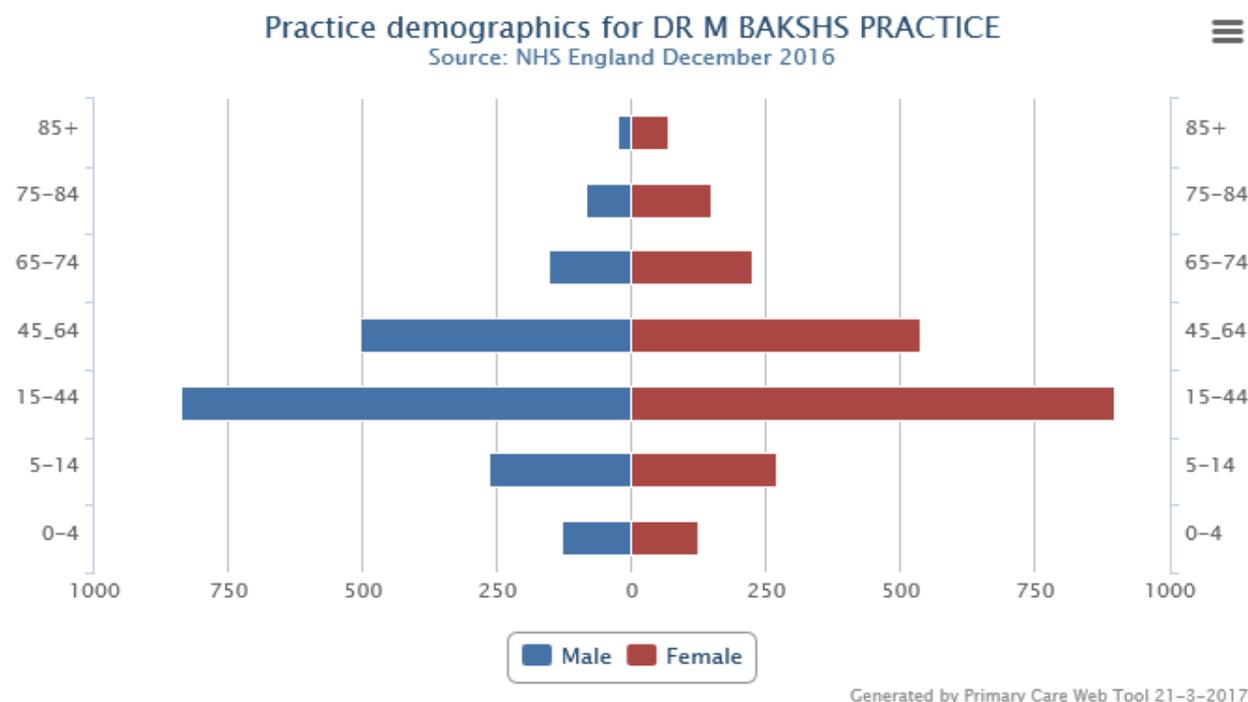


**PPG REPORT 2016-17 – COLDHARBOUR HILL PMS G83003 GREENWICH CCG**

<b>Component</b> <b>1</b>		
1.1	Practice has an established PRG	<p>The Practice has had a patient participation group since the onset of the Direct Enhanced Service.</p> <p>The practice has always struggled to keep a consistent group of people on the PRG, and this is an area the practice is keen to improve upon.</p> <p>Fortunately the Chair of the group has remained consistent, for the last 3 years, however due to business commitments has been unable to be involved this year, and has advised the practice that he will not be able to act as chair for 17-18, although would be keen to be involved in the group should he be able to find the time to be able to do so.</p>
1.2	<b>Description of the profile of the members of the PRG</b>	<p>The Profile of our PRG is as follows:</p> <p>3 x M ( 2 White British 1 x Chinese British)</p> <p>4 x Female (2 x White British 1 x Black British)</p> <p>Of these members 2 are in FT employment, 3 are retired, 1 member is in P/Time employment and 1 member is not in employment</p> <p>According to the demographics shown on the Primary care webtool our practice population demographic is as follows :</p> <p>DR M BAKSHS PRACTICE is <b>4268</b>, of which <b>1993</b> are Male and <b>2275</b> are female.</p>



We do however dispute these figures as our current list is in excess of 4500, however this is a good reference, although our systems show different figures as below:

	<u>0-4</u>	<u>5-14</u>	<u>15-44</u>	<u>45-64</u>	<u>65-74</u>	<u>75-84</u>	<u>85+</u>	<u>Total</u>
<b>Female</b>	146 (3%)	290 (6%)	959 (21%)	551 (12%)	236 (5%)	159 (3%)	81 (2%)	2422 (53%)
<b>Male</b>	151 (3%)	271 (6%)	881 (19%)	541 (12%)	156 (3%)	92 (2%)	29 (1%)	2121 (47%)
<b>Total</b>	297 (7%)	561 (12%)	1,840 (41%)	1,092 (24%)	392 (9%)	251 (6%)	110 (2%)	4543

