

Dr P J Robinson & Partners

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Patient Participation Group Report 2012-2013

Background

In 2011 the practice agreed to take part in the Directed Enhanced Service (DES) for Patient Participation which the government had launched. The DES encouraged practices to engage with patients and to start up a Patient Participation Group (PPG) if they did not already have one. The DES specified that a series of actions, which are detailed below, were performed by the practice alongside the PPG throughout the year.

We have, in the past, discussed the results of patient surveys with a small group of patients who made suggestions for improvements etc. to the service provided by the practice but have never had a formal PPG.

During April 2011 we began the process of recruiting patients to form a formal PPG. The process for this is outlined below. Since its inception the group have undertaken some valuable work on behalf of the practice. There are currently 10 patients who form the main group and this meets approximately every 8 weeks. The practice also has a Virtual Patient Participation group who are contacted for their opinions and feedback via email.

DES Component 1

Practice Profile

We currently have 7862 patients registered with the practice. Patients who attend West Ayton and Seamer surgeries total 4906 and those who attend Snainton and Thornton dale surgeries total 2956. There are very slightly more female patients registered than male.

Age	Number of patients	Male	Female
0 - 15	1161	598	563
16 - 24	633	341	292
25 - 39	960	465	495
40 - 55	1686	819	867
56 - 69	1918	909	1009
70 - 83	1197	556	641
84 - 97	300	122	178
98+	7	2	5
Total	7862	3812	4050

Establishing the PRG

Our aim in developing a PPG is to ensure that patients are involved in the quality of the services provided and have a say on decisions that affect patient care.

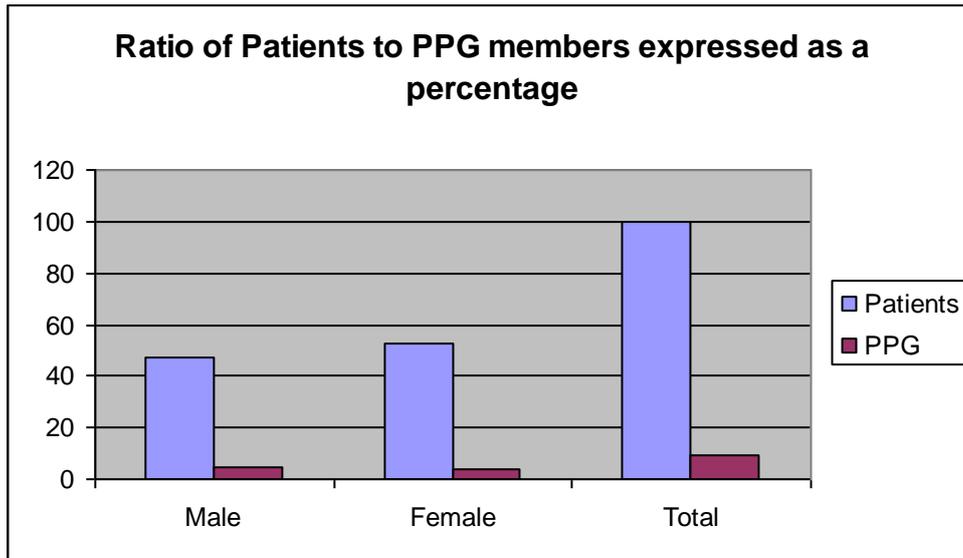
In response to the requirements of the Patient Participation DES we sought ways to reach patients and to make any group that we formed representative of the demographics of our patient base – we sought the views of the Chairman of our local LINKs group. Our practice area covers 250 square miles and we felt that a way to ensure a spread of representation geographically would be to approach Parish Councils. The response from the parish councils was very positive and the result was that the group was able to form very quickly.

