

# Patient Participation 2014/2015 at Brook Green Medical Centre

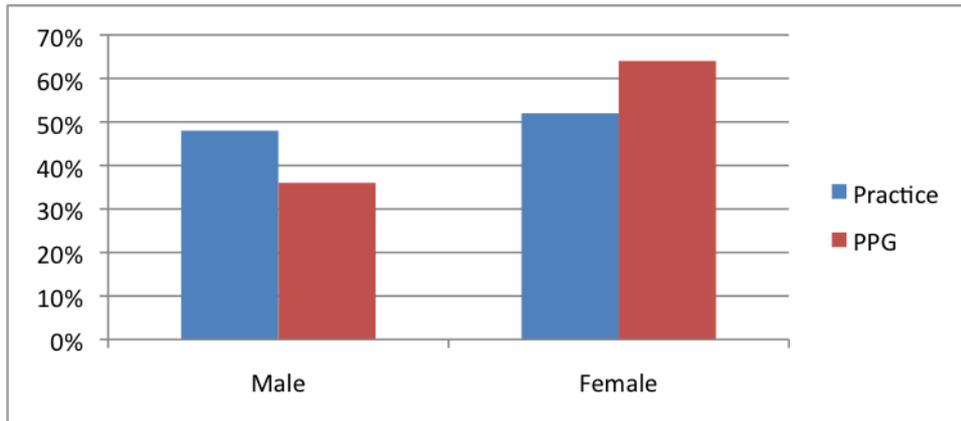
## 1) History of our Patient Participation Group.

In August 2013 we created a virtual Patient Participation Group; this was a development of our original Patient Reference Group. The purpose was to be able to capture comment and ideas from a group of patients that were representative of our practice population.

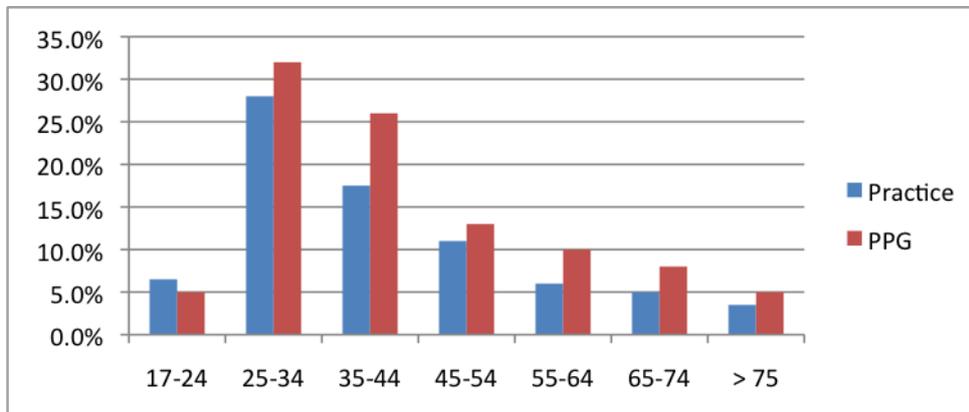
## 2) Make up of our Patient Participation Group.

Below shows a comparison between key demographics of our registered patient list against the make-up of our PPG -

