

# **Beverbrook Medical Centre**

## **Local Patient Participation Report 2014/15**

### **Introduction**

Beverbrook Medical Centre has always strived to maintain a high level of patient satisfaction through our range of services and emphasis on GP led continuity of care. In a move to improve on this and to engage further with our Patients several years ago we decided to set up a patient reference group and consulted patients opportunistically to see how best to establish this. It became apparent through these opportunistic face to face consultations that patients would be happy to join a PRG but had reservations over how much time would be involved and whether it would impact on their day to day routines.

The Practice came to the conclusion that a virtual group would be the most beneficial model to adopt, for our patients and for the Surgery. Another factor considered was that by having a virtual representation this allowed the group to grow organically to a larger size than that which would have been otherwise possible, allowing a wider opinion from the PRG to be canvassed.

The Practice therefore set about recruiting patients to join the group and BMC PRG was established. Patient contact forms were left in Reception with invitations to show interest about joining the group and posters were displayed around the Practice. In addition, patients were invited to join the group via e-mail and some were personally approached by the Practice Manager or their GP. Some patients were invited to join the PRG at the point of registration.

The BMC PRG has been maintained since its formation in 2011 and the feedback which has been received by the group has been crucial in helping the Practice to continue to deliver a good quality of care to our whole population. New patients are offered the opportunity to join the PRG and SMS and e-mail invitations are sent periodically to all patients as applicable. This year we have been able to encourage a further 36 members to join the group.

### **Patient Reference Group Profile**

Our BMC PRG members are made up of a range of demographics which we feel are on the whole proportionately representational of our patient population. The BMC PRG is made up of 45% males and 55% females. Our current list size of 6375 patients is made up of 49% males and 51% females, which has remained static despite the increase in numbers over the past year.

The Practice does not routinely record the ethnicity of our patients upon registration. However, public information available through the Office of National Statistics (2004) indicates that only 1.66% of the population in Calne describe themselves as being a different ethnicity to 'white British'. In addition a comparison of our current list size and BMC PRG where ethnicity is recorded shows that the representation is balanced.

A survey carried out in 2014 to establish the demographic needs of our PRG reported that 94% of the PRG are on a disease register and 61% of members are classed as occasional attenders with attendances of three or more GP consultations in the past year. 22% visit very rarely and 25% of members are regular attenders.

Despite efforts to engage with patients aged between the ages of 18 – 34 there is still a low uptake of this cohort to join the PRG. In order to address this Reception and the clinical staff continue to target individuals in this age range when they attend Surgery encouraging them to join the PRG and SMS text messages have been sent to this cohort with details of how to become a member.

### **Identifying Issues**

The Practice has drawn on a variety of feedback sources to help identify issues to consult the BMC PRG from including patient comments, the Friends and Family test and surveys carried out in-practice. This helped to identify three areas which could benefit from improvement plans. These were presented to BMC PRG and a survey produced to assist in collecting their views on improvement measures to be implemented. BMC PRG members were also provided the option of commenting on each area separately and several key observations made by members were used as part of the strategic planning for improvement implementation.

### **Improvement Plans**

The three areas for improvement identified through patient feedback were:

- Continuity of Care – Over the past few years Beversbrook Medical Centre has experienced difficulties in recruiting and retaining a full time salaried GP. This has led to an increase in the use of locum doctors and feedback obtained from our patients indicated that some were experiencing an absence in continuity of care.

BMC PRG suggested that in order to meet the needs of these patients the Practice should be engaging the services of the same locums where possible and to also improve the availability of on the day minor illness appointments. Suggestions were made and BMC PRG members concluded that this could be provided by increasing the number of nurse practitioner appointments and this innovative idea is being implemented in the strategic plans of the Practice.

- Access to Appointments – The Practice Partners work tirelessly to ensure that there is ease of access to clinical care for our patients and as previously mentioned, engages the use of locums and patient friendly communication methods to help achieve this. However, there is a disappointing trend of patients who feel that their expectations for appointment availability are not always met.

Despite a feeling amongst some PRG members that this expectation is unrealistic it is evident that, in order to maintain overall patient satisfaction with the service, improvement measures needed to be considered. Due to the above known issue regarding recruitment and continuity of care the PRG were asked to consider options other than increasing GP clinics.

Two clear lines of action were identified. As previous, increasing the number of on the day minor illness appointments with a nurse practitioner was a popular solution with a 75% vote from members that this option should be implemented. In addition, BMC PRG felt that building an awareness of other providers, such as the advice and guidance on non-emergency but same day health issues provided by NHS 111 and the services offered by local Pharmacies, would relieve pressure on GP appointments.

