

LOCAL PATIENT PARTICIPATION REPORT

Highbridge Medical Centre

1. A description of the profile of the members of the PRG

* For example the age, sex and ethnicity profile of the Provider's population and the PRG.

(Component 1)

The Medical Centre has an established face to face PPG group. However work has started in quarter 4 2013/14 on the development of a virtual group to operate in tandem with the face to face group. This is being developed following on from three members of Highbridge Medical Centre attending the Somerset PPG Chairs meeting in February 2014.

The following describes the profile of the patients registered with the practice and that of the PPG members. The current PPG membership totals 8 patients and three staff members, which includes the Lead GP Partner for patient participation, the Deputy Practice Manager and the Reception Team Leader. We have also taken opportunities to introduce our GP trainees to experience the PPG as part of their learning, whilst at the practice.

The analysis of the age/gender profile of the practice population and the PPG (as at 15 March 2014) is demonstrated in table 1 and 2. Table 3 and 4 provided Ethnicity and overall gender details.

Table 1:

Age	% Under 16	% 17-24	% 25-34	% 35-44	% 45-54	% 55-64	% 65-74	% 75-84	% Over 84
Practice	18	8	10	11	14	14	14	7	3
PPG	0	0	0	0	13	25	50	13	0

Table 2:

Gender	% Under 16	% 17-24	% 25-34	% 35-44	% 45-54	% 55-64	% 65-74	% 75-84	% Over 84
Male (Practice)	18	8	11	12	15	13	14	7	2
Male (PPG)	0	0	0	0	0	25	50	25	0
Female (Practice)	17	8	10	11	14	14	14	8	3
Female(PPG)	0	0	0	0	25	25	50	0	0

Table 3

Ethnicity	% White	% Mixed	% Asian or Asian British	% Black or Black British	% Chinese or other ethnic group	Refused/not given
Practice	98	0.3	1	0.3	0.3	1
PPG	100	0	0	0	0	0

Table 4

Gender	% Male	% Female
Practice	50	50
PPG	50	50

Both the practice and PPG recognise that there is a bias in the age range, in that there is no face to face representation in the age group under 16 and those aged 17 to 44. It is hoped that this will be rectified by the

development of the virtual group. One of the ways, in the next financial year, will be a change made to the registration process where a direct question will be asked if the patient would wish to be involved in a 'virtual group'. This will be coded within in the EMIS Web system and when specific age or condition related questions, for example, can be asked of the virtual group by the practice and anonymised information provided to the face to face group.

While our representation of the higher age bracket is more that the practice profile, those patients may require a more complex care package for long term conditions. The PPG members can also indirectly represent other age groups within their own households.

The PPG representation is currently 100% White British, which is 2% higher than the same ethnicity recorded by the practice as a whole.

The practice has 269 registered carers and this group has been the focus for health checks in the past year.

As a practice we do not routinely identify potential membership from smaller groups as it is the view that everyone should be treated as an individual regardless of their diversity/characteristic.

2. Steps taken by the Provider to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the Provider took in an attempt to engage that category

- * The variations between Provider population and PRG members
- * How has the Provider tried to reach those groups not represented?

(Component 1)

The Practice has an established PPG. However, as stated in the previous section, both the practice and the PPG recognise the difficulties in attracting a younger age and harder to reach groups to ensure there is a balanced representation. The practice is not in isolation with this issue as this is reflected by many of the practice populations

who are reluctant to take on additional commitments in their busy lives.

In order to try to encourage and expand the membership not represented by the current PPG membership, the practice and PPG have used the following methods to inform patients of the existence of the PPG.

- Practice newsletter
- Information about the PPG in the Practice Booklet, explaining the ethos and objectives of the PPG
- Announcements on the website
- Notices on the PPG notice board, including a flyer/hand-out available in the waiting room
- PPG 'advertising' at local meeting groups
- Practice Open Day
- Practice Manager and PPG members approaching patients whilst on the premises

After attending the Somerset PPG Chairs meeting in February 2014, when an agenda item was to explore virtual groups the decision was made by the PPG to explore and develop the concept of the virtual group. It is envisaged that this virtual group will run in conjunction with the face to face group. It was also noted by the PPG that the practice's Deputy Practice Manager has experience of such a group at her own GP surgery and promoted the concept with other practices.

3. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local patient survey

- * How were the priorities identified and agreed?

(Component 2)

The PPG has remained very much focused, as with the previous year's survey, on the needs of the patients using the practice. The PPG felt that the practice population was responding to the National GP Survey on the specific of access, appointments which the practice could review as part of its ongoing monitoring of its services. It was also noted that this year's responses to the national survey were not able to be benchmarked against the previous year due to changes in the questions and how the responses were weighted.

The PPG focus is local service provision and in some respects these would not be apparent in the national survey and in the use of its questions as the PPG is keen to canvas opinion on the qualitative areas of the patient experience.

Using this methodology the PPG have from past surveys highlighted the need for a "podiatry type" clinic. The practice was then able to source and provide a session for a chiropodist at a reasonable cost to the patients. The practice is able to report that the service has been successful and additional sessions have begun. In total, 479 patients have used this service, since its inception in late 2012. Due to the success of this service approximately 4 additional sessions per month are being provided.

4. The manner in which the Provider sought to obtain the views of its registered patients

- * What methodology was used to agree the questions, the frequency, the sample size, distribution methods to ensure the views of all patient are represented and undertake the survey?

(Component 3)

The PPG was responsible for agreeing what question/s would be asked in the survey as described in the previous section.

The PPG determined that they needed to use the format of direct questioning, which had been used previously and they would continue with this method. The question asked during the two survey periods was “would you like to comment on the services provided by the medical Centre and what others would you like”.

The PPG agreed that they would keep the comments to a minimum and that they would not specifically deal with complaints or concerns but to direct the patient to the correct person within the practice, who would be able to answer specific issues. The use of the question was also time specific as the survey periods were held whilst patients were available in the waiting room. The PPG advised that this would provide a better representation of the practice population rather than age/condition specific during flu vaccination clinics.

The survey sessions were held on separate days, four in total and the fieldwork took place in Quarter 3 and Quarter 4. The total number of patients questioned was approximately 210 (presenting 1.5% of the practice lists). From these respondents over 618 comments were recorded.

One of the pleasing aspects of the fieldwork for the PPG and the practice was the number to positive remarks (17%) made about the services and staff even though this was not one of the direct questions.

5. Details of the steps taken by the Provider to provide an opportunity for the PRG to discuss the contents of the action plan in Section 7 (of this template)

- * How was the PRG involved in agreeing the action plan?
- * Were there any areas of disagreement, and if so how were these resolved?

(Component 4)

The PPG are the drivers of the action plan, as they have strong opinions on the improvement areas the practice needs to review to enhance the experience of the patients they are representing.

In terms of the action plan, there are no areas of disagreement. The practice is extremely grateful to the members of the PPG who are supporting the aims and objectives of the practice and have been proactive in responding to calls for assistance as having recently acted as mystery shoppers to test an element of the service provided by Highbridge following a complaint.

6. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local patient survey

(Component 4)

There is documentation available as supporting evidence of the steps taken and work completed in partnership with the practice and PPG. This includes the notes of PPG meetings, practice newsletters and information on the practice website. In addition, appendix 1 contains a further analysis of the responses.

The PPG observations from the survey included the following points

- Ongoing issue of the telephone system, which the practice will now rectify
- Positive comments made regarding the improved customer care being delivered
- There is evidence that a number of patients still are unclear and/or unhappy with the telephone triage system run by the practice. Patients remain unhappy with providing the receptionist with details of their condition. The PPG and practice will be undertaking an education programme in the next financial year.
- Patients remain unhappy with not being able to have an appointment with their GP within 24 hours. Even though most are seen within 48 hours. This will also be part of the education programme.
- Acknowledging the difficulties the practice has worked under in the current climate of change within the NHS
- Individual comments may need to be worked through in greater detail
- The configuration of the waiting area needs to be reviewed/updated

The survey results will also be shared with the members of staff at the practice as soon as possible.

