

DCIOS Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Brannam Medical Centre

Practice Code: L83073

Signed on behalf of practice: Deirdre A Brown Date: 19th March 2015

Signed on behalf of PPG: Robert Kelso Date: 20th March 2015

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

Does the Practice have a PPG? YES											
Method of engagement with PPG: Face to face, Email, Other (please specify) Face to face plus e-mail											
Number of members of PPG: Patient Reference Group 11 members Virtual Patient PPG members											
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:							
%	Male	Female									
Practice	49	51	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	41.7	58.3	Practice	18	9	12	12	14	12	13	10
			PRG		7.3	23.61	14.86	20.7	18.07	11.66	3.8

--	--

Detail the ethnic background of your practice population and 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	12354	17	0	423	3	6	13	42
PRG	317							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	29	8	10	3	16	14	18	3	0	45
PRG	2	2								21

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:

The Practice also has a Virtual Patient Forum (VPF). All new patients are offered the opportunity to join by completing a simple permission slip within their registration paperwork. We currently have 342 members (236 in 2014) and we continue to encourage all patients to join. Our IT system will allow us to sort this group via age, gender, ethnicity and frequency of attendance.

The Patient Reference Group (PRG) and the practice are aware that young people are underrepresented on the PRG and have looked to address this. The Practice Manager and a PRG member met with two other Barnstaple practices and the media tutor from our local Further Education college with a view to engaging young people in PPGs. As part of the students' coursework they have to do an assignment and a live assignment working with the community would be good for the students' portfolio. The tutor is also looking at involving the media students in the production of practice newsletters, website section

for young people and poster design. This is unlikely to happen before the next intake of students in September. He is also talking to the Health and Social care students to see how they might become involved, perhaps through aiding with patient surveys.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG?
e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? NO

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 and the PRG reviewed comments and suggestions received from patients, and complaints where the practice felt it reasonable to discuss with the PRG. We reviewed the Primary Care Foundation "access" report, telephone reports along with the National GP survey results for 2014 and Friends and Family Test since December 2014.

Two members of the PRG carried out in "Infection Control" audit looking particularly at the cleanliness of the practice and fed back results to other group members. Three PRG members attended our CQC inspection and provided feedback to the inspectors on patient services.

How frequently were these reviewed with the PRG?

Patient and PRG feedback was reviewed at the bimonthly PRG meetings with practice staff in attendance. A summary of the Patient National Survey and Friends and Family Test were forwarded to the virtual PPG and comments requested.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: improve rapid access to a health professional for those who need it. The practice has a daily Rapid Access Clinic run by the duty doctor and a senior practice nurse. The results from the 2014 survey showed that not all patients are aware of this. One of the recommendations in the practice Primary Care Foundation report (March 2014) on “access and urgent care” was to triage a visit request within 20 minutes and if urgent complete the visit within one hour. Current arrangements are for the duty doctor to do a surgery from 8.50am to 10.30. If the duty doctor is required to do an emergency visit then their patients wait until they return unless there is capacity in the system for them to be seen by another doctor.</p>
<p>What actions were taken to address the priority? The PRG were invited to complete a brief questionnaire regarding the provision of emergency care in the practice and the results were discussed at the Practice Away Day. A working group has been formed to look at how we structure the duty doctor for clinics and visits in the morning and when working in our afternoon Rapid Access clinic.</p> <p>The practice is also taking part in a pilot hosting an Emergency Care Practitioner in the practice for four months, shared across 3 other practices. The ECP is able to visit relatively sick patients who might need hospital admission</p>
<p>Result of actions and impact on patients and carers (including how publicised): The ECP pilot ends on 31st March and a report will be available after then. Initial feedback is positive.</p> <p>The working group has not as yet been able to look at restructuring the duty doctor day and the rapid access clinics due to changes in treatment room staffing. One of senior RAC nurses returned to work in the Accident and Emergency department at the local hospital and another is decreasing her hours from April 2015. Our replacement nurses need much more training in minor illness before they can take a very active role in the Rapid Access clinic. The practice will consider the role of ECPs and nurse practitioners when further staff changes are planned in the autumn.</p> <p>Minutes of PPG meetings are published on the practice website during the year.</p>

Priority area 2

Description of priority area:

Improving the patient environment – wheelchair access to front and rear doors, improve signage in the building, refurbishment as identified by PRG, improve signage to help patients find their way round the surgery. Signs should be suitable for foreign patients and those with reading difficulties.

