

Brannam Medical Centre

Patient Participation DES - Local Participation Report

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Author and Role:	Anna Ingram – Practice Administrator
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Brannam Medical Centre

Local Patient Participation Report

Date Published: 31st March 2013

A description of the profile of the members of the Patient Reference Group:

There are currently eight members of our Patient Representative Group (PRG), comprising patients with young families; with chronic disease; carer responsibilities; retired and full-time working patients. We analysed our patient population by age, sex and ethnicity and concluded that this group, with the skills to be able to take part in a workshop environment, were as representative as possible.

Steps the Practice has taken to ensure that the Patient Reference Group (PRG) is representative of its registered patients and where a category of patients is not represented then what steps have been taken by the Practice in an attempt to engage with those patients:

The Practice set up a Virtual Patient Forum (VPF) as we recognised the need to attract two levels of patient involvement. Recruiting a group electronically, would allow us to engage more frequently with a larger proportion of our patients, via questionnaires and polls. We actively encouraged patients to join by placing advertisements on our Patient Information Screen, website and newsletter, to help promote the opportunity to participate. Now, all new patients are offered the opportunity to join by completing a simple permission slip within their registration paperwork. We currently have one hundred and eighty members, (a 100% increase from the previous year) and we continue to encourage all patients to join.

At a recent meeting with the PRG we discussed the question of whether we felt the group was representative of the wider patient population. It was mentioned that it has been difficult to attract younger adults to form part of the PRG however statistics showed that over 50% of the VPF are aged less than 55 years. Our IT system will allow us to sort this group via age, gender, ethnicity and frequency of attendance; therefore, we can target a specific age range for feedback, to obtain a representative view of the younger patient community when necessary.

Progress since the 2011-2012 Patient Participation Report

In 2012, the PRG helped to identify two key areas for development:-

- 1) **'Inform & empower patients'** to ensure we communicate effectively with our patients about services and developments at the practice.
- 2) **'Improve the patient experience in accessing a health professional' (known as Patient Access)** for the benefits of both patients and staff in relationships, efficiency and general perception of Brannam Medical Centre.

We consulted with the Virtual Patient Forum inviting feedback on the proposed development areas, and we received numerous helpful comments and suggestions which we used to shape the next phase of the project.

Area 1: Inform & Empower

A small team of medical professionals, patients and administrators were invited to attend a follow-up meeting in February 2012 to discuss communication challenges and opportunities. All were provided with a summary of relevant patient survey feedback, which were broadly split into two topics: (1) methods of communicating with our patients i.e. internet, newsletter, text messages and leaflets & (2) empowering patients to self-manage minor conditions, improving early detection and prevention of common conditions.

The team proposed a number of remedies to address these areas and these are listed below, together with progress made.

Suggested Remedy	Action	PROGRESS
New Website	Team to review draft website and provide feedback.	Complete. Team reviewed and fed back suggestions & improvements on content. New practice website launched 03/04/2012
Patient feedback on website content	Invite patients to review website during design phase for feedback.	Complete. Patients were and continue to be invited to provide feedback on content.
Install a PC workstation in the waiting area	Team to review ideas at next meeting & agree responsibilities.	Action closed. PCT engineers advised it is not viable for security reasons.
Use core set of Patient Info Screen Slides with essential information, but update more frequently with topical issues.	Incorporate suggestions into screen updates.	Complete. Slides no longer updated quarterly – now adjusted as and when new and relevant information is received.
Review of Patient Newsletter content	Patients to proof-read the next newsletter and feedback on style, content etc.	Complete. Positive response & suggestions made for future issues – gratefully received.
Broaden distribution of Patient Newsletter	Ask District Nurses to distribute newsletters to housebound patients.	Complete. District Nurses currently have 93 housebound patients on their register, and all will be provided with the newsletter.
Consider different versions of Newsletter e.g. larger font	Review target group needs.	Complete. Large font paper copies of the newsletter, New Patient Questionnaire and Patient Handbook are available.
Improve layout of patient resources, inviting input from patients and colleagues	Review of layout of reading materials/notice boards	Work postponed until review of Reception structure is complete.
Ensure all patient information leaflets are easy to read	Investigate creating a simplified version of the Patient Handbook.	Complete. Large font versions of key material such as the Patient Handbook and Patient Questionnaire have been created for people with visual impairment.
Longer term goal to empower patients to pro-actively seek health-related resources.	Dr Chesworth & Desri Dyer to discuss ideas and report back with suggested approach.	In progress – targeted health events linked with national campaigns are scheduled throughout 2013, involving interactive activities at the practice.

