

Local Patient Participation Report 2012/13

For Beechwood Medical Practice

Fishponds Primary Care Centre

Type of Patient Reference Group (PRG) – A combination of face-to-face and virtual.		
<p>Size of the PRG - The practice continues to try and engage a wide representation of patients to help inform its decision making and to discuss issues of interest to our patients. We hold quarterly patient participation group meetings and we regularly send out correspondence to 40 members of this group. We usually attract about 14 to our face to face meetings and we try alternating times of the day and days of the week to allow various representatives to attend. We acknowledge that we have continued to find it difficult to get regular attendance from any of our younger (under 25) patients. We have increased the representation of our ethnic minority patients on our main group mailing list. Several of these new members have lodged questions for discussion at our meetings but have not yet had the opportunity to attend the main meetings on a regular basis.</p> <p>We have a large number of contacts for patients who have expressed an interest in being part of a virtual patient group. The VRG has a membership which better reflects our practice population than that of the main patient participation group. We have liaised with these groups to design surveys and identify areas for improvement but when carrying out the actual surveys we have tended to give the whole population the opportunity to participate. This is reflected in the diversity of responses we have used to form the basis of the main survey results.</p>		
Show how the practice demonstrates that the PRG is representative by providing information on the practice profile		
Practice population profile	PRG profile	Describe difference between population and PRG, and the efforts made to reach any groups not represented
10848 patients registered/ 84 patients included in the face-to-face and virtual group		
Age		
% Under 16 2066/19%	% Under 16 1/1.19%	The children, with the parent's permission, can be asked informally of their experience in the practice.
% 17 – 24 1045/10%	% 17 – 24 1/1.19%	<p>We have tried to raise awareness of our patient groups by putting invites on our 4YP (4 Young People) notice board. We also continue to invite teenagers in for teenage health checks and at these reviews we explain about the services we can offer and explain that the young person can make suggestions or join the patient groups if they would like.</p> <p>The practice is trying to engage our younger patients by being innovative in the use of information screens, SMS text messaging,</p>

		website and, electronic gadgets in the waiting room to try and make the various methods of communicating with our patients more interesting to a wider range of ages/backgrounds. Because of the difficulty in trying to engage with our younger patients we ran a separate survey specifically for them during 2012.
% 25 – 34 1585/15%	% 25 – 34 1/1.19%	Throughout the year there are promotional items, newsletters, available in reception to encourage patients to get involved in the decision making of the practice. The clinicians are also asked to mention opportunistically to patients to get involved. We work closely with our midwives and health visitors to raise the profile of these forums.
% 35 – 44 525/14%	% 35 – 44 5/5.95%	When patients register with the practice the Reception Team have been reminded to give new patients information and forms about the PRG group. We have notices about our group and meetings on the information screens in the waiting room, we have sign up sheets on the reception desk and amongst the reading material in the waiting room, we put regular articles in our newsletter to encourage participation.
% 45 – 54 1373/13%	% 45 – 54 12/14.3%	The practice will target the middle age groups through the Practice Nursing Team as a lot of them will be attending for Chronic Disease Management, dietary advice or Treatment Room Services. When patients come for their health checks we can raise awareness at these appointments.
% 55 – 64 981/9%	% 55 – 64 13/15.5%	The following three age groups are better represented and consist of employed, unemployed, retired, carers and patients with complex health issues or learning difficulties.
%65 – 74 773/7.1%	%65 – 74 29/34.5%	The annual flu clinics have been very successful in promoting and recruiting Patient Participation and we will continue to use these sessions to recruit new members.
%75 – 84 499/4.6%	%75 – 84 18/21.4%	The current members of the PRG are also reminded to encourage others to join the group.
% Over 84 244/2.3%	% Over 84 3/3.57%	The District Nursing teams meet with the practice regularly for Gold Standard Framework meetings and Primary Health Care Team Meetings, they also are aware of the need to get input into practice development.
Ethnicity		
The practice has approximately 67% of the patients ethnicity recorded so it is difficult to reflect the practice population profile accurately. Where patient numbers and percentages have been shown below this is as a percentage of the number of patients with known data not as a percentage of the whole practice population. Ethnicity data continues to be requested from patients as it has a multitude of benefits in planning patient care.		

The ethnicity for all the Patient Participation Group, virtual and face to face have been indicated below where it has been made known.

We continue to try and engage with our under represented populations. We are currently arranging meeting with local community leaders to try and explore ways in which we might connect better with patients from different ethnic backgrounds. All practice staff can have access to “The Big Word” (translation service) and within the practice clinical software is a tool called “SignHealth” which can provide translation from sign language and a host of other internationally spoken languages.