Profile of the PRG

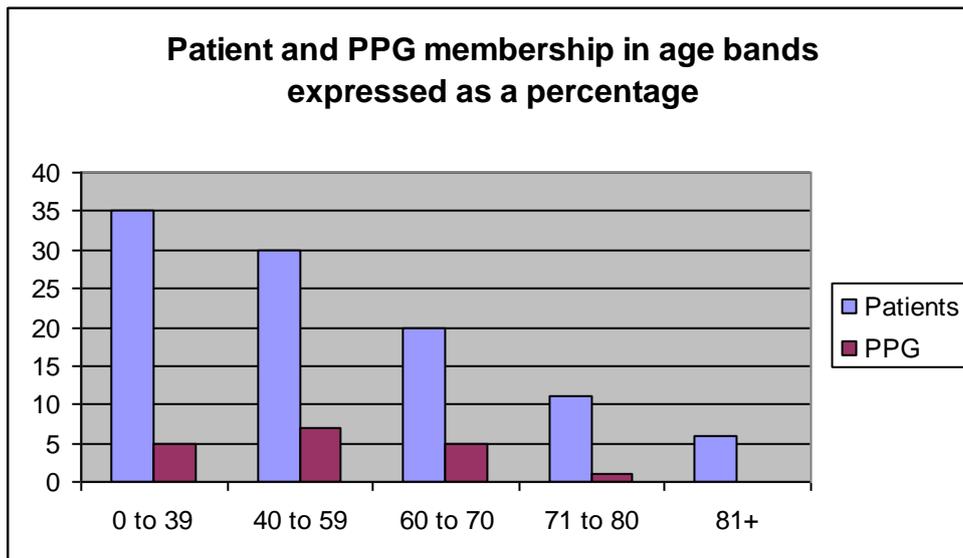
Our main patient group has 10 members who meet approximately every eight weeks. If there is a specific issue that the group wish to consider they may invite other patients with a specialist interest or guest speakers to come to meetings to provide the group with information and background. This group is supported by the Virtual Patient Group who are available to contact via email.

The age range of the group was initially older but this reflects our rural practice population quite well. In order to reach younger members we advertised this need to our patients and approached several to join the group – the result was that we managed to get two new members who are parents of young children. Membership of a virtual group is still being advertised and is growing slowly.

The graph below shows the membership of the group in relation to the patient base:



The graph below shows the ratio of PPG members in relation to patient in each age band



Based on the above graphs we believe our PPG is as representative as possible. Our patient profile has a large number of retired patients and therefore these are the people who volunteer to be involved with PPGs. We have managed to recruit some parents of younger children to the group and this has given a different dimension to meetings.

Ethnicity: Our patient demographic is predominantly white British. It has been difficult to attract members of any different ethnicity.

The practice also has a virtual PPG and members opinion is canvassed on relevant issues being decided by the PPG – including the patient survey.

DES Component 2

Issues for the Local Practice Survey

Between April and August the group met on the 24.4.12, 11.7.12 and on the 22.8.12 and the next patient survey was an agenda item at each meeting. The priorities for the next survey were agreed at the meeting in August - this is an excerpt from the minutes:

The conducting of the annual patient survey was discussed – it was agreed that we need to start this earlier than last year and it was decided to carry this out during the last week of October and the whole of November or until we have at least 200 responses. The rationale behind this was that the last week in October is half term and is also flu season so it would hopefully catch a representative patient group. A link to the survey is also to be put on the website and posters will be placed in surgeries and other community areas asking people to visit the website.

Last year the national survey was used but it was decided that we would tailor the 2012 survey to priorities that the group would identify taking into account the results of the last survey and patient feedback. Carol Wrack volunteered to administer the survey again and Rob Peacock will provide backup. Results of the survey are to be ready for discussion by the end of January.

Priorities for this year should include:

- a. The survey should be no longer than 2 sides of A4
- b. Whilst still gathering views on patient satisfaction it should ask other pertinent questions i.e. on age/sex/ethnicity, appointment availability and access, booking online and the practice website.
- c. Views should be collated on access to medication, particularly with regard to the service provided by pharmacy once the prescription has been collected, timely provision of medication and satisfaction with delivery arrangements.