7. Details of the action plan setting out how the finding or proposals arising out of the local patient survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented. Include details of the action which the Provider,

- and, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local patient survey
- where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2012, has taken on issues and priorities as set out in the Local Patient Participation Report

(Component 5)

Findings / Proposals or PRG Priority Areas <i>'You said...'</i>	Action to be taken (if no action is to be taken provide appropriate reason) <i>'We did...'</i>	Lead	Timescale	Progress <i>'The outcome was...'</i>
Previous Survey Actions				
Better telephone access	Following the agreement from our supplier to re configure the phone system a meeting was held.	Practice Manager	Feb 2013	Changes made to the system following re-configuration of the system. <i>This remains an issue for the PPG and practice, see results for survey 2013/14</i>
Podiatry Service	PPG survey highlighted the growing need for an affordable service for patients	Practice Manager/Nurse Manager/Patient Communication Officer	Nov 2012	Service provided has expanded and the there is a good take up from the patients. <i>This is no longer an issue for the PPG</i>
Improved patient communication and raising the	Improve communication and awareness of the need to	PPG/Patient Communication	June 2012	Good communication continues to be a priority for

Findings / Proposals or PRG Priority Areas <i>'You said...'</i>	Action to be taken (if no action is to be taken provide appropriate reason) <i>'We did...'</i>	Lead	Timescale	Progress <i>'The outcome was...'</i>
practice profile	develop good patient information about the services and self-care.	Officer/Practice Manager		both the practice and the PPG. <i>This remains as an ongoing development and educational area for the PPG and practice</i>
Actions from survey 2013/14				
Telephone System: Access A number of comments were made relating to the accessibility of services using the current phone system including the difficulties in getting through.	Following on from the re configuration and the number of concerns which were still being raised further interrogation of the phone system highlighted discrepancies in the information being provided to the practice by the telephone supplier.	Practice Manager	March 2014	The practice has served notice on its current provider will take up a contract with a new provider in May 2014. The PPG will be asked to monitor comments and where possible become mystery shoppers to test the system.
DNA The PPG have expressed concerns about the number of DNAs experienced by the practice.	Front Desk is the provider for the appointment system here at the practice. The Practice is looking at better use of technology to provide reminders. Patients are being	Deputy Practice Manager/Reception Team Leader	March – May 2014	Monitor the uptake and use every opportunity to promote/increase usage alternative technology. To monitor the DNA rate to see if system has made

Findings / Proposals or PRG Priority Areas <i>'You said...'</i>	Action to be taken (if no action is to be taken provide appropriate reason) <i>'We did...'</i>	Lead	Timescale	Progress <i>'The outcome was...'</i>
	asked on contact with the practice if they wish to take up this facility and information about this is placed in the practice newsletters.			reduced the number of DNAs.
Facilities: A number of issues relating to the facilities provided at the practice are as follows				
Car parking/bigger car park	<p>The practice is restricted under planning regulations to the number of spaces it able to provide and would not be able to extend.</p> <p>The practice has recognised the issue of footfall at specific times of the day, and subsequent parking issues. Due to changes in clinical staff over the start of the next financial year, the practice will be reconfiguring timing and types of appointments.</p>	Practice Manager Deputy Practice Manger/Reception Team Leader	May 2014	PPG and Practice will monitor changes; this may also be reflected in the issue raised on the length of queues at reception.
Waiting area: Seating, general conditions	We change the configuration of the chairs in January and have received positive comments.	Practice Manager/Deputy Practice Manager	March 2014 to May 2014	The work on enhancing the patient and staff experience of reception is ongoing.

Findings / Proposals or PRG Priority Areas <i>'You said...'</i>	Action to be taken (if no action is to be taken provide appropriate reason) <i>'We did...'</i>	Lead	Timescale	Progress <i>'The outcome was...'</i>
Waiting area: POD	The practice has acknowledged the underutilisation of the BP machine (referred to by the patients as the POD).	Deputy Practice Manager		Provide patient information about the POD and discuss how results are provide to the GP/and by the GP.
Customer Care/Attitude	Staff to be reminded of the importance of good customer care.	Deputy Practice Manager	Ongoing	
Staffing A number of contacts wished for more continuity in their care, better access to their individual GPs, a dedicated GPs for the whole family	The practice has recognised the patient concerns about the availability of GPs. Not every GP works every day. Although we try to encourage patients to wait 1-2 days for routine issues until their usual GP is available. This is to facilitate continuity of care.	Practice Manager/Partners	Feb 2014	The practice has three salaried GPs starting in April/May 2014 2014 and will continue to ask patients to see their usual GP, when they are available.
Appointments/Triage The feedback given to the PPG has again reinforced this issue patients have with a) the triage system and b) given details of their conditions to the reception staff	The practice has in its Practice booklet explained the reasons for this and reminders are also provided via the practice newsletter. Further action is now	Practice Manager/Deputy Practice Manager/PPG	April – June 2014	The outcome is to educate the patient population with assistance from the PPG and to also cover the issue of demand of providing an appointment within 24 hours.