- Patient Involvement in their own Healthcare – It was established that an important measure of patient satisfaction is how involved individuals feel regarding decisions made about the management of their own healthcare needs. A percentage of patients felt that this was an area for improvement, despite having good individual feedback for GPs via the *iwantgreatcare* website and surveys carried out as part of the Transforming Care for Older People project.

BMC PRG identified that improvements could be obtained through improving the use of health plans for those patients who have long term conditions. In addition, it was recognised that patients often have post consultation queries and should be encouraged to use the messaging function on *System Online* and the e-mail facility to obtain answers to these accordingly. Another suggestion was the use of *patient.co.uk* and *NHS choices* websites.

### **Reporting to the Area Team**

As part of the commitment to implementing the improvements identified by BMC PRG, Beversbrook Medical Centre have submitted a template for the Local Area Team, who will measure the Practices achievements and report to NHS England on progress. A copy of the report submitted is enclosed in Appendix A.

### **The Future for BMC PRG**

BMC PRG were asked to consider if they would benefit from other methods of consultation and engagement such as face to face meetings and an on-line forum.

However, by a majority vote it was clear that BMC PRG would like to remain as a virtual group and in particular one member commented as below, which seemed to sum up the overall feeling of the group very well.

‘I would be happy to have a personal meeting with other PRG members but would stress that this inevitably requires more practice time to organise it, so would only advocate it if there are clear, tangible benefits associated with a meeting. I recognise that sometimes "nice to have" meetings detract from the very busy business of running a practice. Be clear as to why you'd want a meeting with us. In my opinion, online forums are generally pretty unhelpful as sometimes anonymous comments can be made which leads to an outcome that may not be desired - simply because forums are usually unmonitored. Comments can lead to a "wild goose chase" fuelled by someone's misplaced and personal agenda.’

The Practice will therefore continue to converse with the PRG in a virtual forum via e-mail but will review with the group on an annual basis.

### **Practice Manager Comments**

It is always a pleasure to consult our BMC PRG who year on year help us to focus our efforts to improve services for our patient population. We are tremendously thankful for their input which continues to be invaluable and practicable. This year in particular our PRG have helped us to develop strategic plans which will be included in our business plan.

It has been a turbulent year for the NHS as a whole and we in Primary Care have certainly felt the effects of this ‘on the ground’. We have had an overwhelming response from the various patient surveys held in the year and we have been thrilled with the results which show that Beversbrook Medical Centre is on the whole meeting the needs of our Practice Population. This despite the trials we have had over the past few years which we are still yet to fully recover from. Comments from patients

indicate that they are aware of the issues the Practice has faced and are supportive of our efforts to maintain quality of service. It is encouraging for the Partners and staff members to read the feedback we have been provided with by our patients BMC PRG members and appreciate that often where we haven't been able to meet the expectations of our patients, constructive comments are made to help us to improve.

With the help of BMC PRG and the patience and understanding of our patient population we have been able to improve areas which were identified for improvement over previous years. We are now able to handle more incoming telephone calls and it is routine practice to inform patients how long they are likely to have to wait for their appointment upon arrival. In addition, we have been pro-active in increasing the numbers of patients who use System Online and continue to look at ways in which we can improve our website for the benefit of our patients.

We have introduced Registration Champions to reduce problems new patients may experience when registering with the Practice. This has also been helpful in ensuring that patients know how to gain the best from Beversbrook Medical Centre and to use the service appropriately.

We understand that there is always room for improvement and the opportunities outlined by BMC PRG this year have provided much enthusiasm amongst the Beversbrook team. The ideas put forward are progressive and innovative and we can't wait to see the impact on services when we evaluate progress with the PRG next year. I feel confident that the implementation of these measures will be beneficial for the Practice and develop a better service for our patients.

This report is being published on our website [www.beversbrook.com](http://www.beversbrook.com) and will be available in the waiting room in Reception. BMC PRG members will be sent copies individually. A copy has also been sent out to the Local Area Team.

In the meantime, we once again express our gratitude to BMC PRG and to all those patients who have provided us with the feedback we have received to date. Having the opportunity for constructive dialogue with our patients is crucial to meeting their healthcare needs and service expectations. We will continue to canvass patient opinion at the point of care through the Friends and Family Test and also with targeted cohort surveys throughout the year and would like to take this opportunity to thank you in anticipation of your co-operation.

Many thanks

Emmy Butcher  
Practice Manager

## **References**

Calne Ethnicity Statistics:

(<http://www.neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=7&b=552844&c=South&d=14&e=13&g=497728&i=1001x1003x1004&m=0&r=1&s=1333009035998&enc=1&dsFamilyId=47>).