

# **BRENT AREA MEDICAL CENTRE**

## **Patient Participation Directed Enhanced Services Report**

### **2013/2014**

**Practice Name:** Brent Area Medical Centre

This report summarises the development and outcomes of Brent Area Medical Centre Patient Participation Group (PPG) during 2013/2014.

It contains:

1. The priorities for the survey and how they were agreed.
2. The method and results of the Patient Survey.
3. The action plan that was agreed and how it was agreed.
4. The progress made with the action plan.
5. Confirmation of our opening times.

#### **Practice Profile**

Brent Area Medical Centre is a small practice aiming to give personal, caring, efficient and friendly service to all our patients. This includes not only the management of illness but also an effective preventative care policy. We currently have 2 doctors and a nurse and a health care assistant. We are also a dispensing practice. Our current population is 2,689 consisting of 50% male and 50% female patients. These patients can be analysed over the following age bands:

% Under 16	13	% 55-64	13
% 17-24	11	% 65-74	14
% 25-34	11	% 75-84	8
% 35-44	12	% Over 84	3
% 45-54	15		

We hold morning and afternoon surgeries 5 days a week (Monday to Friday) and are open from 8.30am until 6.15pm every day except Friday when we close from 12.30pm - 2pm. An emergency doctor is available from 8.00am until 6.30pm Monday to Friday. Access to the surgery can be made by telephone, in person or via the internet for appointments and prescriptions.

Between 6.30pm and 8.00am daily and throughout weekends and Bank Holidays when the surgery is closed, for a life-threatening emergency patients should dial 999. For urgent care/advice patients should dial NHS 111.

#### **Who is the Patient Participation Group (PPG)**

We have always had a consistent team as our PPG group at Brent Area Medical Centre. The same face-to-face dedicated group has been in existence since 2011. The Chair is Mrs Sandra Few.

The purpose of the PPG is to act as representatives of the patients to liaise with the Practice regarding its management and improving patient care.

This year we decided to try and increase the numbers of our PPG to enhance and support our existing team.

The PPG is made up of 12 members with 42% being male and 58% being female. The ethnicity of the group is 92% white British and 8% non-white/mixed British. Their age ranges are:

% Under 16	0	% 55-64	8
% 17-24	0	% 65-74	16
% 25-34	8	% 75-84	33
% 35-44	8	% Over 84	8
% 45-54	17		

One of our PPG members is wheelchair bound and he and his carer attend our meetings and continue to be helpful in giving us feedback with regards to disabled access into the surgery.

### **The process used to recruit to our PPG**

We have done our best to ensure that our PPG represents the patients of Brent Area Medical Centre. In order to recruit PPG members we put up posters in the waiting room. Our PPG group has been consistent, but we continue to encourage new membership via our website and our digital display screen in the waiting room.

This year as in previous years we analysed the demography of our patient list and identified the age ranges we needed to recruit PPG members from. The Practice Manager wrote to various patients during September 2013 with the necessary demographic profile and invited them to join the PPG.

As can be seen by the existing membership we now have an ethnic representative in the group which is felt to more accurately reflect the demographics of Brent Area Medical Centre patient list as our patient ethnicity is 97% British/mixed-British and 3% non-British/mixed-British.

It is recognised by the practice that the 75-84 year age group is over represented. We lost a member by resignation this year from the 25-34 year age group. The practice and PPG members will continue to work on recruiting members in the 0-24 age group and to that end Brent Area Medical Centre has recently liaised with Barbara Buckley from Public Health to discuss the requirements to achieve the Young People Friendly Services Award in the belief that this might encourage younger people to participate in the PPG.

### **Keeping Patients Informed**

The PPG are advertised on our website and on the digital display screen in the waiting room. We have an email which enables patients to contact the PPG chairperson directly without having to come through the surgery for contact - PPGChairperson@bamc.nhs.uk

The NHS is also going through a period of change and austerity measures and the surgery endeavours to keep patients informed of these changes by use of the digital display screen. We have also appointed a member of staff to be responsible for the 2 paper display boards in the surgery. These boards are regularly updated with any health related issues sent to the surgery. The displays are made as eye-catching as possible in an effort to engage the

patients. Examples of such displays are: Meningitis– know the symptoms, Influenza campaign 2013; NHS – how we handle your information; Wash away to keep colds and flu at bay; HSCIC (Health & Social Care Information Centre) – How information about you helps us to provide better care; Stop October – smoking prevention.