We continue to try and provide our staff with the training and support they need to engage with the wide range of patients we look after. We have provided training in effective communication, ethnicity & diversity, working with young people and looking after carers over the past year. We hold regular team meetings to try to inform the staff of current initiatives and also invite representatives from local support groups such as carers forum etc to come and inform the staff of the support they can offer.

We provide a range of material in different languages when it is available and are happy to try and provide interpretations if they are not readily available in the surgery.

A partner, who speaks Mandarin works well with our Chinese community.

We have a Carers’ support worker who spends a morning in the practice every other week, she is trying to identify carers we don’t know about and to gain their feedback about how we might support them or improve services for their particular needs. She also signposts them to local support and advice services.

Patient Population Profile We currently have ethnicity coded in 7261/10848 (67%) of patient records The following numbers and percentages are based on the 7261 patients we know about.	PRG Profile (main group and virtual group)	
White	White	
British Group – 5071/7261	% British Group - 83	
Irish – 57/7261	% Irish – 1.2	
Mixed	Mixed	
White & Black Caribbean - 114	% White & Black Caribbean – 1.2	
White & Black African - 44	% White & Black African - 0	
White & Asian - 191	% White & Asian - 0	
Asian or Asian British	Asian or Asian British	
Indian - 221	% Indian – 1.2	
Pakistani - 259	% Pakistani – 3.6	
Bangladeshi - 60	% Bangladeshi – 1.2	
Black or Black British	Black or Black British	
Caribbean - 410	% Caribbean – 4.8	
African - 218	% African - 0	

Chinese or other ethnic Group	Chinese or other ethnic Group	
Chinese - 101	% Chinese - 0	
Any Other - 344	& Any Other – 3.6	
Gender		
% Male – 5488 50.6%	% Male – 48.8%	
% Female – 5360 49.4%	% Female – 51.2%	
Steps taken to recruit patients to the PRG		
	<p>We run messages advertising our group on our electronic notice board in the waiting room. We advertise every meeting of the patient group on this notice board, in our newsletter and on the website. We have produced large A1 size posters when we have held special events such as the Saturday morning flu clinics. We have supplies of leaflets in the waiting room asking for expressions of interest in joining either the regular patient group or the virtual patient group. We provide information leaflets about the patient groups and their purpose.</p> <p>We have run special social events to try to publicise these groups and encourage wider interest. We ran a very successful Educational Saturday morning event put on by the patient group members. This was designed to coincide with the attendance of many patients for their influenza vaccinations. We usually offer our patients some refreshments at our Saturday morning flu clinics and we took the opportunity to make this a bit different by having invited representatives from local support groups, eg Age UK, Diabetes UK Asthma UK, Local young mothers group and Childrens' Centre & the Carers Support Centre. Patient group members attended to help spread the word about our group and we also found that the event provided a useful time for several patients to talk to each other and enjoy some social contact.</p> <p>We plan to revise our arrangements for contacting our virtual group to make communication more effective and responsive. We also plan to have a new website this year with a more interactive patient participation page.</p> <p>We have encouraged the main patient participation group to be more independent and they have now elected a chair person with a view to encouraging the group to be more proactive in setting the agenda and leading how they want to run the meetings. Previously the patient group was very much a practice led meeting.</p>	
Differences between the practice population and members of the	<p>We continue to find that it is our older, mainly white British population who engage most with the face to face patient participation group meetings. We imagine this is mainly because</p>	

PRG	<p>this is the largest population group within the current overall practice population. We have found that even by offering patient participation events at various times of the day/week our older population still tends to be the group with the best time availability. Generally our older patients tend to attend the surgery on a more frequent basis and so are more interested in how the services are delivered. However we do have a much wider representation in our virtual group and this is shown in the figures above.</p> <p>Interestingly when we completed the main survey which went out to all patients the respondents reflected our patient population quite well. There were many responses from much younger patients and also a good representation from different ethnic backgrounds.</p>
------------	--

Stage two – validate the survey and action plan through the local patient participation report

<p>Survey – The practice should outline how the survey was conducted and the results</p>
<p><u>How were the areas of priority for the survey set? –</u></p> <p>The patient group were asked in July 2012 to put in order of priority a number of areas for review/debate. The most four most popular were then used to design a survey to be circulated to the wider patient population.</p> <ul style="list-style-type: none"> ○ Access to Nurse/Treatment Room Appointments ○ Wait time between arrival in the surgery and being seen by a clinician ○ Contacting the surgery by telephone ○ Helpfulness of staff <p>We have carried out a number of surveys this year in addition to the main one. Smaller surveys carried out have included:</p> <ul style="list-style-type: none"> • A survey in July 2012 to allow patients to inform our decision making regarding the implementation of a new phone system. This included how their calls would be answered and messages they wanted/did not want to hear etc. • A survey in June 2012 specifically aimed at our younger patients to gauge their experience in the surgery • A staff survey in June 2012 to assess what further assistance they might need to allow them to better engage with our younger patients • A survey of patients to ask specifically about their current satisfaction with the waiting room facilities. Following this survey we made many changes in our waiting room including: changing the layout of the seating, providing a wider range of seating eg bariatric and high chairs, installing a new patient information screen, a reception screen encouraging respect for other patients' confidentiality and an additional patient check in system. The new patient check-in system is configured to be able to carry out patient surveys and gather patient demographic patient information. We hope to be able to use this from 2013 forward.