The minutes of all meetings are placed on the website along with this report

Unfortunately there was some delay in getting the format of the questionnaire agreed so the timescales slipped a little and the survey was actually run in December over the Christmas period and into January. Nevertheless it was felt that a good cross section of patient's views were canvassed.

Practice Survey

The format of the questionnaire was designed by one of the group in a flow chart design.

Evidence attached:

A copy of the patient survey is at Appendix 1 to this report.

The results consolidated results of the survey are at Appendix 2 to this report.

The patients comments with regard to the survey are at Appendix 3 (Ayton and Seamer) and Appendix 4 (Snainton and Thornton Dale) to this report.

DES Component 3

Collating views and informing the PRG of the findings

A copy of the survey was handed to patients when they attended for appointments or collected medication at each of our four sites. The survey was conducted until we had received at least 200 responses. The amount of responses from each site correlated with the amount of patients registered there.

The results of the survey were then collated by our statistics specialist Carol Wrack who recorded these in excel format in order to give the members of the PPG the opportunity of inspecting this system. Carol then collated the results which are at Appendix 2 to this report and listed the individual comments. Pam Saltmer Practice Manager then annotated the results with her comments and sent them out to the group via email for their comments.

DES Component 4 & 5

The PPG emailed back their comments and feedback on the survey. The comments of the group were then collated and the whole survey, its results, comments and feedback from the group was discussed at the meeting on the 1st March 2013. This discussion led to an action plan being developed.

Evidence attached:

Minutes of the meeting on the 1st March 2013 are at Appendix 5 to this report.
2012/2013 Action Plan is at Appendix 6 to this report.

DES Component 6

This report, which will be updated when necessary, will be available on the practice website no later than 31st March 2013.

A copy of the report has been sent to the PPG Members and to Virtual group members. We will inform patients of the survey results in the next practice newsletter which will be available online and at surgery reception desks

A copy of the report will be placed in all waiting rooms for any interested patients who cannot access the website.

Other DES components:

West Ayton and Seamer

Surgery Opening Hours and Access Arrangements

	Monday	Tuesday	Wednesday	Thursday	Friday
Dr Bartlett	09.00 – 11.00 15.00 - 18.00	8.30 - 10.30 16.30 - 18.00		09.00 – 11.00 16.00 - 17.30	
Dr Ames	16.00 - 18.00		8.30 - 10.30 16.00—18.00		
Dr Reay	08.30 – 10.30 16.00—18.00	08.30 – 09.50 10.30 – 11.30 (s) 15.30—17.50	8.30—10.30 16.30—18.00	08.30 – 9.50 10.30 – 11.30 (s) 16.00 – 18.00	08.30 – 11.00
Dr Hobkinson		8.15—11.00 3.00—18.00	8.15—9.45 10.30—11.50 (s) 16.00—18.00		08.15 – 11.00 15.30—18.00
Dr Krill	8.50—9.40 10.30—11.30 (s) 15.00—18.00			8.30 - 10.30 16.00—18.00	8.30—9.40 10.30—11.30 (s) 15.00—18.00

Snainton and Thornton Dale

Surgery Opening Hours and Access Arrangements

	Monday	Tuesday	Wednesday	Thursday	Friday
Dr Robinson	08.30—10.30 15.00—18.00	15.00—18.00	08.30—09.30 11.00—12.00 (T/D)		8.30—10.30 15.00—18.00
Dr Cappleman	9.00—10.50 (T/D) 15.30—18.00	8.30—9.30 11.00—12.00 (T/D) 3.30—18.00		08.30—10.30 15.30—18.00	
Dr Coppack	08.30 - 10.30 15.30 - 18.00		8.30—10.30 15.30—18.00	15.30—18.00	8.30—9.30 11.00—12.00 (T/D)

The surgeries are closed on Bank Holidays.

All surgeries are by appointment and we will endeavor to see patients with urgent problems on the day.