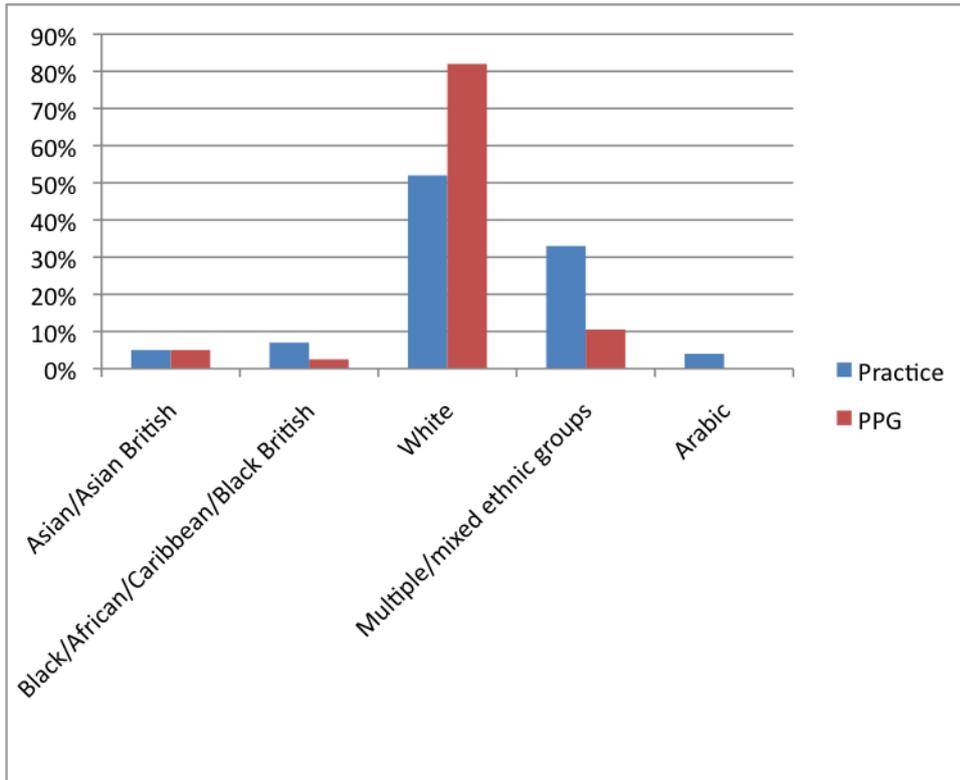
### 2a) Sex



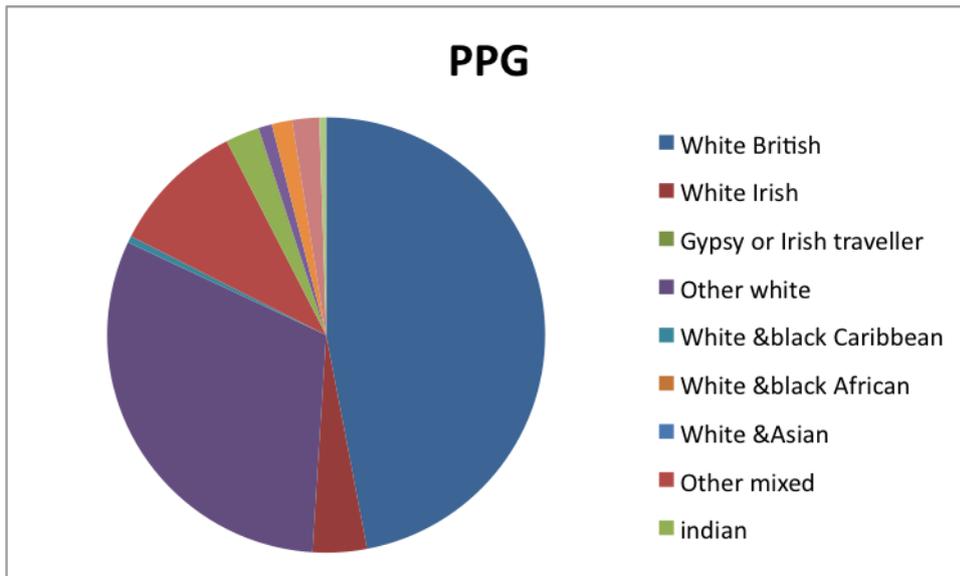
### 2b) Age



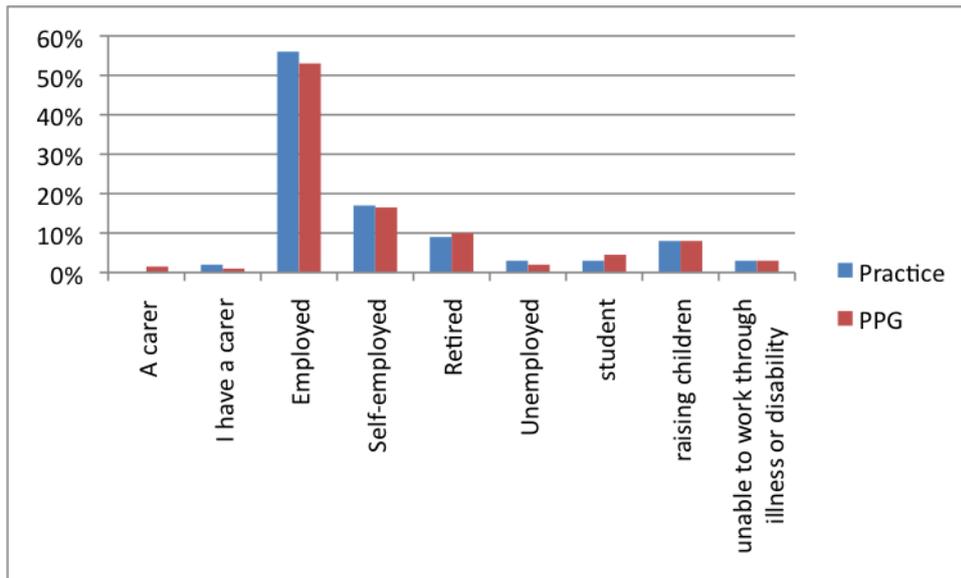
**2c) Ethnic background**



**2d) A More specific breakdown of the ethnic background of our PPG**



## 2e) Social Factors



### 3) Summary of the make-up of the PPG

For most factors the make-up of the PPG is representative of the registered list size at Brook Green Medical Centre although it should be noted that whilst invite to the PPG is generic and broad (starting with offer at point of registration) it could be the case that further work is needed to ensure those patients, from a varied ethnic background, have the opportunity to engage. It would not be expected that the current make-up would devalue the results of the analyses however it would certainly enhances its inclusiveness.

### 4) Development of the PPG over 2014/2015.

We believe that our method of engaging with the PPG, in a virtual format, gives a positive balance between ensuring a wide enough group to make feedback reflective of our practice population and providing an easy format within which to feed back. This has been supported, similar to previous years, with a small telephone PPG as well as informal conversations / interviews with patients as described in section 4.

The main development of the group has been to increase its numbers. Last year's group saw a membership of 124 patients which has now increased to 307 (all of which are registered patients at Brook Green Medical Centre). The catalyst for increase has come from three areas –

- a. Publishing of action plans on notice boards in reception and advertising the option of joining our PPG
