff	6
Practice Nurses	6
District Nurses/Community Nurses (Attached Medical Staff)	7
Community Midwife (Attached Medical Staff)	7
Mental Health Team	7
Counsellors	7
Sussex Alcohol & Substance Services	7
Social Services	7
Cordens Chemist	7
Opening Hours	8
Normal Opening Hours	8
Extended surgery Times	8
Bank Holidays when the surgery will be closed	8
Home Visits	8
When the Surgery is closed	8
Local Survey Methodology	9
The NBSurvey Methodology	9
Input Channel Evaluation Criteria	13
Patient Reference LINK	15
Membership	15
Member Profiles	15



PPL Recruitment & Representation	15
PPL Agreement of Priorities	16
Results, Outcomes & Findings	17
Summary Information	17
Survey results by Input Channel	17
Representation of Registered Patients	17
Discussions & Action Plans	22
Summary of Outcomes & Action Plan	22
Implementation of Year 3 Outcomes and Action Plan	23
What Pulborough Medical Practice did	23
Pulborough Medical Practice outcomes	23
Year 3 of the PPDES - Discussions	23
Year 3 of the PPDES - Action Plans	24
Summary of the PPDES 2011-2014	24



About The Practice

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The Doctors

Dr Peter Hard MB.BS. DRCOG

Dr Tim Fooks BSc (Hons) MB.BS. MRCGP. DCH. DRCOG Dr David Pullan BSc (Hons) MB.BS MRCGP. DCH. DRCOG

Dr Amelia Bolgar MB.BS. DFFP. MRCGP

Dr Nikki Tooley MB.BS

Dr Katie Armstrong MB.BS, DFFP, DCH, MRCGP Dr Ray Ghazanfar MRCGP, MPhil, PhD, BSc (Hons)

Dr Guy Mitchell MB BS. MRCGP, BANSV

Dr Carole Campbell MBBS MRCGP DRCOG DFFP DPD

Trainee GP's

We are a training practice and as a result we now have a number of Trainee GPs working at the practice who are available for appointments.

Dr Sam Sewell ST3 with PMG from 1st August 2012 until July 2014
Dr Luke Webb ST3 with PMG from 1st August 2014 until July 2015

The Practice Staff

Practice Nurses

- Anna Harrison
- Tracey Rydon
- Trish McKinlay
- Karen Morgan
- Beverley Richards
- Jenni Elliott HCA
- Petula Mitchell HCA



- Carole Santillo (Phlebotomist)
- Pippa Keatley (Research Nurse)

They see patients for a variety of conditions and hold Diabetic, Heart Disease, Respiratory, Family Planning, Cervical Smears, Baby vaccination and immunization, Travel and Leg Ulcer Clinics.

District Nurses/Community Nurses (Attached Medical Staff)

Jan Ryan District Nurse, leads a team of community nurses who visit people in their own homes, across the whole age range, offering advice and support to promote independent living and specialized nursing care when required which would include life limiting illnesses, wound management and chronic disease management.

Community Midwife (Attached Medical Staff)

A team of midwives come from St Richards Hospital, Chichester and Worthing and Southlands Hospital to undertake weekly clinics in the surgeries. They work closely with our doctors to care for mothers before and after delivery of their babies.

Mental Health Team

A range of services to help and support patients are offered in the surgeries and the following team members undertake sessional work.

Counsellors

Kat Justesen, Tanya Lee, Amanda Cox, Irena Alexa, Jackie Saunders, Michelle Thorpe

Sussex Alcohol & Substance Services

Psychologist: Dr L Harrison
Consultant Psychiatrists: Dr S Allen

Community Psychiatric Nurses: Rob Ainslie and Paul White

Social Services

A Horsham based team can help with your housing and financial queries.

Cordens Chemist

Superintendant Pharmacist: Sue Oliver - offering expert advice on medication, minor illness and wellbeing.