The Patient Participation Group participates in seeking patient opinion and we conducted a survey to get patient opinion on items that needed addressing at the surgery such as patient access, health and safety issues, friends and family test and the overall patient experience of visiting the surgery.

### **Patient Survey 2012–2013 update**

The item outstanding as of 31st March 2013 was the implementation of the new telephone system. This was successfully achieved within the agreed timescale.

In this year's survey the telephone was identified as the preferred method of contacting the surgery and 52% of those surveyed said that the new telephone system had helped when making an appointment by phone, 40% did not know if it had improved access or not and only 8% replied negatively that it had not helped when making an appointment.

NHS Choices continues to be monitored by the practice and the last response (complimentary) was received on 21<sup>st</sup> March 2014 where a health check was highly recommended.

### **Patient Survey 2013–2014**

We undertook a patient survey this year. We asked the Patient Participation Group to review the literature dispensed in the meeting of the 26<sup>th</sup> June 2013 and to put forward suggestions for the questionnaire to the practice manager. The priorities were to be discussed at our evening meeting on the 23<sup>rd</sup> December 2013, but unfortunately due to the abnormal weather conditions that evening we had to reconvene. The PPG met to discuss the priorities on the 4<sup>th</sup> February 2014.

The priorities were set after discussing the following documentation and topics:

The NHS belongs to the people – a call to action

Care Quality Commissioning and Patient Participation Groups.

Somerset Clinical Commissioning – Plan on a page.

A video on the correct use of the NHS.

Health and Safety – It has been suggested that a mirror be placed in the car park to aid visibility on entering and exiting the surgery.

The problem of visibility at the road side was raised. Local residents continue to park very close to the visibility splay and it makes turning left and right onto the highway very difficult as visibility is limited.

5 mile an hour speed limits signs when entering the surgery were suggested by the surgery to help reduce the speed of patients when entering the surgery premises.

Members felt that the video which had been distributed prior to the meeting was informative and the link should be uploaded to the surgery website. It was suggested that it be uploaded to the surgery display, but this was not possible as the digital display was only able to display jpeg pictures. The link is:

[m.youtube.com/watch?v=ffT1orYXdcl&desktop\\_uri=%2Fwatch%3Fv%3DffT1orYXdcl](https://m.youtube.com/watch?v=ffT1orYXdcl&desktop_uri=%2Fwatch%3Fv%3DffT1orYXdcl)

#### The NHS belongs to the people – a call to action

Those present were aware of the financial constraints on the NHS and felt that the community in general were also aware.

It was felt by the group that more needed to be done to improve health awareness and engage people. People needed to take ownership of their own health. The suggestions were to use local advertising media to get the message out there. Media such as: the village magazine, local website – Burnham on Sea, village website – East Brent

It was recognised by the group that people were living longer with more complex care issues and more needed to be done to improve care of the vulnerable in the community. It was felt that red tape sometimes prevents communities and people from helping each other.

It was suggested the Day centre on a Friday would be a good place to invite a speaker to address the over 60's regarding care in the community and self-care.

#### Care Quality Commissioning and Patient Participation Groups

The group felt that the practice met the standards as set out in the documentation. The general consensus was that the surgery provided a high level of care and there were no concerns reported by the group.

#### Somerset Clinical Commissioning – Plan on a page

Out of hours was discussed and it was felt that more advertising could be done to ensure people knew where to go for medical assistance when the surgery was closed.

Most felt the opening hours were sufficient to provide good care. There were comments on how difficult this was because most people wanted to see their normal GP when they were ill, but appreciated that it was not possible for people to work 24hours a day. It was a balancing act between GP access and continuity of care.

It was reported that the Care Centre in Burnham had closed due to lack of funding it was felt that this was sad as it had provided a caring service.

CR asked if the group felt there was anything else the surgery could do to further improve quality of service and care. No one offered any further suggestions for improvement and would recommend the surgery to a friend or family member.

## Health and Safety

The mirror and speed limit signs were agreed as good ideas.