- b. Ensuring our staff are knowledgeable about its function and purpose and inviting individuals where appropriate
- c. Providing the opportunity to be involved at point of registration with our practice.

## **5) Working with obtaining feedback from our Patient Participation Group and other areas of influence**

Moving to a virtual PPG group has improved the ease at which we can seek feedback from a broad range of patients. It is noted, however, that some patients wish to be involved and do not have access to email. To support this we also operate a telephone PPG that has approximately 10 members.

More informal relationships, that directly link to topics discussed by the PPG include –

- Discussions with patients within a Nursing Home, registered with us
- Discussions with patients who attend for support with Long Term Conditions.

The above areas are examples of patient groups that have directly fed into the creation of our Action Plan however it's important to recognise other areas of knowledge / feedback about of service, that has been shared with the PPG, that also have an influence –

5a) Comments on NHS Choices – all comments on NHS Choices are reviewed and captured within either the feedback or complaints log. This information source was then reviewed and used to influence our priority areas.

Feedback was most relevant to Priorities one and two within the action plan.

<http://www.nhs.uk/Services/GP/ReviewsAndRatings/DefaultView.aspx?id=44295>

5b) Feedback from Complaints – all complaints received were reviewed, responded to and analysed. This information source was then reviewed and used to influence our priority areas.