Opening Hours

Normal Opening Hours

Pulborough Medical Group is open from Monday - Friday, 8.00 am - 6.30 pm.

Extended surgery Times

MONDAY: 7.00 AM - 8.00 AM TWO EXTRA GP SURGERIES
 TUESDAY: 7.00 AM - 8.00 AM TWO EXTRA GP SURGERIES
 FRIDAY: 7.00 AM - 8.00 AM TWO EXTRA GP SURGERIES

These early morning slots are for those patients who are unable to attend the surgery for a routine appointment during our existing opening hours.

Bank Holidays when the surgery will be closed

- Good Friday 18th April
- Easter Monday 21st April
- May Bank Holiday 5th May
- 25th August
- Christmas 25th &26th Dec

Home Visits

Home visits are available for patients who are too ill to visit the surgery.

When the Surgery is closed

From Monday to Thursday between the hours of 6.30 pm & 8.00am, and from 6.30pm Friday to Monday 8.00am, patients care is managed by the IC24 'Out of Hours' Service. (Soon to be NHS 111)

Patients with urgent medical problems or who require advice when the surgery is closed are advised to telephone IC24 (PMG Main line 01798 872815) and their receptionist will deal with the call.

In the event of a medical emergency patients are advised to call 999.

Local Survey Methodology

The practice engaged with NETbuilder to provide their comprehensive managed survey solution, NBSurvey, to enable the collection of views from patients in multiple locations across various demographic groups. This enabled us to canvass our patients opinions via an input channel most suited to them, from physical paper and in-practice touch screen kiosks / laptops, through to virtual online surveys.

Findings from previous studies carried out by NETbuilder exposed that multiple short surveys with a maximum of 8-10 questions each are more effective than one long survey running continually throughout the survey period. Each survey was customised to the investigational design and measures, for example measuring how effective it is for patients to get an appointment using a short survey (The Access Survey). Additionally, this encourages patients to give feedback for the areas relevant and important to them.

The NBSurvey Methodology





Step	Description	Surgery Comments / Experiences
Continual Development of Patient Reference Group (PRG)	The PRG is a representative group of patients from the practice. They are responsible for providing feedback to surveys and collaborating with the practice to analyse the results and agree realistic change opportunities.	Our patient liaison group, Pulborough Patient Link (PPL) has formed a Committee. Each year they endeavour to produce newsletters and organise joint health events with the Practice. Social events also take place during the year. This group provides an important link between the surgery and patients. We urge patients to become members and be involved in helping to shape the future of their medical service for the years ahead. The Pulborough Patient Link (PPL) has a number of aims - all designed to benefit patients in the Pulborough Medical Group Practice. The PPL is independent of the Practice but works closely with its staff to maximise the benefit to patients. We have ~ 800 patients that belong to the PPL of which 15 belong to the committee.
Determine Priority Areas	 Key areas include but are not limited to the following: Access Overall Satisfaction Seeing a Doctor See a Nurse The Reception The Surgery Environment Demographics Specialised Clinics (e.g. Flu, Vasectomy) The PRG and other patients complete the Patient Priorities Surveys to priorities the areas (above) to determine the order in which key areas are addressed by the practice. 	The PPL Committees meets bimonthly; there is always an agenda item to discuss patient feedback. The Committee represents the views of the PPL and are not only able to provide valid input into future actions plans but also help us determine the key areas to survey next.