Work on the layout of patient information within the surgery is due to commence shortly. A member of the Patient Reference Group has offered to assist the practice from the perspective of a patient and carer, and we will be communicating ideas with the Patient Forum.

Area 2: Patient Access

A small team of medical professionals, patients and administrators were invited to attend a follow-up workshop to discuss the development areas and identify opportunities for improvement. The following questions were considered:

1. *Who or what are our priorities at the front-line & how can we increase our effectiveness in meeting them?*
2. *How do we best align our resources to meet the peaks & troughs of incoming calls each day?*
3. *What are the barriers preventing patients from obtaining the appointments they require & how do we overcome this?*

Three core themes were identified during the workshop:

- **The welcome within the surgery.** Reviewing the roles of the receptionist to maximise efficiency and good customer relationships. Reviewing the physical constraints presented by our current front desk arrangements.
- **Telephone access.** Reviewing the use of the telephone for contacting the surgery and alternative methods of contact such as on-line booking, on-line prescriptions. Telephone call monitoring software has already been introduced to measure volume of calls throughout the week.
- **Appointments.** Reviewing the systems for matching capacity to demand for both urgent, same-day appointments and non-urgent appointments.

These themes were sorted into one of three work streams: Culture, Efficiency and Resource; enabling the creation of a project plan and actions to be assigned with appropriate deadlines. A Practice Project Team undertook the actions, meeting regularly to provide updates and report any challenges. Two of our GPs oversaw the progress of the project and also provided input.

The table below summarises the detailed objectives for each work stream and the achievements made over the past year in the Patient Access Project:

I	CULTURE	PROGRESS
1.1	Partial screen of back office/remove blinds/screen individual desks.	Following a review of the layout, the Reception team expressed a preference not to install screens in the back office as it was felt this would isolate the receptionist on the front desk.
1.2	Reinforce skills with customer service training.	Customer Service training was provided by PALS (Patient Liaison Service) in December 2012. Annual refresher sessions on this topic are now mandatory for all Receptionists.
1.3	New employee induction to include cultural awareness training.	The Reception Manager has incorporated cultural awareness into training plans for new starters.
1.4	Do less of own work/no phone calls whilst on front desk to give better service to patients.	There is now a protocol outlining the specific activities that should be undertaken whilst operating the front desk. This allows the receptionist to quickly switch duties if a patient requires assistance at the desk.
1.5	Prioritise phone calls; and confidentiality before seeking colleague assistance – avoid interrupting.	Reception agreed phone calls are their priority. To ensure confidentiality when discussing patients and sensitive matters, all staff were reminded to avoid interrupting receptionists on the phone or about to answer phone.
1.6	Use Patient Information Screen to display positive statistics e.g. last month - number of GP appointments, number of repeat prescriptions processed.	Statistics are obtained monthly by the Practice Administrator and added to the Patient Information Screen in the Surgery, and also included within the Practice Newsletter.
1.7	Educate patients on best time to call in, depending on the reason e.g. urgent apt, results	This information is now given in the automated switchboard message, the Patient Handbook; on our website and Patient Information Screen. All GPs were also reminded that test results are not available until 11.30am.

1.8	Communicate waiting times to patients.	There is functionality within the Patient Check-in Screen to communicate waiting times, however it was decided that this could be disadvantageous as the gaps between appointments can change quickly. If the screen indicated a longer wait than expected and patients chose to leave the waiting area, they would be at risk of missing their appointment.
1.9	Review of Receptionist job description and appraisal process.	Job descriptions for the receptionist and supervisory roles have been reviewed and agreed. Supervisory staff have received coaching on managing appraisals to improve the quality of the process (kindly provided by Sylvia Hindley – PRG). Existing guidelines were enhanced to ensure all staff understood their responsibilities during the appraisal process.