Feedback was most relevant to Priorities one and two within the action plan.

5c) Annual GP Survey – The results of the survey (undertaken between Sept 14 and Jan 15) were reviewed and analysed to support the development of our priorities.

Feedback was most relevant to Priorities two and three

<https://gp-patient.co.uk/>

5d) Care Quality Commission report – Following our inspection in October 2014 and the receipt of the draft report in March 15 the information held was used to influence the priorities identified within our action plan. Most importantly it contained direct feedback from our patients (taken on the day by a member of the inspection team and also through feedback cards prior to the visit) that has been used to help formulise our priority areas.

Feedback was relevant to all Priority areas.

<http://www.cqc.org.uk/location/1-559593138>

5e) Friends and Family Test – This is possibly the most useful area of feedback that has directly supported the content of our PPG. It is a reactive test based upon the patients opinion on the day and has been proactively advertised by the medical centre. Response rates have been over 90 patients each month.

Feedback was relevant to all priority areas.

<http://www.england.nhs.uk/ourwork/pe/fft/>

## **6) Time scales relevant to the PPG**

Our PPG agreed that the following time frames were important –

**6a) Quarter 3 of 2014 / 2015** – To close down the previous year's action plan. The date achieved was 15<sup>th</sup> December 2014.

**6b) Quarter 3 of 2014 / 2015** – To gather feedback on what our patients feel would be priority areas in 2015/2016. This was achieved between October 2014 to January 2015.

**6c) Quarter 4 of 2014** – To finalise and sign off the priority areas for 2014/2015. This was achieved on 15<sup>th</sup> January 2015.

**6d) To review the delivery of the priority areas** – this is agreed to be at the end of Quarter one, two and three of 2015 / 2016.

## **7) Completion and review of the 2013/2014 action plan – Appendix 1**

The action plan relating to last year's priorities was finalised during December 2014. This included producing the summary of achievement against each priority area and publishing the final version (available on our website).

Whilst the action plan will show that much has been achieved it also provided the core focus for this year's planning work. This focus revolved around 3 key areas –

- Accessibility of our service
- Availability of appointments
- The overall patient experience

## **8) Key Priorities for 2014 / 2015 – Appendix 2**

Following the information review of the sources identified within section 5 the following three priority areas were identified –

### **8a) Priority Area 1**

**Access** – That our surgery opening times meet the needs of our patient population.

We recognise that our patients require a broad range of opening times to meet their needs

### **8b) Priority Area 2**

**Availability** – to ensure that appointments are available to patients when they require it.

We recognise that whilst we open our doors to patients at more convenient times this only has true value if the appointments within it are available in a timely way.

### **8c) Priority Area 3**

**Patient Experience** – We believe the essentials of a good patient experience with Brook Green Medical Centre to be –

- A friendly greeting from a staff member who has the knowledge and experience to help resolve most issues
- That the waiting times for an appointment, upon arrival, are not significant.
- That a patient feels reassured and informed after a consultation with one of our doctors or nurses
- That we are efficient when managing any on-going referrals or tests

This set of key priorities was agreed on 15<sup>th</sup> January 2015.

### **9) Monitoring arrangements**

The PPG agreed to receive updates formal updates on the action plan on the following dates

31.03.15 – First up review of priority areas

30.06.15 – Intermediate review of priority areas

30.09.15 – Final review of delivery of priority areas

### **10) Evidence of views of the PPG**

Evidence is available of liaison with the PPG with examples including –

“that sources of feedback are not weighted too heavily towards complaints”

“more descriptive measures for the priorities – for example how long should a patient have to wait for?”

During the next review period the practice will be combining the identified priorities with the performance information that we regularly review to generate clearer measures of success / development.

## **11) Sharing our report and our Priorities**

This report alongside our priorities, in an action plan format, will be published on our website and available on our Patient Information notice board.