

Standard Reporting Template

Bristol, North Somerset, Somerset and South Gloucestershire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **Bishopston Medical Practice**

Practice Code: **L81112**

Signed on behalf of practice: **Linda Buczek, Business Partner**

Date: **17th March 2015**

Signed on behalf of PPG: **Ellie Townsend Jones**

Date: **17th March 2015**

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG and/or PRG?

YES. Bishopston Medical Practice (BMP) used to be two separate practices (Nevil Road Surgery and The Spence Group Practice). Both these practices had active face to face Patient Participation Groups. When we merged in April 2013 the first thing we did was to merge the face to face Patient Participation Group to ensure they were involved in the discussions and decisions about the new practice. The practice also has a virtual Patient Group. We therefore adhered to the original request (as part of this DES) to establish a PRG.

Method of engagement with PPG and/or PRG: Face to face, Email, Other (please specify)

The practice liaises with our face to face patient group members via email, letter and/ or telephone (whichever their preference). The virtual group is communicated to via email and they are also invited to any face to face meetings should they wish to attend. In practice they tend not too but will sometimes submit agenda items which is helpful.

Number of members of PPG and/or PRG:

The practice has 12 face to face Patient Participation Group members and 68 virtual email group members.

Detail the gender mix of practice population and PPG and/or PRG:

%	Male	Female
Practice	49.5	50.5
PPG	64.9	35.1

Detail of age mix of practice population and PPG and/or PRG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	20.7	9.5	20	17	14.5	9.8	5	3.5
PPG	2.5	11.3	10.2	11.4	10.2	24.4	24.9	5.1

Detail the ethnic background of your practice population and PPG and/or PRG:

%	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	83	0.41	0	10	0.57	0.35	0.82	0.66
PRG	97.3	0	0	0	0	0	0	0

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1.12	0.39	0.23	0.56	0.61	0.03	0.008	0.14	0	0.008
PRG	2.7	0	0	0	0	0	0	0	0	0

Describe steps taken to ensure that the PPG and/or PRG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

The practice recognises that the PPG group is not representative of the patient demographics. We also recognise that Carers, those with limited ability, those with mental health issues and those with learning disabilities are also under represented. The practice has endeavoured to improve this by taking the following steps:

- **The practice New Patient Questionnaire includes a section for new patients to register their interest in joining either the face to face PPG or the virtual PPG**
- **The Home page of the practice website includes a message encouraging patients to join the PPG and references the age group and/ or category where the PPG is under-represented**
- **Patients who express an interest and fall into an already over-represented group are asked to join a waiting list, or to be contacted about age/ group specific items we may have in the future. This is particularly useful for our elderly population. Patients aged 65+ represent 54.4% of our PPG; yet the practice list % over 65+ is only 8.5%. That said there is an increasing focus on the elderly and supporting frail, complex patients. We therefore contact these PRG 'waiting list' patients with information and questions relating to things like Unplanned Admissions and Falls.**
- **Partner's and clinicians discuss potential PPG members and they ring them direct or send a letter asking if they would be interested to join.**
- **We consider / approach young patients who are studying or interested in Health Care**
- **We utilise the patient screen in the Nevil Rd waiting room**
- **The practice emailed/ wrote to all patients on the Carer's register to see if they or their Carer's would be interested in joining the PPG.**
- **If we are holding a particular clinic we will ask patients if they would like to join, for example new Mums in the baby immunisation clinic and the Asian Community at the dietician clinics**
- **We emailed/ wrote to all housebound patients inviting them to join the virtual PPG**
- **We contacted patients in the outer boundary to see if they wished to join**

To date, these methods have helped to slightly increase our virtual group but have not added any new members to the face to face group. That said we are lucky to have the wholehearted participation of a teenage face to face group member since late 2011/12, and have a number of students on our virtual group.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG and/or PRG?

e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? YES/NO

NO. The practice has a wide ranging demographic with no specific characteristics. We have a relatively low elderly population and therefore only a handful of patients in Nursing Homes. We do see a % of students join us whilst they study in Bristol but our highest population are young professionals and families. Our boundary covers a relatively affluent area of Bristol so we do not have a particular representation of those out of work nor from any ethnic minorities. Our patients tend to be the professional, well educated, 'worried well'. This is very useful for their views in the running of the practice as a 'business'. There are a small number of transgender patients across our locality. We liaise with fellow GP's to share ideas and learning to ensure we offer the best care pathways. Other than the groups identified in the previous question we do not feel there are any other specific characteristics off our patient list.