2	EFFICIENCY	PROGRESS
2.1	Obtain further call statistics to help with review of staffing levels at different times of day (ratio of staff to predicted volume of calls).	This work has been undertaken by one of the GPs and the Practice Administrator and has proved to be very useful. Recent software problems have interrupted the statistics gathered, however we will continue to monitor call data once this has been rectified.
2.2	Ensure all receptionists book for any GP or Treatment Room appointments.	All receptionists can now arrange appointments for GPs and Treatment Room.
2.3	First hour Monday – all receptionists take phone answering duties only (first ½ hour rest of week).	All receptionists maintain focus on answering the phone for the first hour on Mondays to cope with the additional call traffic. This is working well.
2.4	Standardise ways of working GP/Reception & agree universal processes where possible.	Longer term objective – due to commence in May 2013.
2.5	Stagger teams on/off for phone duties in the afternoons	Protected time is now available for receptionists to book if they need to undertake project work.
2.6	Review repeat prescription process to improve efficiency	Following a trial to improve the speed of script signing, improvements have been observed by the team.
2.7	2 windows manned at front desk at peak times/or a nominated back-up for support	The front desk receptionist is responsible for alerting a back-up team member to assist where a queue is forming at the front desk. The 2nd computer is logged in at all times and ready for use.
2.8a	Investigate call categorising i.e. press 1 to book appointment; 2 for prescriptions; 3 for results	Reception now gives out direct dial numbers for staff e.g. District Nurses, and these are also published via our website and newsletter, to reduce volumes into switchboard. The phone numbers for each GP's personal receptionist are displayed on our website, in our Patient Handbook and on the Patient Information Screen at the surgery.
2.8b	Informative messages relayed during call-waiting	The automated message which is played upon calling the main switchboard (01271 329004) is updated regularly to inform patients about important news, e.g. seasonal flu vaccinations.
2.8c	Integrate Treatment Room calls	The telephone line in the Treatment room cannot be integrated with the main reception. Therefore if the Treatment room line is engaged, calls are now diverted to the main reception to prevent callers receiving the message "line busy please try later".
2.8d	Set up additional phone lines	An additional phone line has been set up in reception.

3	RESOURCE	PROGRESS
3.1	2 check-in points	The patient check-in system was reviewed in autumn 2012, and it was concluded that rather than install two points, it would be more efficient to replace the existing system with a new, faster unit. This was installed in December 2012.
3.2	Single telephonist role	This option was investigated and rejected by the team. In July 2012, two apprentices were recruited who can provide additional support in the reception and administration offices. This has increased the flexibility of our resource.
3.3	Batch work could be undertaken by an apprentice	As per 3.2, our new apprentices have given us more flexibility to adapt the way we allocate resource to tasks. Our IT system does not have the required functionality to batch load tasks without the addition of costly software (not an option currently).
3.4a	Increase availability of appointments, including telephone appointments and consider options such as triage and GPs calling patients	Statistics reviewed by GPs and discussed at Partners' meeting. No desire to proceed with triage. Further patient feedback sought specifically on appointment accessibility via a survey to the Forum in October 2012. Results were published on our website.
3.4b	Expand rapid access – duty doctor available all day	Actioned
3.4c	Always have a GP contactable during opening hours	Actioned

Appointments Survey

In order to understand our patients' perception of making appointments at the practice, a separate survey was sent out to the Virtual Patient Forum in October 2012. Fifty-seven responses were received, then representing approximately one third of the forum.

The results indicated some areas for improvement, and in other areas, performance was good, e.g. 78% of those questioned felt it was very easy or fairly easy to make appointments either by phone or online, although 57% felt this was more of a challenge in the mornings – Mondays especially.

Overall 70% of respondents were satisfied with the overall experience of making appointments at Brannam, although improvements could be made with online access.

Some key points were ascertained from the results, including the knowledge that almost a third of the patients responding were unaware of our Rapid Access clinic for same day/urgent appointments and 66% did not know which days of the week their own GP held clinics. This links with our first project 'Inform & Empower' and action has already been taken to address these concerns. The schedule of GP clinics has been added to our website and Patient Handbook, and a new display in the practice informs patients of all the care options available to them locally.

Communication

Progress updates on all of the above projects were cascaded to all PRG and Virtual Patient Forum members throughout the year, and posted onto the website.

How the Practice continued to obtain the views of its registered patients

In January 2013 we wrote to all members of our PRG and Virtual Patient Forum, inviting them to review our pages on the NHS Choices website, and leave a rating/review on the feedback page. We received thirty-three ratings with some detailed comments, and we posted a response to every single comment. After identifying key themes within the feedback, we ensured those key topics were covered in our forthcoming patient questionnaire.