SATURDAY MORNINGS

We are able to offer a limited number of routine appointments to see a GP on Saturday mornings. We are also able to see patients with urgent problems.

Telephone Access

Appointments West Ayton and Seamer 01723 863100

Snainton and Thornton Dale 01723 859302

Dispensary West Ayton 01723 864553

Snainton 01723 859302

When the practice is closed, and you require medical attention please phone the Surgery number and you will be transferred to the Out of Hours Service.

Website

The practice has a website www.ayton-snainton.co.uk which contains lots of useful information. You are able to request your repeat medications and make appointments using a secure link from the website, please contact reception to receive your username and password.

Dispensary

The practice is able to dispense medication to our patients who live more than a mile away from a chemist. The dispensary staff also deal with most aspects of repeat prescriptions and can assist with the majority of queries that you may have about your medication. Please see the above numbers to contact dispensary. When the surgery is closed for bank holidays there will be a notice available with the duty chemist opening times.

Appendix 1 – Patient Survey PDF

[CLICK HERE TO DOWNLOAD SURVEY](#)

Appendix 2 to the Patient Survey report – Consolidated Results

PATIENT SURVEY – WEST AYTON AND SNAINTON SURGERY – 2013

			AYTON	SNAINTON	COMBINED		
ABOUT YOU	GENDER	MALE	31	40	71	35.5%	
		FEMALE	69	60	129	64.5%	
	Expected – there are often more female attendances than male						
	AGE	16<	0	1	1		0.5%
		16-44	23	17	40		20%
		45-64	39	37	76		38.0%
		65-74	18	34	52		26.0%
		<75	18	11	29		14.5%
	This is about the same split as when we carried out the last survey which reflects our patient demographic						
	ETHNICITY	White British	99	97	196		98.0%
		White Irish	1	1	2		1.0%
		White European	0	0	0		0.0%
		Black British	0	1	1		0.9%
		Black Caribbean	0	0	0		0.0%
		Black African	0	0	0		0.0%
Indian		0	0	0		0.0%	
Pakistani		0	0	0		0.0%	
Bangladeshi		0	0	0		0.0%	
Chinese		0	0	0		0.0%	
Other		0	0	0		0.0%	
Expected – this reflects our patient demographic							
APPOINTMENTS	Making Your Appointment	Book in Advance	61	60	121	78.1%	
		Book it Today	18	16	34	21.9%	
		Come in today, no booking	0	0	0	0.0%	
	Expected that same day bookings would be slightly more ACTION: make more people aware of same day service – particularly for urgent problems						
	Specific Doctor	Yes	63	55	118		80.3%
		No	13	16	29		19.7%
	This is to be expected as the GPs run a personal list system where patients like to see their own doctor and provides continuity of care.						
	How Quickly did you get seen	Same Day	23	25	48		33.3%
2-4 Days		52	42	94		65.3%	
5 days or more		2	0	2		1.4%	
Less people came the same day than expected but that could have been what they wanted when they booked the appointment.							

