

Patient Participation Reporting Template 2014-2015

Practices are required to submit the patient participation report detailed below.

Please submit an electronic version of this report to england.bgswh-primarycare@nhs.net by **31st March 2015**

If you have any queries, please contact Harriet Gill – england.bgswh-primarycare@nhs.net

Practice details: Beversbrook Medical Centre

Practice code: J83636

Stage one – validate that the patient group is representative

Demonstrates that the PRG is representative by providing information on the practice profile:

Does the Practice have a PPG YES/NO	YES
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Practice population profile	PRG profile	Difference
Age		
% 18 – 24 – 7%	% 18 – 24 – 2%	5%
% 25 – 34 – 11%	% 25 – 34 – 2%	9%
% 35 – 44 – 15%	% 35 – 44 – 16%	1%

Practice population profile	PRG profile	Difference
% 45 – 54 – 17%	% 45 – 54 – 19%	2%
% 55 – 64 – 11%	% 55 – 64 – 16%	5%
%65 – 74 - 9%	%65 – 74 - 34%	25%
%75 – 84 - 4%	%75 – 84 - 11%	7%
% Over 85 - 2%	% Over 85 – 0%	2%
Ethnicity		
White	White	
% British Group – N/A Please see addendum	% British Group - N/A Please see addendum	N/A Please see addendum
% Irish - N/A Please see addendum	% Irish - N/A Please see addendum	N/A Please see addendum
Mixed	Mixed	
% White & Black Caribbean - N/A Please see addendum	% White & Black Caribbean - N/A Please see addendum	N/A Please see addendum
% White & Black African - N/A Please see addendum	% White & Black African - N/A Please see addendum	N/A Please see addendum
% White & Asian - N/A Please see addendum	% White & Asian - N/A Please see addendum	N/A Please see addendum

Practice population profile	PRG profile	Difference
Asian or Asian British	Asian or Asian British	
% Indian - N/A Please see addendum	% Indian - N/A Please see addendum	N/A Please see addendum
% Pakistani - N/A Please see addendum	% Pakistani - N/A Please see addendum	N/A Please see addendum
% Bangladeshi - N/A Please see addendum	% Bangladeshi - N/A Please see addendum	N/A Please see addendum
Black or Black British	Black or Black British	
% Caribbean - N/A Please see addendum	% Caribbean - N/A Please see addendum	N/A Please see addendum
% African - N/A Please see addendum	% African - N/A Please see addendum	N/A Please see addendum
Chinese or other ethnic Group	Chinese or other ethnic Group	
% Chinese - N/A Please see addendum	% Chinese - N/A Please see addendum	N/A Please see addendum
& Any Other - N/A Please see addendum	& Any Other - N/A Please see addendum	N/A Please see addendum
Gender		
% Male -49 %	% Male -45 %	4%
% Female -51%	% Female -55%	4%

<p>Differences between the practice population and members of the PRG</p> <p>Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:</p>	<p>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'. This is reflected in our PRG & Population ethnicity recorded variations. (see the addendum). We feel that the PRG could benefit from a larger representation for those patients aged under 34 and the Practice has used SMS text messaging to target this cohort.</p>
<p>Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? Eg a large student population, significant number of Jobseekers, large numbers of nursing homes, or a LGBT community</p> <p>NO</p>	<p>If you have answered YES, please outline measures taken to include these specific groups and whether those measures were successful:</p>
<p>Is the group virtual or face-to-face?</p>	<p>Virtual</p>
<p>How many members are there on the PRG?</p>	<p>68</p>