	Patients are also given the opportunity to provide comments regarding other areas they would like to see addressed.	
Design & Build Surveys	The practice work closely with NETbuilder to design and build the surveys. Each survey is designed to measure the patient's view of the identified key areas. The majority of surveys contain between 8-10 questions. Patients are able to choose to complete the surveys they believe are relevant to them and ignore those that are not.	As well as using the standard 8-10 question surveys we have also created some more specialised surveys to be used for feedback after specific patient treatments, for example 'Vasectomy Post-Operation Survey'. These surveys are e-mailed to patients following their treatment. This allows us to receive more specific feedback relating to this treatment and the care received.
Decide on Input Channels and Publish Surveys	The practice worked closely with NETbuilder to agree which input channels are suitable for the surgery and patients. Input channels available are: Surgery Kiosk Web Portals Laptop Paper Face to Face Each survey can be used on (published to) one or more of the input channels listed above.	 We used the Input Channel Evaluation Criteria to help us decide which channels to use for PMG Surgery: In-surgery Kiosk(s): to capture patients from all demographics visiting the surgery. We have placed a kiosk in the reception area and the waiting room. Specialised Clinics Portal Table PC's: Used at PPL Meetings
Advertise Feedback Channels	Inform patients of the available input channels and current surveys, in order to create a greater number of participation responses. Types of promoting include but is not limited to: • Encouragement slip given by the doctor • Posters • Leaflets • News Letters • Encouragement from all Practice Staff & PRG • Surgery Website • Notice Board	Input from all practice staff is essential. Our doctors and nurses fully support the PP DES and not only encourage patients to provide feedback be also set an example to all other practice staff. We advertise the importance of providing feedback on our website and TV Screens in the waiting room. Our results are published on our website and they are included in the PPL newsletter.



Capture Patient Experience	Patients complete surveys using the available input channels as listed above.	Although patients at PMG are now familiar with using the touchscreen kiosk we are happy to provide as many alternatives methods as possible to ensure all patients have the opportunity to take part.
Produce & Distribute Reports	Results in the form of reports are produced for each individual survey and distributed via the Practice Website, Practice Meetings, Surgery Notice Board, PRG consultations.	These have been welcomed by patients and we have made the reports available on our Website and via the PPL newsletters.
Collaborate with PRG to Analyse Results	The Practice Manager will discuss & analyse the survey results with the Practice Doctors and then discuss with the PRG for further analysis.	Results of the survey are discussed with the practice partners and the PPL Committee. We encourage our PPL to suggest new survey areas which may be of concern to patients.
Agree Action Plan	Detailed action plans are created at the end of year 1 (2011/2012), the end of year 2 (2012/2013) and end of year 3 (2013/2014) of the PP DES.	An agreed action plan between the PRG & Surgery was created after the year 2 result (2012/2013) according to the outcome of the analysis from the results. Further action plans are created every year Details of the year 3 action plan are provided in the section Discussions & Action Plans below.
Implement Change	Practice must obtain the agreement of its local PCT to its proposals for any significant change, e.g. change of opening hours. Approved changes can then be implemented.	Details provided in the section Discussions & Action Plans below.



Input Channel Evaluation Criteria

Input Channels should be thoroughly evaluated for their suitability for use by patient belonging to a practice. The following table describes the advantages and disadvantages of each input channel currently supported for practices.

, , ,	orted for practices.	B'
Input Channel	Advantages	Disadvantages
Paper Surveys	 Suitable for a large percentage of patients across most services Known and trusted media for many patients 	 Production, deployment and collection of surveys required Data input required
Public Web Surveys	Instant feedbackFast deployment of surveyEasily changeable	 Limited to patients with internet access Limited to patients with the ability to use technology
Email Surveys	 Instant feedback Fast deployment of survey Easily changeable Excellent for tracking feedback for specific treatments (e.g. specialised clinics) 	 Limited to patients with internet access Limited to patients with the ability to use technology Limited to patients with email accounts Limited to patients who have provided Trust with email addresses
Phone Surveys	 Instant feedback Fast deployment of survey Easily changeable Excellent for tracking feedback for specific treatments 	 Limited to patients with telephone access Limited to patients with the ability to use a telephone Additional cost to practice
Touch Screen Kiosks	 Immediately and conveniently accessible before and after appointments Instant feedback Fast deployment of survey Easily changeable 	 Limited to patients with the ability and willingness to use a touchscreen kiosk Requires suitable physical location
Touch Screen Tablets / Laptops	 Instant feedback Fast deployment of survey Easily changeable Immediately and conveniently accessible before and after appointments 	 Limited to patients with the ability and willingness to use a touchscreen tablet Requires overnight charging