		Based upon the age and sex split, our ppg is fairly reflective of our list
	Practice demonstrated they have taken reasonable steps to ensure that the PRG is representative of their registered patient population	<p>In considering that the practice once again had to ‘re-recruit’ once again this year for the PRG, a conscientious effort was made prior to Christmas 2016 to encourage patients to join.</p> <p>Leaflets were left at reception, Clinicians would also advise patients about the group and the practice reception team, and the practice Reception team leader spoke to and emailed many patients advising of the PRG and encouraged people to join.</p> <p>The practice manager also through the course of the year took the opportunity when patients raised issues with the practice or indeed complemented the practice to ask them to join the PRG</p> <p>Including our current PRG Chair, we therefore had 7 members who expressed an interest in joining the group.</p>
<b><u>Component 2</u></b>		
2.1	Details of the steps taken to determine and reach agreement on the issues which had priority	<p>Aseem Kumar, the practice’s management partner in our meeting with the PRG on 10/2/17 welcomed the group and explained the rationale behind the PRG, and explained that the PRG has the potential to be a very powerful vehicle to influence change in the practice, and also enables the practice to understand the frustrations our patients feel ; as well as the opportunity to explain to the group some of the challengers faced by the practice.</p> <p>It was made clear that the PRG is not a vehicle for members to raise individual personal issues however to take an overview.</p> <p>In considering the media highlighted pressures in the NHS,Mr Kumar took the opportunity in this meeting to explain some of the background of primary care, the challenges faced and the direction of travel, as well as explaining the federation of practices model for the hub, and also discussed the GP contract will change in 17-18.</p> <p>He also explained that there is a great deal of variance across different areas in London and nationally both in terms of funding as well as need. It was also advised to the group that there are also significant differences within the borough with our practice being in the South of the borough of Greenwich compared to the demographic and need for those in other areas.</p>

2.2	The practice sought its PRG view what should be included in the survey	<p>Inspite of the fact that Mr Kumar advised that it was important to have an overview; he appreciated that it is only through the groups individual experiences that we could consider areas of improvement and change.</p> <p>The group then gave comments of their individual experiences and where they would like to see feedback from other members.</p> <p>There was also some confusion amongst the PRG and patients about the premises situation, and changes as a result of the other practice whom we share(d) premises.</p> <p>It was also discussed that the survey should not be too long or onerous to complete.</p> <p>Mr Kumar also advised the group that one of the practice priorities, which is shared by NHS England, Greenwich CCG and Londonwide LMC was to increase the use of online services.</p>
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2.3	There are clearly identified priority areas	<p>The key areas which we decided to look at were as follows :</p> <p><u>Patient Access</u> - both on line and other – some members of the PRG raised concerns that the practice should not forget about those who are not tech savvy.</p> <p><u>Repeat Scripts</u></p> <p><u>Better Use of appointments and DNA's</u></p> <p><u>Premises</u></p> <p><u>Overall Satisfaction</u></p> <p>It was agreed that the survey would be drafted and sent to the PRG members for approval, and also we would include a section for PRG members to propose 2 or 3 questions.</p> <p>The draft survey was sent to PRG members on 14/2/17 and comments were requested by 19/2/17, with a view for it to run both online (via Survey Monkey and in practice between 22/2/17 and 1/3/17).</p>
<b><u>Component 3</u></b>		
3.1	Local practice survey was undertaken at least once in 2016/17	The accompanied survey was done both by Survey monkey and also in paper form
3.2	Survey questions are based on the priority areas agreed by the PRG	The feedback received from the PRG group members felt that the survey reflected the priority areas discussed and no PRG questions were added
3.3	Description of how the	The survey was sent via Survey monkey to 153 patients for whom we had email addresses and 40 paper surveys were left at each site

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	survey was carried out	<p>(80 paper surveys in total).</p> <p>The practice felt that this would therefore be contacts to around 5% of our population and enable a good pool.</p> <p>It was agreed that the group would meet again on 10/3/17 in order to discuss the results of the survey, the practice advised that they would aim to send the findings information from the survey by 3/3/17, in order for them to have an opportunity to digest and consider it prior to the meeting of 10/3/17</p>
3.4	Practice informed PRG about the survey results and the assessment process was explained to the members	The survey responses were discussed and reviewed in the meeting with the PRG, and a plan with time scales considered
3.5	Survey results and/or summary included in the report	Please see attached report of the survey results
3.6	The assessment and other evidence supporting the credibility of the survey process should be included in the report of the practice results.	
<b><u>Component 4</u></b>		
<b><u>4.1</u></b>	Details of the steps taken by the practice to provide an opportunity for the PRG to discuss the contents of the action plan	Unfortunately the practice did not have the opportunity to send the results to the group on 3/3 as we had intended to , however the meeting of the 10/3 was extended to provide the PRG to discuss the contents and review the action plan.