We designed the patient questionnaire to review our progress and identify future improvement opportunities. As a practice, we have the technology to design and distribute questionnaires and summarise results, so we were able to select bespoke topics as a framework for our questions:

Opening hours

Advanced booking

Telephone contact

Waiting times

Seeing a doctor within 48 hours

Seeing doctor of choice

Interpersonal skills of clinicians

Reception staff

Practice environment

Other services provided by the practice

Once the draft survey had been produced, a copy was sent out to the PRG for feedback, to ensure all were in agreement with the content. Several suggestions were received and the appropriate amendments were made.

For two weeks in February 2013, the questionnaire was distributed via a number of channels. Colourful posters were placed around the surgery encouraging patients to complete the survey, including the deadline for receipt of completed forms, whether submitted electronically or paper copy. Messages were also shown on the Patient Information Screens, inviting patients to take part.

Paper copies were printed and made available in the surgery, as well as a box for posting completed forms. One of our PRG members suggested having a presence during this period, to encourage and/or assist patients with completing the forms. Two members came in for a few hours each during the fortnight, and this proved to be a great success with many more surveys being completed – patients told us they were impressed by this approach. A learning point for this activity is to give the PRG members more notice, so they have time to plan their availability for this support.

A 'Latest News' article was posted on the Practice website www.brannammedicalcentre.com inviting patients to complete the survey online with a link; there was a mention in the patient newsletter and a message to the Virtual Patient Forum. This meant we were able to include those people who may not necessarily have visited the surgery during the two week period.

How the Practice and the Patient Reference Group determined and reached an agreement on the prominent issues arising within the Patient Survey:

Once all the survey results had been summarised, a detailed report (together with additional free text comments) was compiled and issued initially to all staff at the surgery and to members of the PRG. A meeting was then arranged to bring together the PRG, two GPs, the Practice Manager, Deputy Reception Manager and Practice Administrator. All were requested to review the results in advance of the meeting, and to identify what they considered to be two to three main themes emerging, for later discussion.

The meeting was held on Wednesday 20th March at the surgery, with six of the eight PRG members able to attend. After an initial welcome, each member was invited to present their key observations arising from the survey results. All ideas were logged on a flipchart and discussed during the meeting. There was common consensus that overall the results were positive and gave a good foundation to start from.

The following suggestions were recorded:

<i>Encourage and support patients to try online services to reduce the pressure on the telephone lines.</i>	<i>Possibility of providing a wheelchair near the entrance for those who need support.</i>
<i>Carry out an audit of consultation times to assess whether existing appointment durations are feasible.</i>	<i>The need to raise awareness of the surgery opening hours especially extended sessions in early morning or later evening.</i>
<i>People don't know who to address complaints or concerns about their experience as a patient.</i>	<i>Investigate whether telephone opening hours are meeting patients' needs.</i>
<i>Car parking limitations.</i>	<i>Health awareness sessions would be helpful for people with chronic diseases.</i>
<i>Improvements to the waiting area; layout, seating comfort and toys (look at hygiene issue and funding possibilities e.g. small grant funding)</i>	<i>Partners to review feedback concerning Saturday morning surgeries.</i>
<i>Pharmacy – improve communication when changes occur via surgery.</i>	<i>Investigate whether telephone ring volume is set at the right level.</i>
<i>Create display in the surgery on support for Carers; clearer communication on the benefits of carer health checks.</i>	<i>Are the annexe and gallery utilised as frequently as possible (remembering stairs can be a constraint).</i>
<i>Suggest each GP writes a personal profile which could be shared with their patients, giving information on their training, previous experience and areas of specialism etc.</i>	<i>TV Screen information: make slides slower; intersperse information with attractive photographs/images; promote more health awareness and signpost to leaflets etc. within the surgery.</i>

It was helpful to find that the key areas raised by PRG members were consistent with the observations noted by the practice. A discussion followed which involved consolidating the suggestions into two separate work streams: Practice Environment and Patient Information.

How the Practice sought to discuss the outcomes of the local survey and the Practice's action plan together.