	Portable	
	Fashionable	
Standard	Instant feedback	 Limited to patients with the ability
Desktop	Fast deployment of survey	and willingness to use a desktop PC
	 Easily changeable 	 Requires suitable physical location
	 Immediately and conveniently 	 Requires protection from being
	accessible following treatment	damaged, lost or stolen
Face to Face	 Instant feedback (proving tablet 	 Canvasser must be independent
interviews	used to input response)	 Additional resource required
	 Fast deployment of survey 	 Patients may be reluctant to give
	 Easily changeable 	honest answers to canvassers
	 Immediately and conveniently 	
	accessible following treatment	
	 Patients able to converse with a 	
	person, puts at ease	
	Rapport building	



Patient Reference LINK

Membership

Our PPL membership continues to show good signs of steady growth, we have recruited two new committee members and organized a diary of events for 2013: Healthy Eating in April, Dermatology in July and 'Breathing' in October. PPL members and staff from PMG also met with the local Primary School in September 2013. In March 2014 there will be a public meeting entitled 'What every patient should know about a medical emergency'. Further public meetings will be held in June and October 2014. These events are held at our local village hall and attract 100+ attendance. We will also be taking a stand at the Pulborough Harvest Fair in September 2014 to promote the work of the PPL.

Member Profiles

Members of the PPL are recruited from patients registered at PMG Surgery.

The PPL is responsible for:

- improving communications between the medical staff and the patients
- making patients aware of innovation and changes within the practice
- acting as a channel to receive patients' suggestions and constructive criticism offering a forum for the discussion of topical health issues
- encouraging self-help and support groups for patients with particular needs
- plans to raise funds for the purchase of equipment that will improve the treatment offered to patients.

The PPL is run by a Management Committee; PMG is represented by Dr Tim Fooks and Managing Partner, Alan Bolt. A number of events have been organised and a Constitution has been agreed. In due course we may seek Registered Charity status.

PPL Recruitment & Representation

In order to ensure that members of the group are fully representative of our registered patients, the Surgery uses the following means to recruit:

- Our website
- The PPL Newsletter
- Posters on full view in reception and waiting areas
- Leaflets available on reception desk
- Leaflets in consulting rooms for GP's to recruit individuals, in particular those who may not be aware of the PRG in the methods already mentioned or are unable to access them in any way
- On new patient registration forms
- Leaflets sent to organisations such as Nursing homes/sheltered accommodation

The current number of members in the PPL is ~800. Recruitment is on-going using all the methods described above.



Note: Feedback is not solely reliant on the PPL, surveys are also completed by other Patients from the Practice via the surgery kiosk and web portals etc.

PPL Agreement of Priorities

The Practice seeks advice from the PPL to determine the keys areas need to be addressed regarding the surgery environment and services we offer. All means of communication as described earlier in this report were used to gain feedback from the Patients.

During the last year the practice and the PPL agreed to run the following surveys in order of importance:

- Continuity of care
- The New PMG Appointment System
- Contacting PMG
- Access
- Patient Satisfaction
- Vasectomy Survey
- Vasectomy Post Operation Survey

In addition we asked our patients what we should be asking to help shape the future of our surgery, the majority of comments covered:

- The provision of good information
- Flexible appointment times
- More telephone lines

Results, Outcomes & Findings

Summary Information

Item	Total
Number of Surveys	7
Number of Responses	293
Number of Input Channels	4