Step 2 – Review Patient Feedback	
Outline the sources of feedback that were reviewed during the year:	<p>Friends and Family Test</p> <p>Patient Survey</p> <p>Comments/feedback from patient population</p>
How Frequently were these reviewed with your PRG	Annually – as agreed with BMC PRG
Priority Area 1	
Describe the priority Area	Continuity of Care
Why was this priority identified:	Due to recruitment issues for a salaried GP vacancy in the Practice there has been a requirement to engage the services of locum GPs to assist in providing clinics. This has resulted in some patients feeling that they are unable to benefit from continuity of care and this sentiment was evident in the feedback review.
What actions were taken to address this priority	The long term plan is obviously to recruit a salaried GP with a view to Partnership, however in the short term BMC PRG were asked to help identify actions to address the priority. We engaged this feedback through the use of a survey. The PRG were made aware of the recruitment issues facing the Practice and the efforts made to bridge the gap with locum GPs prior to obtaining their feedback.
What were the results of the actions and what impact on patients and carers.	BMC PRG identified through the use of the survey that booking the same locum GPs where possible and increasing the number of Nurse Practitioner appointments were solutions identified to be implemented in Practice to resolve the short term situation. It is felt that this would provide more continuity for patients and carers and improve the Dr/patient relationship.
How was this publicised.	The results of this have been publicised in our Monthly Newsletter and on our website. Our PPG have been made directly aware through the use of our virtual communications.

Priority Area 2	
Describe the priority area:	Appointments Availability
Why was this priority identified:	Through the Friends and Family test and patient feedback it is clear that a percentage of our patient population have an expectation regarding appointment availability which the Practice is not able to provide at present. Although great steps are taken by the Practice to provide same day appointment/call back or a routine appointment within two weeks, this is dependent on service demand. It is also identified that continuity of care with a regular GP is also a factor for patients who may have to wait longer to see a GP of their choice.
What actions were taken to address this priority	BMC PRG identified, through the use of the survey, that having more on the day appointments for minor illness and increasing patient awareness of NHS 111 and Pharmacy services were solutions identified to be implemented in Practice to help alleviate the pressures on appointment availability. As previously identified availability of Nurse Practitioner appointments are seen as one solution.
What were the results of the actions and what impact on patients and carers.	It is planned to increase the number of Nurse Practitioner on the day appointments for minor illness. This is to be trialled through a combination of triage and designated on the day bookable clinics. In addition training for call handlers to advise patients of the NHS 111 and pharmacy services as well as publicising this on-line and through promotional material in-Practice will be provided as part of a patient education scheme. It is felt that by implementing these proposals our patients and their carers will have improved access to appropriate care for minor illness and ailments which should also help to reduce demand on routine appointments with GPs for those people who require them.
How was this publicised.	The results of this have been publicised in our Monthly Newsletter and on our website. Our PPG have been made directly aware through the use of our virtual communications

Priority Area 3	
Describe the priority area:	Patient Involvement in Managing and Decision Making of their Own Healthcare
Why was this priority identified:	Patient feedback received indicated that there is a percentage of patients who feel that they are not involved in decisions made about their care and treatment.
What actions were taken to address this priority	The PRG were made aware of the comments made by patients regarding this matter, it was felt that despite a majority of patients who are happy with the service which is delivered by the Practice it was important to recognise the issues identified through this feedback regarding patients who feel that they are not involved in their care. The Practice asked BMC PRG to help them to identify ways to empower patients and provide an awareness of their own healthcare needs so that they can make informed decisions about their care. Through the use of an on-line survey with BMC PRG several areas were identified to improve upon the issues raised. Improving patient awareness of the e-mail service in order that they can converse electronically with their clinician post consultation was identified by BMC PRG as well as providing those patients who have long term conditions with a comprehensive care plan.
What were the results of the actions and what impact on patients and carers.	A patient education project has been launched to ensure that patients are aware that there is an e-mail service available. Call handlers have been trained to ensure that they are informing patients who call in to request a GP call back that they can utilise the e-mail service should this be appropriate. In addition, the Practice has increased the number of patients with care plans to include those patients over the age of 75 with multi-morbidities. All patients who have diabetes are being provided with a 'blue book' as part of their annual review which provides them with a plan to help them manage their condition. Care plans are also being offered to patients as part of our bi-annual carer's clinic.
How was this publicised.	The results of this have been publicised in our Monthly Newsletter and on our website. Our PPG have been made directly aware through the use of our virtual communications

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on the issues raised in the previous year (s)

Year 1

1. – **Target** to ensure that there is the mechanism for patients to be able to order repeat prescription via the web and to book appointments. **Actions Carried Out** - as part of the new website design a section on ordering medication and requesting appointments was implemented.
2. – **Target** to promote the Emis Access on-line facility via messages on prescriptions, posters in the Surgery and leaflets for patients, including a handy how-to guide. **Actions Carried Out** - A how-to leaflet was produced (since superseded by TPP) and Emis Access was promoted. A promotional drive was implemented to encourage patient sign up.
3. – **Target** to produce a leaflet for patients to encourage patient awareness of the clinics available outside of normal working hours. Ensuring that this provides reference to where patients can get further information on Practice Services. **Actions Carried Out** - A leaflet was produced and also promoted on-line in the new website.