The group agreed that the proposals naturally split into one of two work streams, Practice Environment or Patient Information, and the activities were apportioned as below:

Practice Environment:

- *Possibility of providing a wheelchair near the entrance for those who need support.*
- *Are the annexe and gallery utilised as frequently as possible (remembering stairs can be a constraint).*
- *Car parking limitations.*
- *Improvements to the waiting area; layout, seating comfort and toys (look at hygiene issue and funding possibilities e.g. small grant funding)*
- *Carry out an audit of consultation times to assess whether existing appointment durations are feasible.*
- *Investigate whether telephone opening hours are meeting patients' needs.*
- *Investigate whether telephone ring volumes are set at the right level.*
- *Partners to review feedback concerning Saturday morning surgeries.*

The PRG felt that the following suggestions were relevant to the **Patient Information** category:

- *TV Screen information: make slides slower; intersperse information with attractive photographs/images; promote more health awareness and signpost to leaflets etc. within the surgery.*
- *Create display in the surgery on support for Carers; clearer communication on the benefits of carer health checks.*
- *People don't know who to address complaints or concerns about their experience as a patient.*
- *The need to raise awareness of the surgery opening hours especially extended sessions in early morning or later evening.*
- *Encourage and support patients to try online services to reduce the pressure on the telephone lines.*
- *Pharmacy – improve communication when changes occur via surgery.*
- *Suggest each GP writes a personal profile which could be shared with their patients, giving information on their training, previous experience and areas of specialism etc.*
- *Health awareness sessions would be helpful for people with chronic diseases.*

A summary of evidence relating to the findings or basis of proposals arising out of the Patient Survey

The survey results provide clear indications of the areas we have chosen to focus upon over the next year. The pivotal responses which form the basis of the action plan are as follows:

- 50% found the waiting areas 'comfortable' and 26% said 'fairly comfortable'. Only 14% found the waiting area 'very comfortable'. Additional comments were made about the comfort of the chairs; layout of the seats and lack of space.
- 46% feel the surgery communicates well but 32% are unsure. Additional comments were made about how patients prefer to receive information about changes at the surgery, and the challenge of reaching those who do not have access to the internet.
- 8% feel that the surgery does not provide them with all the information they require.
- 19% find it either 'not very easy' or 'not at all easy' to get through to the surgery on the phone.
- 68% prefer to book appointments by phone but just 12% prefer online.
- 42% would not know who to contact if they had any concerns as a patient.
- 82% feel satisfied overall with the experience of making appointments at Brannam Medical Centre.

Proposals arising from the local Practice survey – the process of agreeing the implementation of proposals

The PRG decided it would be sensible to break into two groups, allowing each to focus upon one of the work streams. The meeting attendees indicated a preference as to which work stream they felt they could add most value. This was agreed as follows:

Practice Environment: Dr Iain Stewart; Rebecca Prosser (Deputy Reception Manager); Pip Cartmell (PRG); Roger Watts (PRG); Diane Wogden (PRG); Yvette Denham (PRG); Dee Brown (Practice Manager).

Patient Information: Dr Ed Matthews; Sylvia Hindley (PRG); Jeanette Kemlo (PRG); Bridget Kettle (PRG); Chris Jones (PRG); Anna Ingram (Practice Administrator).

Action which the Practice intend to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising out of the local Practice survey.

The results of our initial meeting with the PRG were reported in an e-mail to the Virtual Patient Forum, to allow opportunity for comments. Their feedback will be fed back to the two work streams. The work streams will also be incorporated into our 2013-2014 business plan and developed using specific project-by-project methodology supported by members of staff with training in project management. Patient members of the PRG will be invited to take part in further workshops with practice staff, to evolve and complete the actions agreed during 2013.

A regular summary of progress will be available to patients via the Brannam newsletter which is produced quarterly and is available to patients both in paper form and electronically.

A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:

Brannam Medical Centre – Core Opening Hours:

Monday	08:30 – 18:00	(excl Public Holidays)
Tuesday	08:30 – 18:00	
Wednesday	08:30 – 18:00	
Thursday	08:30 – 18:00	
Friday	08:30 – 18:00	

Patients have access to a range of online services that are available 24/7. This includes the facility to request repeat prescriptions and book appointments with their own GP, a nurse or healthcare assistant.

A description of any extended opening hours that the Practice has entered into and which health care professional are accessible to registered patients.

The practice provides extended opening hours on the following days:

A Phlebotomy service is available from 08:00 Monday to Friday, with one of our Healthcare Assistants.

Early appointments with a GP are available from Tuesday to Friday, from 07:20 to 08:00

Evening appointments with a GP are available on Monday evenings from 18:30 to 19:30 (except on Bank Holiday Mondays, where the following Tuesday's evening surgery is extended 18:30 to 19:30).

All of the above sessions are pre-bookable.