Survey results by Input Channel

	Input Channels				
Survey	Kiosk Reception	Kiosk Waiting Room	Vasectomy Post- Operation Portal	Minor Ops Portal	Total
Continuity of Care	3	20	0	0	23
Contacting PMG	4	37	0	0	41
The New PMG Appointment System 2013	6	35	0	0	41
Patient Satisfaction Survey	7	52	0	0	59
Vasectomy Post-Operation Survey	0	0	1	0	1
Vasectomy Survey	0	0	0	57	57
Access	21	50	0	0	71
TOTAL	41	194	1	57	293

Representation of Registered Patients

Our Practice took the strategic decision not to solely reply on our PPL for feedback to our surveys and wanted to capture the views of as many of our patients as possible. To support this decision we invested in two touchscreen kiosks and web portal technology. The intention was to encourage patients visiting the practice to provide us with "in the moment" feedback about the service they had just received. The web portals enable us to reach-out to patients who are unable to visit the surgery. In addition, all surveys can be requested in paper format.

We believe that this strategy will provide the practices with feedback from a representative demographic of our patient population.

Doctors now hand out slips at the end of consultations with under represented groups to encourage survey participation.



Survey Results

Detailed reports for each survey can be found on PMG's website http://www.pmgdoctors.co.uk All results were discussed with the PPL and relevant practice staff, the key outcomes for each survey are highlighted below.

Continuity of care

- 30.43% of patients said that their consultation required a follow-up plan
- 50% of patients said that written follow-up plan would be helpful to them
- 100% of patients said that the doctor or nurse gave them a clear plan at the end of their consultation
- 71.43% of patients said that the doctor or nurse clearly indicated what happens next after their appointment
- When patients were asked which were required during their consultation the responded with the following;
 - . Blood test -28.57%
 - . Referral 14.29%
 - . X-Ray 14.29%
 - . Other 42.86%
- 100% of patients said that they received a clear management plan about their follow-up plan and are clear about what will happen next
- 57.14% of patients said that a written plan would be helpful
- 100% of patients said it is 'very useful' or 'fairly useful' to see the same Doctor or Nurse for the same problem

The New PMG Appointment System

We will continue to run this survey so we can conduct a comparison later this year with updated results, this will then give us a full understanding and comparison from last year's results so we can make any necessary changes based on the results. We will amend this for the coming year to assess the impact of on-line appointments.

- 35.71% of patients said they were aware of the new developments that had been made to the appointment booking system.
- 57.15% rated being able to book in advance as being 'good' or 'excellent'
- 57.14% rated being able to choose a time slot as 'good' or 'excellent'
- 57.14% rated being able to choose who you see as being 'good' or 'excellent'
- 78.57% said they would manage their appointments on-line if the service was available
- 71.43% said surveys were an effective or very effective way of asking about their experiences and views



Patient Satisfaction

- 88.89% of patients said the doctor was friendly and made them feel at ease
- 88.89% of patients said the doctor give them enough time to fully describe their illness
- 88.89% of patients reported that the doctor was 'good' or 'excellent' in showing care, compassion and seemed genuinely concerned
- 88.89% of patients indicated that the doctor was 'good' or 'excellent' when listening and paying close attention to what the patient had to say
- 88.89% of patients said the doctor explained things clearly
- 83.34% of patients said the doctor made a plan of action with them and discussed the options and involved them in decision making
- 88.89% of patients rated their consultation with the doctor 'good' or 'excellent'

Excellent engagement from patients, showing a large increase on percentages from last year's results on all questions, especially when patients were asked if doctor was 'good' or 'excellent' when listening and paying close attention to what the patient had to say. We have had a number of Practice discussions with the whole team, focusing on CQC objectives of care and compassion – this has resulted in a significant improvement. The recent CQC Inspection confirms this and we have been passed as compliant in all areas.