Year 2

1. - **Target** to take into consideration the feedback from patients and the PRG regarding raising awareness of the online patient service - System Online – **Actions Carried Out** Those actions which were agreed with BMC PRG were carried out and patients are now being signed up for System Online when registering at the Practice. A significant increase in patients using System Online has been evident since implementing BMC PRG's suggested improvements.
2. - **Target** to review if test results can be sent electronically to patients and to increase telephone lines. – **Actions Carried Out** - The functionality for GPs to send test results via SMS when appropriate has been made available.
3. - **Target** to arrange suitable training for Reception staff to ensure that patients are informed if there is likely to be a delayed wait to be seen. **Actions Carried Out** – This was implemented immediately and is now routine protocol for Reception staff.

PPG Sign Off	
Has the report been signed off by the PPG	Yes
What date was this report signed off:	30 th March 2015

How has the practice engaged with the PPG	
How has the practice made efforts to engage with seldom heard groups in the practice population?	<p>The Practice runs a Carers clinic bi-annually as this is a low cohort for us. We also have a low cohort of learning disabled patients and try and engage them as part of their annual review. In addition, we have targeted those patients who do not attend frequently via SMS to invite them to become members of the BMC PRG. We have tried to engage with our frail elderly population and worked in conjunction with Age UK to distribute Winter Warmer packs as part of an engagement program with this patient cohort.</p>
Has the practice received patient and carer feedback from a variety of sources	<p>Yes – we encourage patient feedback as this helps us to improve the service we offer. We have received feedback through our FFT, through patient and carer surveys, patient complaints and compliments, feedback on individual GPs through the Iwantgreatcare website.</p>
How was the PPG involved the agreement of the priority areas and the resulting action plan?	<p>BMC PRG have been communicated with via e-mail and through the use of surveys for focussed feedback and via direct comments about the issues faced. BMC PRG have been given the option to have physical meetings and to have dialogue via an on-line forum but have decided to continue as a virtual group through a majority vote.</p>
How has the service offered to patients and carers improved as a result of the implementation of the action plan?	<p>It is hoped that the actions which have been implemented will help to improve services for our patients. Better continuity of care, access to</p>

appropriate appointments and assisting patients to feel more in control of their own healthcare will all have an impact on improving the standards of service we can offer to patients and their carers.

Do you have any other comments about the PPF or practice in relation to this area of work?

The Partners would like to thank the BMC PRG for their continued support and guidance. The group has gone from strength to strength over the years and members are keen to understand the needs of the Practice and contribute in a rational and balanced fashion. The suggestions that are put forward are always achievable and helpful. Comments made on the last survey have really helped the Partners in formulating strategic plans for optimising the workforce and resources available to us in Primary Care. We are very grateful for the time that they give to help us achieve this.

Name of Individual Completing this Document: Mrs Emmy Butcher

Role: Practice Manager & Business Partner

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ADDENDUM – ETHNICITY COMPARISON FOR BEVERSBROOK MEDICAL CENTRE

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’. This is reflected in our PRG and the comparison of the Practice Population as per the below statistics.

Ethnicity	% of Population	% of BMC PRG
(XaJQx) Other White background - ethnic category 2001 census	1%	3%
(XaJRB) Ethnic category not stated - 2001 census	1%	2%
(XaQEa) White British - ethnic category 2001 census	2%	0%
(9S1..) White - ethnic group	3%	3%
(XaJQv) British or mixed British - ethnic category 2001 census	11%	19%
(XaFwD) White British	16%	19%
Ethnicity Not Recorded	64%	55%