How were the questions drawn up? –

We drew up a survey designed to offer patients a clear tick box response to gauge levels of satisfaction against a number of questions. We also provided space for free text to make comments generally. We have tried to provide non leading questions and use response options that were not ambiguous. We have designed most of our surveys along the lines of the CFEP style of question and answers.

How was the survey conducted?

Our main survey targeted all patients visiting the surgery over a four week period in August 2012. We provided survey sheets on the front reception desk and encouraged the receptionists to hand these out. The receptionists offered assistance with completion if it was requested or seemed necessary. We also put the survey on our website using the survey monkey software tool.

The survey was usually completed whilst the patient was in the waiting room, or in their home if using the website. The questions were not specific to named GPs or other members of staff.

We collected the completed papers and transferred the scores into an Excel spread sheet for analysis.

What were the results of the survey?

A copy of the final survey results are attached.

Action plan – The practice should outline how action plan was agreed

Following completion of the survey we used the patient group meeting on 29th November to discuss the responses and create action plans for weaker areas.

How was the PRG consulted on the proposed action plan?

Discussion took place during this meeting with feedback from the practice staff on the actions already taken and proposed plans for improvements or changes.

Are there any aspects that were not agreed? - No

What was the agreed action plan?

<i>Priority For action</i>	<i>Proposed Changes</i>	<i>Who needs to be Involved?</i>	<i>What is an Achievable Timeframe?</i>

	<p>their skills so that they are all able to deliver a broader variety of services. We have redesigned the nurse rota so that there is better cover during the business opening hours. We also provide extended hours nurse appointments both early and later in the day on several days of the week.</p>		
<p>Waiting time after checking in to see a GP</p>	<p>The results of the survey seem to indicate that this is less of a problem than in previous years. Some GPs have now moved to 15 minute appointments to help the patient wait times be more accurate and reduce the time pressure on themselves. We also display expected wait times on our automated patient check in systems. We have asked that receptionists keep the patients informed where there is a delay and give the patient the option of continuing to wait or rebooking if there is a reason for an expected lengthy delay. This was particularly effective during the snow in January when some clinicians were delayed getting into work.</p>	<p>Practice Manager/ Reception Manager Partners Practice Nurses</p>	<p>April 2013</p>
<p>Improve patient awareness of variety of ways to order repeat prescriptions including internet.</p>	<p>We wanted to check how well informed patients were about the facility to order repeat prescriptions via the Internet. Some of the patient group had not known of the service and we wished to see how well informed our wider population were.</p>	<p>Practice Managers</p>	<p>May 2013</p>
<p>Ease of contacting the surgery by telephone</p>	<p>Our survey showed that patients were unhappy with phone access into the surgery, particularly in the mornings.</p> <p>We installed a new telephone system in September which we believed would improve the difficulty some patients were having getting a line into the practice. As the survey took place before this was installed we will be asking about this area again early this year to</p>	<p>Practice Managers</p>	<p>April 2013</p>

	see if there has been an improvement. We also planned to review the number of receptionists available at the busiest times of the day.		
Helpfulness of staff at the surgery	The patient group felt that the receptionists could take more time to explain some of the systems in the practice, eg the various appointments and why they were asking questions about the type of problem before booking an appointment. We used the responses to this question to help assess whether there was further training required.	Practice Managers/Reception Lead Receptionist	Jan 2013

Are there any contractual considerations to the agreed actions? No

Please provide an update of progress on all actions to date.

The changes to our nursing team are due to be finalised in April 2013 following the return to work of a nurse who has been on maternity leave. We have recently changed the skill mix within our nurse team and have significantly increased the number of HCA hours to provide improved access to treatment room type services. All the nurses have been enrolled on training courses to take place over the next few months to help expand their individual range of skills. For example at the beginning of 2012 only one nurse was trained to do catheter changes and we had to ask a GP to help with this service when she was absent. We now have other nurses trained to provide this service. We offer a good range of nursing services but we want to ensure that our all nurses are multi-skilled so as to offer the best availability to the patients.