Findings / Proposals or PRG Priority Areas <i>'You said...'</i>	Action to be taken (if no action is to be taken provide appropriate reason) <i>'We did...'</i>	Lead	Timescale	Progress <i>'The outcome was...'</i>
	required as a result of the survey			
New Services That a number of patients have highlighted the need for several services which the practice could provide or could host	<p>One of the services mentioned was the x-ray department. Unfortunately the practice would not be able to provide due to the specialist facilities required for such a service.</p> <p>The other suggested clinics/services will be worked through with the PPG to explore the merits of each idea.</p>	Practice Manager/Deputy Practice Manager	June – Aug 2014	
<p>The above are the key areas which will form the basis of the work plan for the practice and PPG for the next six months. As one area is dealt with/closed the PPG will refer back to the remaining results from the survey.</p>				

8. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.

- * Please provide details of the Practice opening hours and how patients are able to make appointments/access services or provide a link to the relevant page(s) of the Practice website where this information can be found

The Medical Centre's opening hours are as follows:-

Monday to Friday 08.30 am to 1.00 pm and 2.00 pm to 6.00 pm

The Medical Centre also offers early morning appointments from 7.30 am to 08.00 am and late evening appointments until 7.30 pm on one evening a week and on alternate Saturday's for people who work away.

<http://www.highbridgemc.co.uk/opening-times.aspx?t=1>

The Medical Centre is available from 08.00 am to 08.30 am and 6.00 pm to 6.30 pm for emergencies only.

Patients are able to access the services and appointments at the Medical Centre using a number of methods available to them. These are listed as follows:-

- Telephone and online access for appointments
- Face to face contact with reception staff for appointments, medication requests, general enquiries
- Home visits requests via dedicated home visits line and review by clinical team
- Fax, email, postal and online requests for repeat medication/prescriptions
- Telephone call back from GPs and Practice Nurses
- Dedication results line

Further information is provided at <http://www.highbridgemc.co.uk/index.aspx>

9. Where the Provider has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.

- * If providing, please confirm details of the extended opening hours provided by the Practice or provide a link to the relevant page(s) of the Practice website where this information can be found

Under the extended hours scheme the Medical Centre offers late evening appointments until 7.30 pm on one evening a week and alternate Saturday's for people who are not able to access our services during normal surgery hours.

<http://www.highbridgemc.co.uk/opening-times.aspx?t=1>

Date Report Published: 28 March 2014.

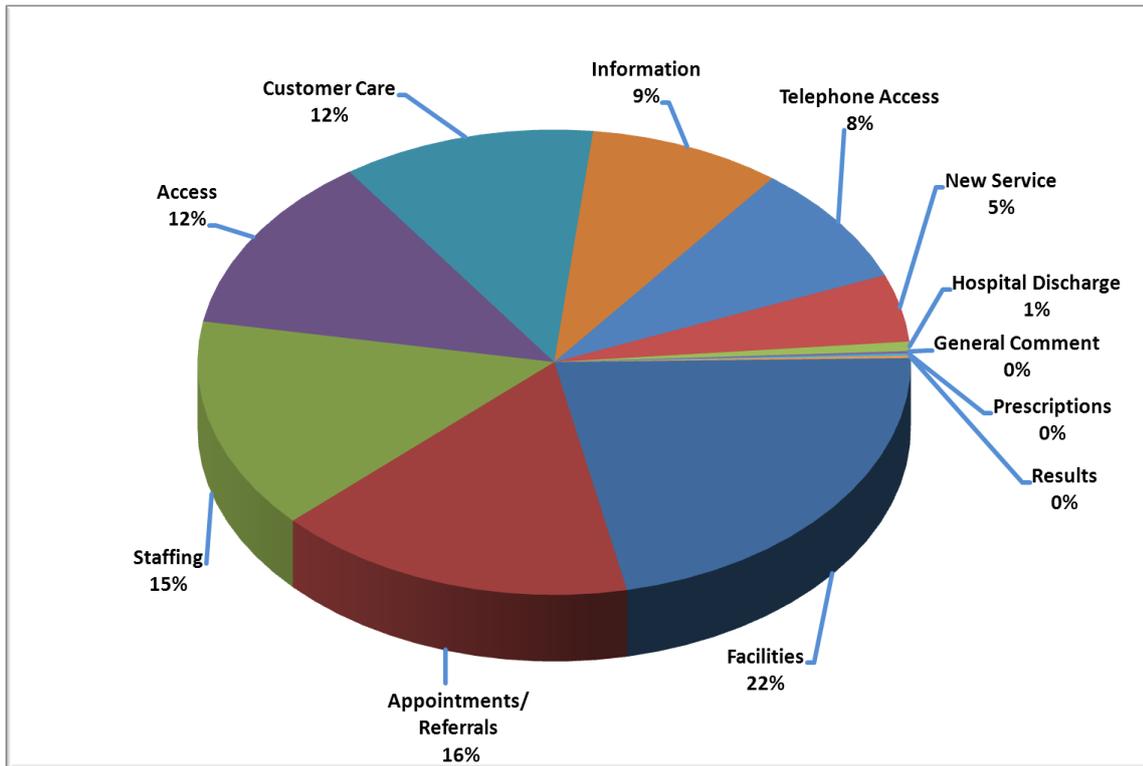
Web Address of Published Report:

<http://www.highbridgemc.co.uk/surveyreport.aspx?p=L85010>

Please publish your Practice Participation Report (plus any appendixes) on your practice website by no later than 31 March 2014 and ensure that a copy is also emailed to the Area Team to england.bnsssg-gmspms@nhs.net by the same date.

Appendix 1
Analysis of the fieldwork conducted by Highbridge Medical Centre PPG -
November 2013 and February 2014

The PPG members in order to canvas opinion of the patients using the services asked the respondents two direct questions, during the practice’s normal working day. These were “would you like to comment on the services provided by the medical Centre and what others would you like”. The following chart provides a breakdown of the areas to which the comments related to



In defining the action plan from the analysis a key area on the survey for the previous year had highlighted issues around the practice telephone system and changes had been made by the provider. It was of great concern to the PPG and the practice that the issues had not been satisfactorily rectified by the provider. The survey this year comments ranged from length of time for call to be answered, telephone system, delay on telephone service has declined over last two years. In total 49 negative comments were made. The outcome of this is that the service provider has been given notice and a contract has been agreed with another company.

In the area of facilities (22%) of the comments, a breakdown of this category revealed issues relating to car parking (10), general facilities (6), off site surgery (1), reception (39), the waiting room (79), and use of surgery on weekend (1). In relation to the waiting room, comments made about access to seating, type of seating,

condition of the waiting room and the POD (BP machine). This information will form the basis for a case to develop and enhance the front of house services in the next financial year.

Ten comments were noted regarding the car park. These ranged from not enough spaces to needing a bigger car park. In the action plan it has been explained that the practice is restricted by planning regulations, however within the practice changes will be made to clinic set ups to level out the footfall. This will take place in April and the practice, with PPG help, will monitor the situation.

Under the category of appointments/referrals (16%) and information (9%), a number of respondents commented on waiting times at the surgery/getting an appointment with a GP (33), having to wait for a doctor to call back (36), making it easier to see a GP (14) and providing details to receptionist/privacy in speak to reception (51). The practice is delivering a triage appointment service, where on average a patient who needs to see the appropriate health professional is able to see someone within 2 days. The PPG and the practice acknowledge that the expectations of the patient are to have an appointment within 24 hours. This will form part of the education programme planned for 2014/2015.

On the category of customer care 90% (64) of the comments marked the attitude of the reception desk staff as excellent. Six felt it was poor and one commented on the attitude of the GP.

The following table has captured the thoughts of the patients regarding staffing at the practice

Continuity of Care	49
Better access to doctors	11
Care good but would like more consistency of seeing the same person	1
Choice of Doctor to keep whole families under same GP	2
Dedicated Doctor	26
Making appointments difficult. Their Doctor very often not at surgery so have to see another Doctor.	1
More doctors on duty every day to give continuity of care	8
General Comment	40
Doctors brilliant. Happy. They only have limited facilities to do everything	1
Good service, no problems	39
Reception	2
More receptionist available to assist at front desk when busy	2