Vasectomy Survey (3 Separate Survey Reports)

- 100% of patients said they were given adequate post-operative information sent to them
- 100% of patients found the discussion with doctor or nurse helpful before the operation
- 100% of patients said that they felt comfortable having the procedure done at the surgery
- 100% of patients rated the facilities at the surgery as 'good' or 'excellent'
- 100% of patients rated the doctors manner and communication as 'good' or 'excellent'
- Patients were asked to rate from 0-4 (o being none and 4 being severe) any pain that was felt during the operation:

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. o: (None) 24.56%
           56.14%
. 1
           14.04%
           5.26%
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. 4: (Severe) 0%

Dr Guy Mitchell and his team are providing an excellent service, this is fully audited from first patient contact pre-op information through to post-op survey.



Vasectomy Post-Operation Survey

- Patients were asked to rate from 1-4 any pain felt for the first few days after the procedure
 - . 1 No Pain 0%
 - . 2 Some Pain 100%
 - . 3 Very Painful 0%
 - . 4 Agony 0%
- 100% of patients reported that they did not experience any pain for more than a week
- 100% of patients did not required oral antibiotics resulting from the vasectomy
- 100% of patients said that their testicles did not swell to more than double their original size after the operation
- 100% of patients said they were given more than adequate advice in the post-op information sheet
- 100% said they were provided with a contact number if any follow up advice was needed, of those patients 100% said it was the phone number for the vasectomy surgeon
- 100% of patients said they didn't need to seek out medical advice regarding any complications that were mentioned
- 100% of patients said they did not take off any more time off work than anticipated
- 100% of patients said they did not experience any problem with sperm testing
- 100% of patients said they used the postal service
- 100% of patients rated the whole process of having a vasectomy to be as expected
- 100% of patients rated their overall satisfaction with the service as excellent
- During the Vasectomy consultation 100% of patients said they were treated as an individual, treated with privacy and dignity and were treated with respect
- 100% of patients said they were able to make an informed decision as to whether to continue with the procedure based on the information and opportunity for discussion provided

We are looking at ways to encourage patients to complete the post-op survey. A reminder will be continue to be sent asking patients for their input to help improve any area of this procedure. We will include anonymous data received so far.

Access

- 87.10% of patients said they had tried to see a doctor on the same day or the next 2 week days within the last 6 months
- 59.26% said they were able to see a doctor on the same day or in the next 2 week days, the last time they tried to see a doctor fairly quickly
- When asked why they couldn't see a doctor within the next 2 week days they advised
 - . No appointments 30%
 - . No suitable times 10%
 - . My doctor wasn't available 50%
 - . Another reason 10%



- 80.65% of patients said they have tried to book an appointment more than 2 full week days in advance
- 72% of patients said the last time they tried they were able to get an appointment with the doctor more than 2 week days in advance
- 64.52% of patients know the opening time of the surgery or Health Centre
- 65% were satisfied or very satisfied with the opening hours of the GP Surgery
- 54.84% were satisfied or very satisfied with the care they get for the GP Surgery

Contacting PMG

- 55.56% of patients said they are always put into a queue when contacting the surgery by telephone. 44.44% said they are mostly put in a queue
- 11.11% said they call back because it is engaged. 44.44% said they mostly call back because it's engaged. 44.44% said it's never engaged
- 66.67% said they always get through to a receptionist when contacting the surgery by telephone. 22.22% said they mostly get through to a receptionist. 11.11% never get through to a receptionist
- 55.56% of patients think the phone system meets their needs. 80% of patients who said it didn't meet their needs said it takes to long to get through and the other 20% said they don't like being put in a queue
- 85.72% of patients said the survey is an effective way of asking about their experiences and views



Discussions & Action Plans

Summary of Outcomes & Action Plan

PMG has had and will continue to have discussion with the PPL committee regarding the services provided by the practice.

The PPL Committee are provided with the results from each survey and given sufficient time to review the results with the PPL before discussion with the practice. Results are posted on-line on our website. We know that we have 1,200 visitors to our website every month and find this is the best way to make this information available.

Face to face committee meetings are held bi-monthly as a forum for these discussions. Initial discussions highlighted the benefits of looking at Doctor Groups, this is outlined in our summary.