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

The practice takes part in the National GP Survey and conducts an annual local patient survey. The results of the local survey are attached for your review. The trend of answers/ feedback generally mirror's the findings from the GP Survey.

The practice maintains an iterative log of all complaints and compliments and this is reviewed annually at both clinical and operational meetings to ensure the learning's are discussed and understood by all staff. Given the merger of our practices and the introduction of a triage appointment system to our Nevil Rd site, complaints and issues have consistently been regarding patients not liking or understanding the triage system. We have also had a number of new reception staff and a small number of complaints have related to the experience level and knowledge of new staff.

We regularly monitor NHS Choices and review and respond to comments left there. The trend closely follows that of complaints and face to face patient feedback and where appropriate, if a name is given, we contact the patient for a more detailed discussion about their concerns – or indeed to thank them for their positive comments.

We have a Patient Feedback section on our website where patients are invited to leave their comments and suggestions. In practice this yields little at the moment as we have a low hit-rate on the website and we know from our local patient survey that there is more we can do to publicise this. The low hit rate is surprising as our list demographics would indicate an age group used to using the internet.

Our Nevil Rd site had a CQC visit on 7th April 2014 and the subsequent report and feedback were very helpful in confirming what we do well and highlighting where we could improve. Our patient care was commended and feedback from all the patients they spoke to was extremely positive. Given we had only recently bought in the new triage appointment system, this was well received.

We adopted the Friends & Family test in November 2014 and have had three reports thus far. The latest report shows a 92% likelihood that patients will recommend our practice. The most recent report had no poor comments left though we recognise it would be useful for more patients to complete the test. This is common across all the practices in our locality.

Patient feedback is taken very seriously within the practice and is a weekly agenda item in our clinical and operation meeting/s. Issues are discussed and minutes taken of associated actions that may be needed. The output from this feedback has largely informed the content of our annual local patient survey, to ensure we maintain awareness and understanding of the issues our patients have.

How frequently were these reviewed with the PPG and/or PRG?

The proposed content of the annual local patient survey is discussed with our face to face and on-line PPG's. This therefore includes reference to Friends & Family results, complaints feedback and of course any feedback from the group itself. The final version of the survey is then sent to the PPG groups for approval and submission. Once the survey has been held the resulting report is discussed with the PPG's to determine and agree actions and to prioritise accordingly.

In addition the output from feedback is displayed in our waiting rooms and on the web-site.

3. Action plan priority areas and implementation

Priority Area 1

Description of priority area:

Bishopston Medical Practice priority areas for 2014-15

(1) Improve awareness of practice normal opening hours and of extended opening hours appointments

What actions were taken to address the priority?

The PPG meeting explained the difference between core hours and extended hours to gather patient feedback

The practice has two sites and updated signage was put outside each site and in both waiting rooms

The practice leaflet is periodically updated and now includes core opening hours and extended hours

New Patient Registration forms now include details of our core and extended hours

The practice website was updated to reference both core and extended hours

Reception staff use the language of appointments available in 'extended hours'

Extended hour appt occupancy is reviewed at the point of quarterly report submission to determine effectiveness

Result of actions and impact on patients and carers (including how publicised):

Practice extended hour appointments are well utilised though Saturday mornings can sometimes be quiet. The type of appointments we offer on a Saturday has therefore been extended to include phlebotomy, coil fits and health checks. This has increased occupancy and reduced DNA's. Our core appt book is always fully utilised.