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<u>4.2</u>	Practice sought agreement of the PRG before the implementation of any significant change in service or services provided.	The action plan and time scales for implementation has been agreed by our PRG, in response to Wednesday’s earlier close time, the letter request forms to ease access on appointments, patients will be asked reason for on day appointments, and will take action as considered by the survey for frequent non attenders.
<u>4.3</u>	If PRG's agreement has not been obtained, practice obtained agreement from NHS England	There are no contractual implications in regards to the changes being made bu the practice and hence we have not sought agreement from NHS E
<u>4.4</u>	Changes which had impact on contractual arrangements had been agreed by NHS England	
<u>Component 5</u>		
<u>5.1</u>	Details of the action plan setting out how the findings and proposals arising out of the local survey can be implemented, and if appropriate, the reason why any such proposals should not be implemented	See Action report
<u>5.2</u>	Timelines for actions included in the report	
<u>Component 6</u>		

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6.1	PRG report was published on the practice website (or MyHealthLondon) by 31stMarch 2017	
6.2	Details of the action which the contractor intend to take as a consequence of discussions with PRG in respect of the results, findings and proposals arising out of the local practice survey	See Action plan
6.3	Update on action plan from previous year	<p>The Action plan for 15-16 was also discussed in our meeting of 10/3 these were:</p> <ol style="list-style-type: none"> <li>1) Improving premises - ongoing</li> <li>2) There are still some issues with phone system – we are unable to connect new lines until NHS CSU arranges the cabling requirements</li> <li>3) Focus on improving uptake of Online Appointment bookings and Electronic Prescribing - ongoing</li> </ol>
6.4	Progress on the key actions identified with the PRG are updated as needed in the practice leaflet and on the practice website	The action plan status of 16-17 will be updated on our website on a 6 monthly basis
6.5	The information on actions taken and subsequent achievement are directly linked to the feedback from	The action plan relates to the survey responses

	patients	
<b>6.6</b>	Where there is an on-going disagreement with the PRG on proposed actions, it is publicly highlighted with the practice's rationale for deviating from the accepted plan	N/A
<b>6.7</b>	The opening hours of the practice premises and the method of obtaining access to services throughout the core hours are included in the published report	<p><b><u>THE COLDHARBOUR SURGERY</u></b></p> <p>79 William Barefoot Drive, Eltham, SE9 3JD</p> <p>Surgery premises open:</p> <p>Monday 8:00am – 6:30pm</p> <p>Tuesday 8:00am – 8:00pm</p> <p>Wednesday 8:00am – 8:00pm</p> <p>Thursday 8:00am – 2:00pm</p> <p>Thursday – Sexual Health Clinic 4:00pm – 6:00pm Walk in Clinic</p> <p>Friday 8:00am – 6:30pm</p> <p>Saturday 9:00am – 1:00pm Saturday – Sexual Health Clinic 10:00pm – 12:00pm Walk in Clinic</p>

		<p><b><u>THE HILL SURGERY</u></b></p> <p>145 Whitehorse Hill, Chislehurst, Kent BR7 6DH</p> <p>Surgery premises open:</p> <p>Monday            8:00am – 8:00pm</p> <p>Tuesday           8:00am – 6:30pm</p> <p>Wednesday       8:00am – 2:00pm Closed pm</p> <p>Thursday          8:00am – 6:30pm</p> <p>Friday    8:00am – 2:00pm Closed Pm</p> <p>Appointments are available via phone 0203 675 0751, in person or online via our website</p> <p>Evenings and weekends: 111</p> <p>Disabled Access &amp;Hearing loops available at both premises although patients may find wheelchair access easier at The Coldharbour Surgery</p> <p>In case of an emergency please call: 999</p> <p>Accident and emergency departments are open 24 hours a day, 365 days a year and can assess serious injuries and provide emergency treatment. Whatever the day or time, if you or someone else experiences severe chest pain, loss of blood or suspected broken bones, go to your nearest accident and emergency department or call 999.</p>
<p><b><u>6.8</u></b></p>	<p>Where the contractor has entered into arrangements under an extended hours</p>	<p>We are open for new registrations, please collect a form from reception at anytime, or complete a pre registration pack on line via our website :    <a href="http://www.coldharbourhillpms.com">www.coldharbourhillpms.com</a></p>

	access scheme, the times at which individual healthcare professionals area accessible to registered patients are included in the report	
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