BOOKING ONLINE	Do You Know About Online Booking	Yes	54	49	103	57.9%	
		No	36	39	75	42.1%	
	More know about this facility than expected						
	Online Awareness	Male	17 (31.5%)	19 (38.8%)	36	35.0%	
		Female	37 (68.5%)	30 (61.2%)	67	65.0%	
	Correlates with responses received						
	Have you Booked an Online Appointment	Yes	15	5	20	19.4%	
		No	34	49	83		
	Quite low when you take those who know about it into consideration – maybe its personal choice. Action: continue to publicise booking online						
	Know But Not used		34	42	76	73.8%	
	Think that is a matter of personal preference for our patient demographic						
	How easy was it to Book Online	Very easy	12	7	19		
	Not So Easy	0	0	0			
	Rather Hard	1	0	1			
	Impossible	2	0	2			
The majority who booked online found it easy but it would be good to know what the problems were for those who found it hard/impossible so that we can rectify any problems.							
Why Have You Not Used Online Booking	Have Log in – Not required	4	4	8			
	No Log In	3	3	6			
	Prefer in Person or Phone	27 (79.4%)	36 (85.7%)	63	82.9%		
	Other	4	1	5			
	It's interesting that people prefer to book in person – this may be because our patient population find it easier and more preferable to speak to someone in person and to discuss options available. The website gives a range of options but this may not suit some people. The reception staff have good feedback from patients with regard to helpfulness – the comments received with this survey bear this out. It may be that the receptionist is the only person that the patient has spoken to that day and this type of contact makes a difference in a rural community.						
PRACTICE WEBSITE	HAVE You Used Practice Website	Yes	24	16	40	21.9%	
		No	67	76	143	78.1%	
	This is surprising. We have tried to publicise the website but perhaps we need to do this more. ACTION: Need to think of ways to make more people aware of the website.						
	Website Usage	Male	7 (29.2%)	5 (31.3%)	12	30.0%	
	Female	17 (70.8%)	11 (68.8%)	28	70.0%		
Again this corresponds with the split in responses							

	Have You Found The website Useful	Yes	21	13	34	
		No	0	0	0	
	All those who visited found the website useful which is encouraging – again we need to publicise its existence more.					
	How is The Website Being Used	General Info	10	6	16	40%
		Bookings	10	7	17	42.5%
		Repeat Prescriptions	17	9	26	65.0%
		Contact Details	5	3	8	20.0%
Get Surgery Times		8	7	15	37.5%	
Other	0	0	0	0.0%		
The split between bookings and repeat prescriptions is about what would have been expected. Its nice to see that people use it for general info						
GETTING YOUR MEDICINES	Do You Get Your Medicines From The Surgery	Yes	33 (33%)	75 (75%)	108	54%
		No	63 (63%)	20 (20%)	83	41.5%
		OTHER	0	0	0	
	Fairly consistent with the number of patients who are dispensing and non-dispensing					
	Medicines Collected or Delivered	Collect	53 (53%)	22 (22%)	75	37.5%
		Deliver	8 (8%)	5 (5%)	13	6.5%
	Again this is fairly consistent					
How Long Do You wait For Your Medicines	24< Hours	38 (38%)	41 (41%)	79	39.5%	
	24-48Hours	51 (51%)	49 (49%)	100	50%	
	<48Hours	1(1%)	2 (2%)	3	3%	
This is pleasing – we ask patients to give 48 hours notice of collecting their medication. If they have ordered colostomy products etc. we ask that they give us at least 3 days notice. That almost 40% of patients get their medication within 24 hours is good and that all but 3 patients (who may have needed to give longer notice) received them within the 48 hour target.						
SATISFACTION	How satisfied are You by the service Provided	Very Satisfied	94 (94%)	87 (87%)	181	90.5%
		Fairly Satisfied	6 (6%)	9 (9%)	15	7.5%
		Fairly Dissatisfied	0	0	0	0%
		Very Dissatisfied	0	0	0	0%
Again, a very pleasing result with over 90% of people being very satisfied with the service. The comments attached to this document bear this out with very few people giving any adverse comment.						