We have had an 8% turnover in patients since announcing our merger and the impending (but delayed) move to a new site. Contributing to this turnover is a recent list cleansing exercise. Given these circumstances we included questions about opening times, extended hours and appointment availability, in our 2014-15 local patient survey. The findings were that 77% of those completing the survey were aware of core hours but only 35% were aware of extended hours.

However, feedback from our PPG groups is that patients don't think of this as two different things; they just consider our overall opening times. That said the specific requests for extended hours that suit patients were for evening and weekend appointments – both of which we offer.

Given the high occupancy of both extended and core hours, we recognise we can do more to publicise our opening times but the times currently offered meet our patients needs.

Our results are publicised in our waiting rooms and through email contact with our virtual PPG. We also reference this in face to face PPG meetings, with staff and the CCG.

Priority Area 2

Description of priority area:

BMP priority areas for 2014-15

(2) Re-develop the practice website and promote on-line facilities such as making appointments and repeat prescriptions

What actions were taken to address the priority?

The practice has an Information & Technology Manager and he worked with the Partners and staff to consider the content and display of the practice website. Free-text feedback from the local patient survey was used to inform requirements, together with comments from the PPG's and from the Suggestion Box on the website itself.

The work was hindered by having two sites as our Nevil Rd site did not have the same technical model as Logan Rd. Over the year the web-site was completely re-launched, using MySurgery website providers as a foundation. This allows us to conduct Friends and Family tests on-line with automated reports. MySurgery also feed educational and up-to-date health information to the site for patient awareness and self-care.

The practice website now offers appointment booking on-line; appointment cancellation; repeat prescriptions; patient feedback; patient survey (when running) and Friends & Family Test. We have plans to also offer Sign-up for emails/ newsletter circulation and Keeping clinical records/ contacts details up to date. We are also hoping to take part in the One Care Consortium phase 2 work to further develop patient on-line activity ie the Hurley Group approach.

There is further work to do to add more detail about our practice and staff, for example specialist areas of clinician interest and more information about which appointments / times are pre-bookable.

Result of actions and impact on patients and carers (including how publicised):

The practice is seeing a gradual increase in patient use of the website. This is monitored monthly via the site data/ reports. The practice has seen an increase in on-line prescriptions as reception staff prompt patients who telephone for prescriptions to go on-line. The practice has amended the GP and Nurse appointment templates to allow for on-line appointment booking and cancellation. Triage call volume has dropped slightly though it is difficult to pin-point this to the benefit of on-line appointment booking. We have seen a steady increase in the volume of patients using the on-line Friends & Family test and our latest local patient survey stated that 66% of respondents were aware of on-line prescriptions with a 16% usage rate (compared to 14% last year).

Our results are publicised in our waiting rooms and through email contact with our virtual PPG. We also reference this in face to face PPG meetings, with staff and the locality Practice Managers.

Priority Area 3

Description of priority area:

BMP priority areas for 2014-15

(3) Improve consistent availability of patient appointments

What actions were taken to address the priority?

Each site in our practice had a different appointment system. Logan Rd operated a triage system and Nevil Rd had a booked and urgent on day appointment model. There was a lack of consistent availability as Logan Rd was able to offer appointments within c4 days whereas Nevil Rd could offer same day. However, the Nevil Rd model was not sustainable as there was insufficient GP cover for the sessions required. Data and patient analysis was therefore conducted to look at occupancy, DNA rates; and we reviewed the National GP survey and local survey feedback in terms of patient satisfaction levels. The practice felt it is appropriate to trial the triage appointment model at Nevil Rd – thereby offering the same service to all practice patients. This approach was discussed with the PPG groups though had to be hastily implemented due to the unexpected departure of a full time GP Partner at Nevil Rd.

In addition, extended hour provision was reviewed as initially the practice only offered evening appointments at the Nevil Rd site. Following National GP and local patient survey review and associated discussion with patients and staff; the practice now offers two evening extended sessions per week and alternate Saturday sessions. The practice also offers specific Flu sessions out of hours during the winter season.