The issue of the parking outside the surgery had previously been taken to the council but it was agreed that this matter would be raised again at the Parish Council. It was felt that local residents continued to park very close to the visibility splay which makes turning left and right onto the highway very difficult as visibility is limited.

It was agreed that the practice manager and doctors would construct a patient survey to ascertain if the patients in the practice concur with the ideas and feelings of the group.

The survey was carried out by the Practice but the priorities had been decided in agreement with the PPG.

The survey was undertaken in February 2014 in the form of a questionnaire in paper form and was handed out in the surgery by reception staff. The survey was carried out during the two week period commencing 24<sup>th</sup> February 2014.

Results were analysed by the Practice Manager using a word document and converted to a pdf document for the website to enable easier download for patients and any other interested party. In total 137 questionnaires were completed. The sample size was larger than the survey sample size as used in 2013. The sample size represented a little over 5% of our patient population All questionnaires were anonymous. Each section of the survey addressed the areas raised by the PPG group:

- Accessing your GP services
- Last GP appointment
- Last nurse appointment
- Opening hours
- Overall experience
- Out of Hours
- Managing your health
- Health & Safety

Survey results are posted on the website separately to this report along with a copy of the survey. The main emphasis of the survey was to ascertain if the patients in the practice concur with the ideas and feelings of the PPG group.

The results of the patient survey were reviewed in a Patient Participation Group evening meeting dated 26<sup>th</sup> March 2014. The PPG were glad that the patient's experience of the surgery matched their own perception and there were no areas of dissension.

The following items were discussed in more detail as they were perceived as potential improvements for the future:

Question 5 In the reception area, can other patients overhear what you say to the receptionist?

Whilst 82% of those patients surveyed answered yes, but they didn't mind a further 7% answered yes, and they were not at all happy that their conversation could be heard.

Question 19 – 24 dealt with out of hours

Only 59% of those questioned knew how to contact out of hours and one of the comments from the patients was that NHS 111 needed to be more prominently displayed in the surgery.

Not many of the patients had had cause to use the Out of hours (OOH) service (18%), but those who had used the service were satisfied with it overall.

### **Negative comments and suggestions for improvement**

Possibly a larger car parking area.

More car parking spaces, better worked out car park.

*Surgery response:* It is not feasible for the surgery to enlarge the car park at this time. The PPG group are liaising with the parish council to try and reduce the parking just outside the surgery, thereby improving visibility when leaving the surgery.

ECG monitor rather than referral to Weston Hospital.

*Surgery response:* The surgery sends patients to WGH for ECG's so that the ECG's can be reported on by specialist cardiologists. There is no available service to carry out the ECG in practices and be reported on by the specialist team.

Display NHS 111 (Out of Hours) in a more prominent position.

*Surgery response:* An action plan is in place to improve this

Fantastic surgery (wish the doctors were more approachable).

*Surgery response:* Our doctors continually strive to be professional and approachable we are sorry that you felt the GP was not approachable today.

Collecting prescriptions at very inconvenient times.

*Surgery response:* In order to provide a safe dispensary service where our dispensers are not consistently interrupted whilst dispensing medication the practice has decided, in the interest of safety, that medication will be issued from 2 – 6.15pm daily.

If it is not feasible to pick up medication during this time contact can be made with the surgery, in advance and provision can be made to collect outside of these times.

As an observation I have not yet seen the Dr at my appointment time – always late and not punctual.

If a patient has to wait more than 15 minutes it would be nice to let the patient know as I have had to wait up to an hour.

*Surgery response:* An action plan is in place to improve communication to patients when the GP is running late.

The following is the agreed action which the Practice Manager was asked to implement and the progress to date.:

Proposal 2014 survey	Planned implementation date
Put up a sign in reception informing patients that they can be seen away from the front desk if they wish to discuss matters of a confidential nature.	March 2014 – achieved
Installation of a 5mph speed limit sign to aid patient safety in the car park	April 2014
Installation of a mirror to aid visibility when leaving the surgery by car.	May 2014
Display NHS 111 in a more prominent place in the surgery.	March 2014 – achieved
Update the digital display in the reception area with the latest NHS 111 information.	April 2014
Construct an NHS 111 display in the surgery to aid patient education on where to go when the surgery is closed.	April 2014
Further training to reception staff on the importance of keeping patients informed if surgery is behind schedule.	March 2014 – achieved