Appendix 3 to the Patient Survey Report 2013

PATIENT SURVEY COMMENTS – WEST AYTON/SEAMER

1. It would help if the Practice could send an email to confirm that prescriptions are ready
We dispense around 8000 items per month so this would be impractical unless our clinical system would do this automatically which it won't at the moment – I can submit this as a development request though. The other problem is that we don't have everyone's email address so capturing these would increase workload.
2. Pharmacy can often be brusque on the phone when ringing in for repeat prescriptions
10. It is most inconvenient having to go to Morrisons to collect tablets, when we know there is a very good pharmacy at the surgery which has always served us well in the past.
12. As I get older and possible not drive, I know I can get my medicines delivered but how long will I wait?
We perhaps need to publicise delivery times – posters in waiting areas
13. Please lobby to get this silly situation whereby we live next door to the surgery yet cannot collect medication from the surgery. This wastes time and increases car use and thus CO2 emissions.
16. When you ask about appointments and specific doctors – it depends on the ailment as to whether I need to see a specific doctor.
26. Don't have a computer – I find everyone at Ayton surgery extremely helpful and nothing too much trouble.
31. Fantastic practice, reception, prescriptions, doctors, nurses all so helpful and professional. No complaints whatsoever.
33. Excellent service from all staff at the surgery at all times.
34. The quality of service provided by this surgery is excellent at all times. One receptionist is very unpleasant and unhelpful but all the rest are fantastic and are a credit to the surgery, they are very efficient and could not be more helpful. Thank you
41. We used to have our medication from the surgery, this was great until the powers that be decided to place an unwanted, unnecessary, expensive chemist in the village. We have no complaints regarding our surgery.
46. it would be better if medication was dispensed from your premises for all patients especially the elderly at all times. Transport to and from the doctors is also an issue for elderly or disabled people and needs to be addressed.
This issue is already being discussed by the PPG
52. Site keeps saying the service is not available. The practice did not respond to your log in request. I have already obtained my NEW USER ID No. The same problem has been like this for a few weeks and also happens when my wife logs in.
This is the first report we have had of this happening – will investigate but it could be an issue with the patient's computer system.

55. I preferred when I received drugs here (prescription)

57. Not tried to book on line yet

58. Being allowed to collect medication direct from the surgery and end the subsidy to a chemist who does not cover the hours and days the surgery is open.

61. Certain receptionists have a rather abrupt tone and seem unhelpful. More communication is needed when they go off line. At times, I think I have been cut off and call back. Some don't seem to have the necessary computer skills to use software.

This is a training issue and will be discussed at the next staff meeting

68. Found the form/questionnaire hard to follow. Prefer layout of previous questionnaires

75. Why I made my appointment by phone this time: I didn't have my computer on when I decided to make my review appointment so telephoned on this occasion but I find your website easy to use. What a messy form

76. Excellent.

79. I haven't needed to book a Drs Appointment lately. I like the book online idea, so when I do need an appointment I'll sort out a log in and password.

80. I find the receptionists always friendly and helpful and always try to get you an appointment as soon as possible.

84. Better pay for all staff 😊 Continue as you are, give training to other 'professional services' in compassionate care, also symptoms of shock! Thank you for all your support! I am so sorry I missed appointment!

85. Continue with good care. Less longer waiting times!

93. Not the easiest questionnaire to complete – 'bit like snakes and ladders!'

97. Due to government legislations that I'm not permission to collect my prescription from the surgery of which I live in Hutton Buscel. Due to this order it's both inconvenient and time wasting. I'm fully aware that in your powers nothing can be done. I bring this problem to your attention with frustration. Yours sincerely.

98. Reception will help me to get appointment if urgent on same day. V good

99. You hear in the media of patients waiting days for appointments, thankfully this is not the case at this surgery. The service provided (in my experience) is very satisfactory.

Review of Comments

Ten comments on how happy people are with the service – particularly that provided by the reception staff and recognising what a difficult job they have to do.

Three comments that reception can be short at times – this is probably because we are so busy that they really only have time to deal with the problem in hand – will raise at a staff meeting.

Seven comments stating that patients are unhappy with the dispensing rights being withdrawn from them. Some quoting that they get an inferior service from the chemist in the village and that they feel that they got a much better service when they were allowed to have their medication dispensed from the surgery.

Four comments stating that patients were unhappy with the layout of the questionnaire.

Appendix 4 to the Patient Survey Report 2013

PATIENT SURVEY COMMENTS – SNAINTON/THORNTON DALE

2. Am very satisfied 😊

5. I would love to know what other services are offered or if they are available to patients (NHS). For example – is it possible to see an osteopath on the NHS or is this a private patient option only at a clinic that does it. (Can NHS patients get a discount from an osteopath attached to the surgery?)