The set-up of the appointment book was reviewed by all clinicians to determine a common approach that matches patient demand with appointment type and availability. This appointment model was built onto our (new) EMIS web system and is the same for all GP's though with additional urgent-on-day appointments for the Duty Doctor. Patient feedback on appointment availability and type also feeds into the practice recruitment strategy.

Result of actions and impact on patients and carers (including how publicised):

The practice now offers a common appointment model across both sites with common GP session templates and consistent availability of appointments. We have thus found that this consistency enables the practice to offer patients appointments at either site. This has enabled better occupancy and more choice for patients who may live nearer one site to the other of where extended hours appointments are available at the other site. Whilst this initially caused some patient error (where they went to the wrong site) we have now enhanced our appointment booking telephone script and adapted our systems to prompt patients to the correct site. If they do arrive at the wrong site they will still be seen.

Whilst appointment availability itself continues to be a challenge – as it does for all GP practices across the country – we are in-line with our local practices and have positive feedback from patients about appointment availability, with 70% of patients satisfied.

This work has also informed our recruitment strategy as our practice is successful in doing NHS health checks. We recognised (from patient feedback on the telephone and on-line) that we needed more Health Check appointments. We have therefore increased our HCA hours to accommodate this for our patients.

We have a weekly Operations meeting and an associated agenda item to measure the 3rd available appointment across each site each week. This enables us to flex our clinical resource to the site needed to satisfy patient demand.

A lot of this work and review goes unseen to our patients and we find the most common complaint remains the triage system (largely from Nevil Rd patients). However, once the model is explained and they understand how it works they are generally satisfied.

Our results are publicised to our PPG's and staff. We also share this with locality Practice Managers to understand each others pressures and ideas, and to check our performance against those closest to us.

Progress on previous years

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

Bishopston Medical Practice has participated in this DES since its inception. In terms of progress we have:

- **Merged the two practices' face to face and virtual Patient Participation Groups. Meetings are held on alternate sites**
- **Changed the Nevil Rd practice appointment system to a triage model**
- **Introduced a patient led session template to ensure patient and appointment type needs are met**
- **Increased the opportunity for patients to feedback (Friends & Family; on-line; Waiting Room suggestion box's; free-text on local patient survey's; face to face and virtual Patient Participation Groups)**
- **Improved signage both inside and outside the practice locations to better explain core and extended hours**
- **Established a new practice website with on-line functionality and educational health information for patients**
- **Have regular agenda items on complaints and compliments received; patient feedback and appointment availability**
- **Improved patient leaflet to reference two sites, opening hours, extended hours and staff details**
- **Conduct patient visits to proposed new site being developed on Gloucester Rd**
- **Established patient led recruitment to provide wider service provision (Phlebotomist, HCA's, LTC's nurse)**
- **Locum pack developed to support Locum's understanding of the practice and to reduce waiting times**

4. PPG Sign Off

Report signed off by PPG and/or PRG: **YES**

Date of sign off: **Tuesday 17th March 2015**

How has the practice engaged with the PPG and/or PRG:

Via face to face meetings, emails and letters. Phone calls can also be made to the Business Partner. It is recognised that more face to face meetings would have been helpful.

How has the practice made efforts to engage with seldom heard groups in the practice population?

Via specific letters to specific people and information available to patients

Has the practice received patient and carer feedback from a variety of sources?

Yes, via the National GP Survey; the practice annual survey; the Carer's patient list and complaints

Was the PPG involved in the agreement of priority areas and the resulting action plan?

Yes. We discussed the draft survey questions for input and had a meeting on Wednesday 11th March to discuss the survey results and the draft report. We discussed and agreed the priority items and actions to go with them

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

The appointment system is the same across both sites now and we can get appointments more readily at both sites. If we have an urgent need the doctor will ring us – and potentially see us – the same day. There are more nurse

appointments for things like blood tests and smears. The triage systems works well

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

It has been a difficult time for the practices, both in merging and in the long delay to moving to the new building. We all recognise that more communication could have been had with patients but they did what they could. We know we need more young people on the group. Generally patients are very positive about the practice and the new doctors and nurses.