The following changes were implemented:

- On-Line Appointments (Booking and cancelling)
- On-line Repeat Medication ordering
- Continuity of Care
 - . All GP's discussed the benefits of adopting a 'Doctor Group' policy, we agreed in principle to start work on this and will liaise with our PPL in the shaping of this new direction.

PMG will continue to understand our patient's needs for improvements to the services we currently provide and for future services.

Below is a table detailing our current action plan;

Issue raised	Next Steps	Proposal	Lead	By when	Outcome
Online appointments for blood tests and nurse appointments	Discuss with the Nurse Manager and I.T. Manager how this can be achieved	Pilot some blood test appts and/or diabetic and respiratory appts	Alan Bolt	Discussion by 31/12/2014	Discussion continues with our Clinical Platform supplier.
Vary the times of the pre- bookable appointments	Discussion at practice away day.	Vary appt times	Alan Bolt	31/12/14	Rota is now 'balanced' to provide appts throughout the day
Continue with successful evening presentations	Discuss this with the patient participation group	Agreed	PPG	Continuing	Agreed
Doctor Groups	Discussed at practice away day	Audit patient:Doctor numbers, ensure clinical cover is	All Dr's, Alan Bolt, Kat Ripsher	31/03/15	Ongoing



		available every day by at least one member of the Dr Team.			
Continuity of care for vulnerable and Palliative Care patients to see their GP	Discussed at practice away day	Named GP (and Back up GP) for vulnerable patients identified and annotated at MDT meetings	Alan Bolt	Ongoing	In Progress
Pro-Active Care Team (PACT)	Discussed at practice away day	Named GP will be Dr Ray, working closely with the PACT supported by Nurse Beverley.	Dr Ray, Alan Bolt, Kat Ripsher	30/09/2014	Ongoing

Implementation of Year 3 Outcomes and Action Plan

What Pulborough Medical Practice did

- Times of pre-bookable appointments have now been spread throughout the day
- Full programme of evening presentations agreed and booked for 2014
- On-Line Appointments introduced
- On-Line Repeat Medications introduced
- Continuity of care survey continuing, named GP for vulnerable and palliative care patients.
 (Made at Monday MDT meetings)
- Working with PACT to provide coordinated care for those patients identified as being at risk of admission or re-admission into Secondary Care
- New clinics as detailed above introduced
- Passed CQC Inspection

Pulborough Medical Practice outcomes

All results made available and discussed with PPL Committee member for wider dissemination.

Year 3 of the PPDES - Discussions

We continue to meet with our PPL every two months here at PMG

We have organized a diary of events for 2014: Emergency Care for March 2014, at least 2 further events to be agreed with our PPL for 2014. These events are held at our local village hall and attract 100+ attendance. We will also be taking a stand at the Pulborough Harvest Fair in Sept to promote the work of the PPL.



Year 3 of the PPDES - Action Plans

- Introduce online appointments for Nurses (this is subject to our Clinical Platform supplier).
- A further meeting planned between Practice staff, PPL and parents of St Mary's School Pulborough (Plus extend invitation other schools).
- Facilitate additional Health events throughout the year in discussion with PPL Committee and requests for patients.
- Liaise with PPL for new patient feedback surveys.
- Inform our patients through the PPL Committee of all new plans as a result of CCG commissioning and CWS actions as a result of the Govt white paper.
- Seek opinion/input from our patients on local commissioning opportunities.

Summary of the PPDES 2011-2014

It has been hugely beneficial to have the feedback from our PPL. We use this to inform our CCG and CWS and look to build on this as commissioning has now begun. Membership has doubled again in the last 12 months, mainly as a result of increasing awareness of our PPL particularly with new patient registrations. We still need to attract a more representative cross section – in part we hope to achieve this by increasing membership and also by PPL making direct contact with our email membership. As more surveys are completed, we will continue to target areas of concern highlighted by this feedback and from our PPL.