What actions were taken to address the priority?

Alternative contractor sourced to make alterations to threshold to improve wheelchair access

Easy wipe higher chairs ordered for waiting area

Change to flooring in Treatment room consulting rooms booked for March 2015

Agreed to replace carpet in waiting areas from 2015-16 budget

Meeting with tutor from FE college with other local practices and Brannam PRG member as part of youth engagement – tutor felt that their media students could design signs for the medical centre. The student will visit the surgery with a learning disabled student.

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

Actions will be published in the practice newsletter, on the practice website and the patient information screen once completed with an explanation as to why undertaken.

Minutes of PPG meetings are published on the practice website during the year.

Priority area 3

Description of priority area:

The practice is keen to improve chronic disease care in its housebound patients, including those in care homes. We currently carry out a review of all care home residents with one GP spending a full or half day in the care home depending on the number of residents. This is not currently done by the patient's own GP. The patient's own GP visits at all other times during the year if requested. This work is fitted in alongside other visit requests and does not always allow time for a full chronic disease review.

What actions were taken to address the priority?

Chronic disease management in housebound patients discussed at the practice Away Day. A working group was formed led by Dr Hassall. He has met with our community nurse lead to look at organising planned reviews throughout the year to be done by the patient's own GP. The Community team which has been understaffed for most of the year will have carried out all blood tests and other routine investigations prior to the GP visit.

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

The recall system will be set up following completion of this year's care home review in April 2015. Patients, carers and care homes will be informed on an individual basis.

An audit will be performed at the end of the year.

Minutes of PPG meetings are published on the practice website during the year.

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):

Patient Environment

Improving Disabled Access – the front reception desk has been lowered to improve access for wheelchair users

Lower threshold at front door for ease of wheelchair users –this has proved more problematic. The contractor booked to carry out the work felt they could not improve the access. The work has been booked with a different contractor and the practice are waiting for a date.

Purchase more higher chairs for waiting area

Cleanliness of the practice

Two Patient Reference Group members to carried out an Infection Control audit at the practice to look at cleanliness from a patient's point of view

Improve telephone access

Staff have been trained to use the telephone information software and produce reports. These have been shared with the reception team. An additional receptionist now works between 1.00pm and 2.00pm to reduce delays in call answering during this period. Subsequent reports showed an improvement in call waiting times . 90% of telephone calls are answered within 30 seconds. The PRG also felt that telephone access had improved during the year.

Patient Information

Screen changes on the Patient Information screen has been slowed to allow patients to read the information. The newsletter is printed in bold on yellow paper for patients with impaired vision.

Improve the Repeat Prescription Service

A patient leaflet was produced showing the lifecycle of a prescription; the medication ordering slip has been updated. Information was displayed in the surgery and added to the Practice Leaflet and website to mailshot the pharmacies that we work with and also other agencies such as nursing homes. A power point style display is on the patient information screens and supply of the A6 sized patient ordering at the front desk and attached to any 'emergency' prescriptions the practice is asked to do.

Promote Carer's Health and Wellbeing Checks as lack of awareness of the service

A carer support worker talked to the practice about their role. Displays were put up in the practice. The numbers of carer's checks carried out exceeded the practice allocation for the year.

Make more appointments available to book on line –patients registered with a "job-share GP" should be able to book appointments on line with either GP; this development request was rejected by our clinical system supplier. Patients would also like to be able to book other appointments on line eg Rapid access clinic. There was some anxiety amongst practice staff that patients could book into clinics inappropriately and as the on line booking system is not easily configurable this has been put on hold.

Saturday opening – as part of the Prime Ministers Challenge fund the practice opened for two Saturdays in early January to help increase capacity for urgent care and particularly to try and reduce the pressure on accident and emergency attendances. There was little or no demand for appointments partly due to lack of publicity but also the practice was able to accommodate all emergency requests during the normal working week. The practice will continue to work with other providers in looking at requirements for extended hours.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 20th March 2015

How has the practice engaged with the PPG:

Regular meetings and e-mail correspondence

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

The practice is working collaboratively with Petroc College to engage with young people.

Has the practice received patient and carer feedback from a variety of sources? Yes. The practice goes over and above to try and get patient feedback via surveys, face to face, social media

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

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

See progress report

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

The practice could consider contacting different patient groups eg carers, young mothers, those with mental health issues to ascertain their views on specific areas such as access, information, information or delivery of services.,