Improve patient waiting times between arriving at the surgery and being calling in to see a clinician. We have already made changes in this area and intend to review the GP working day again in the new financial year. GPs are finding it hard to keep to 10 minute appointments and several have now moved to 15 minutes to minimise the increase in wait times as their session progresses. Most GPs and locums now have "catch up" slots in their sessions to help with time management. Our new clinical system also has very obvious information that the clinician will see regarding number of patients waiting and how long they have been waiting. We are putting more information on our screens in the waiting room to update patients on any possible delays. We are advising patients to book double appointments where they have more than one problem or a complicated problem. We also advise that patients who need an interpreter book a double appointment.

Survey results regarding alternative methods to ordering prescriptions over the phone indicated that most patients were aware of the facility to use the internet. We intend to put a further article in our next newsletter and have added a page about this service to our waiting room television information screen.

We have installed a new phone system and increased the number of receptionists available to answer calls. We are regularly updating patients as to the best times to call the practice for various types of enquiry. There are many businesses within our building all using the shared phone system and we needed more lines which we now have. We are now able to produce reports on the numbers of calls handled/abandoned/response times etc. and with

this information we have already increased the number of receptionists available to answer calls first thing in the morning and mid afternoon.

We will continue to survey our patients and consult with our patient groups on our planned business changes and to assess their levels of satisfaction. We are always interested to hear of a patient's ideas or suggestions for improvement. We have invested in new facilities to carry out smaller, regular surveys via the wall mounted check-in system.

The free text area of the survey showed that many patients have found it difficult to book a GP appointment when ringing the surgery later in the day. We offer a mix of appointments to be booked same day, and approximately a third are released up to two weeks in advance to allow for pre-booked appointments. We also offer a selection of early morning and later evening appointments. Once all our routine appointments are booked for that day we have a duty doctor available who will deal with any patient who feels their problem cannot wait until the next available routine appointment.

We regularly discuss the availability of appointments with the patient group, staff and GPs to look at how we might improve access. Despite losing some patients when our branch surgery at Eastville closed in 2005 we are now back to the number of patients we had before this happened. Many patients have questioned why we are so much busier, however we are currently looking after no more patients than we were approximately ten years ago but the perception is that patient demand for appointments and practice services generally has risen enormously. Our patient population has a higher than national average number of patients over the age of 65 and children under the age of 16. Patients in these age groups are likely to need more appointments annually. We have a growing number of patients not originally born in the UK. This often means that one appointment is not sufficient time for a GP to conduct a consultation and therefore we need to use two appointments when an interpreter is needed. We have a high number of patients with social problems requiring counselling and on-going support.

We have a good ratio of GPs to patients with an average of 1669 patients per full time GP. We have invested year on year in providing sufficient numbers of practice staff to provide a good level of patient service. We also continue to run our business as one of the lowest funded practices in the Bristol area.

We try to effectively manage patient demand by directing patients to the service that will best suit their needs, ie making sure that our nurses are used for routine reviews and health checks to allow the GPs more appointments for the more clinically complicated patients. We plan to carry out a review of the appointment system early in the new financial year to help us plan any necessary changes for 2013/14.

As part of the GP revalidation process and to gather further feedback on how we are performing we plan to carry out the CFEP Practice & GP survey in the summer of 2013, this is a larger survey asking a whole range of questions regarding patient satisfaction with the surgery in general, the staff and their experience with the GP. This will be externally collated and feedback will be widely available for all patients to review.

Local patient participation report

What is the URL of the website where the report was published?

www.beechwoodmedicalpractice.co.uk

How else has the report been advertised and circulated? – Posters and copies of the survey report provided in reception waiting room.

Opening times
<p>Confirm opening times and the method of obtaining access to services during core hours.</p> <p>Our core hours are 8.00am – 6.30pm, Monday to Friday. The Phone lines are open 8.00am – 6.30pm, Monday to Friday at the surgery and outside of these times calls are managed by Harmoni via the 111 service (from 1st April 2013)</p>
<p>Confirm any extended hours arrangements that are in place for patients outside of core hours.</p>

Day	Start Time	Finish Time	Session length (hours and minutes)	Providing Healthcare Professional e.g. Nurse, GP etc	Number of Healthcare Professionals providing	Providing at Main surgery or Branch (If applicable)?	Total extended hours
Mon	6.30pm	7.00pm	30 mins	Nurse GP	2 1	Main	1.5 hour
Tues	7.30am	8.00am	30 mins	Nurse and GP	2	Main	1.5 hours
	6.30pm	7.00pm		GP	1		
Weds	7.30am	8.00am	30 mins	GP	1	Main	1.5 hours
	6.30pm	7.00pm		Nurse and GP	2		
Thur	6.30pm	7.00pm	30 mins	GP	2	Main	1 hour

Please publish your Practice Participation Report (plus any appendices) on your practice website by no later than 31 March 2013 (NB. this is a Saturday) and ensure that a copy is also emailed to the PCT to amy.king@bristol.nhs.uk by the same date.