This information is available on the NHS Choices website – we have recently agreed to promote the use of this site to our patients. The practice do not have an osteopath attached to the surgery.

6. The receptionist and everyone else, doctors, practice nurses are lovely. I am so grateful to them all.

27. Regular appointments made while as surgery others by phone as req'd

36. Our Surgery is the best we've ever had. 10/10

43. I have always had excellent service from the surgery. In particular when I ask for an appointment for children they have always been seen that day.

55. Form complicated

61. I like/need to exercise and walk to the surgery

65. I feel the Snainton practice provides an excellent service to the community. The Staff and Doctors are very helpful and caring. There is a minimal wait in obtaining an appointment and I really have no suggestions for improvement.

78. I had login and password but have lost them so make appt over phone.

82. I am very happy with the service I receive and can't think how you could improve on the excellence already achieved!

91. Better car parking.

We are restricted as to the car parking spaces we have available at Snainton (around 10) we have investigated possibilities of further land to increase this space but to no avail.

97. Not on the internet.

Review of comments

Five comments on how happy people are with the service – with all staff groups

One comment that the form is complicated.

Appendix 5

Dr P J Robinson and Partners – Patient Participation Group Meeting

Minutes of Meeting on 8th March 2013 at 2pm at West Ayton Surgery

Present: Leo McGrory (Chair), David Pearce, David Porter, Julie Janes, Lesley Clargo, Clare Baker, Pam Saltmer and Carol Wrack

Apologies: Keith Taylor, Kay Stockill

1. **Welcome:** Leo McGrory welcomed everyone to the Meeting.

2. **Minutes of the Last Meeting:**

It was agreed that the minutes were a true and accurate record.

3. **Matters Arising:**

- a. Fair Funding Allocation – Leo wrote to Robert Goodwill and Ann Mackintosh outlining the underfunding to the area and asking for their help. Scarborough and Ryedale are the most heavily underfunded areas of the country despite having one of the most deprived areas (Scarborough Castle Ward) within its boundaries.
Robert Goodwill's reply was discussed at an earlier meeting. Ann Mackintosh acknowledged Leo's letter and wrote to Jeremy Hunt with these concerns. A reply had been received from Lord Howe and this was discussed.
Lord Howe's letter showed that he was aware of the perception that North Yorkshire is underfunded and said that the NHS commissioning Board is responsible for the allocations of funding. It was agreed that Leo discuss this with Simon Cox at the CCG and should write to the NHS Commissioning Board on behalf of the group asking for the formula that is used to allocate funding.
It was agreed that bringing this matter to the attention of a representative for the Department of Health was a positive step forward and that the group should continue to support any efforts to acquire fair funding for the area.
- b. The Future of Scarborough Hospital – Leo reported that the meeting had attracted over 200 people and it was felt that it had been very successful. Concerns were brought to the attention of the CCG, Scarborough/York NHS Trust and local Councillors that Scarborough could become a satellite service of York
- c. Transport Issues – Rob was asked about the progress on this issue. In other areas there are established organisations which provide this service. Ryedale Car Scheme provide a volunteer service to take people to appointments etc. They and other voluntary groups are hoping to expand the area they cover provided they have enough volunteers. Rob is looking to co-ordinate this with The Bridge (Ayton Library). Pam confirmed that the need for volunteer drivers could be advertised on the community notice board once posters were available. *This item to be placed on the next agenda.*
- d. Voluntary Group Project – Lesley informed the group that she and Pam had discussed two local charities to put forward for the group to consider and support.
 - o Scarborough and Ryedale Carers Group – Pam gave a brief outline of what the group provide and Carol talked about her role as the practice link person for Carers. It was agreed that we would invite a representative from the Carers Group to talk at a future meeting.
 - o First Light Trust – Lesley and Pam met with Gill who is the founder of First Light Trust which aims to provide services to ex-veterans. Lesley gave the group an outline of what the charity does and will liaise with Gill provide more information to members before the next meeting.

4. Patient Survey

The results of the Patient Survey were discussed and an action plan formed.

Pam presented the group with the consolidated results – 200 responses were received from all four sites and collated. Pam had annotated the results with her comments, had emailed those to members prior to this meeting and had received various further replies which were discussed. The consolidated results will be contained within our report and placed on our website

The following aspects of the survey were discussed:

- ✓ There was a fair balance of responses between the practices sites and the age/sex/ethnicity split reflects the practice patient demographic.
- ✓ Booking of appointments: The question which reflects whether patients booking habits showed that most people booked in advance 78% and 22% booked on the day of their appointment – it was agreed that if patients think the problem is urgent they are always fitted in on the day even if there are no routine appointments available. This information is in our practice leaflet. 80% of patients requested and saw the GP of their choice.
- ✓ Online booking – 58% of people who responded know that they can book appointments online but 74% of those have not yet used the service. This provoked some discussion on the merits of online booking.
82% of people who responded said they preferred to book in person or on the telephone. Comments had been made some patients that they prefer to speak to a receptionist rather than book online were regarded as complimentary to the practice.
The majority of patients who booked online found it easy to book appointments.
ACTION: It was agreed that this service could be used more but if may be that the personal preference of our patient demographic is to book in person. To continue to publicise the service. The group will make this a priority for discussion at the next meeting.
- ✓ Website – Only 22% of people who responded have used the practice website. Those who have visited the website have found it useful and it is being used for a range of purposes e.g. repeat prescriptions, booking online, general information etc. **ACTION: It was agreed that we need to find ways to make people more aware of the website – the PPG will make this a priority to discuss at forthcoming meetings.**
- ✓ Getting medication from the surgery – 54% of people who responded get their medication from the surgery, 40% of which get it within 24 hours and only 3% taking more than 48 hours which may be for more specialised products. One comment asked how long they would wait if they got their medication delivered. **ACTION publicise the delivery service and lead times.**
- ✓ Getting medication for non dispensing patients – Patients who responded to this question were asked if they picked up their own paper prescription or if they had their prescription sent to a pharmacy and then picked it up from there or if the pharmacy delivered it. They were then asked which pharmacy they used or their prescription was sent to. 75% of people used a pharmacy out of the practice area e.g. Barrowcliffe or Morrisons, only 10% used the pharmacy based in the village of East Ayton and 15% did not comment. This provoked a discussion around the lack of use of the Pharmacy in East Ayton by patients from the practice. Rob mentioned that the Parish Council were discussing this at their next meeting. **ACTION A patient of the practice has been working tirelessly to bring to the attention of the Government that this pharmacy is subsidised and not used by local patients and the group decided to invite him to the next meeting to discuss this matter and update the group on the current situation.**
- ✓ Overall Satisfaction – it was very pleasing to see that over 90% of respondents were very satisfied with the service provided and that a review of the comments received bore that out.

Any Other Urgent Business:

Pam explained that whilst the Enhanced Service for the provision of a Patient Group comes to an end at the end of March, it was agreed that the group was very useful and that it should continue. Pam asked if a member of the group would volunteer to do the minutes and it was agreed that this task should be rotated on a 3 meeting basis. Julie volunteered to do the next 3 sets of minutes and then Carol will do the following 3 sets.

There being no further business the meeting was closed.

Next meeting – 1st May 2013

Appendix 6

Dr P J Robinson and Partners – Action Plan 2013

Online Booking - It was agreed that this service could be used more but if may be that the personal preference of our patient demographic is to book in person. To continue to publicise the service. The group will make this a priority for discussion at the next meeting.

Use of Practice Website - It was agreed that we need to find ways to make people more aware of the website – the PPG will make this a priority to discuss at forthcoming meetings.

Medication Delivery - publicise the delivery service and lead times in waiting rooms and on the website.

Ensuring that non dispensing patients have access to timely medication – Invite campaigner for fairer rights for non dispensing patients to talk at forthcoming PPG meeting.
