

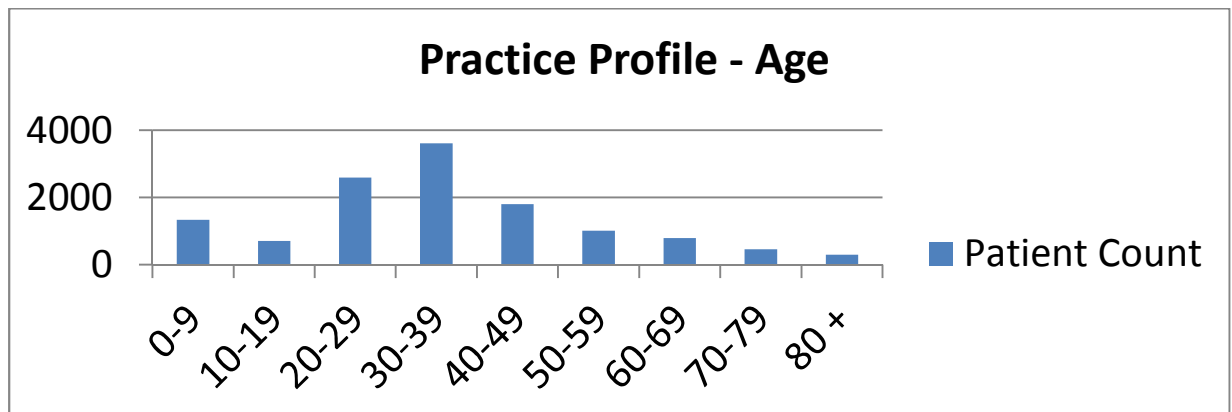
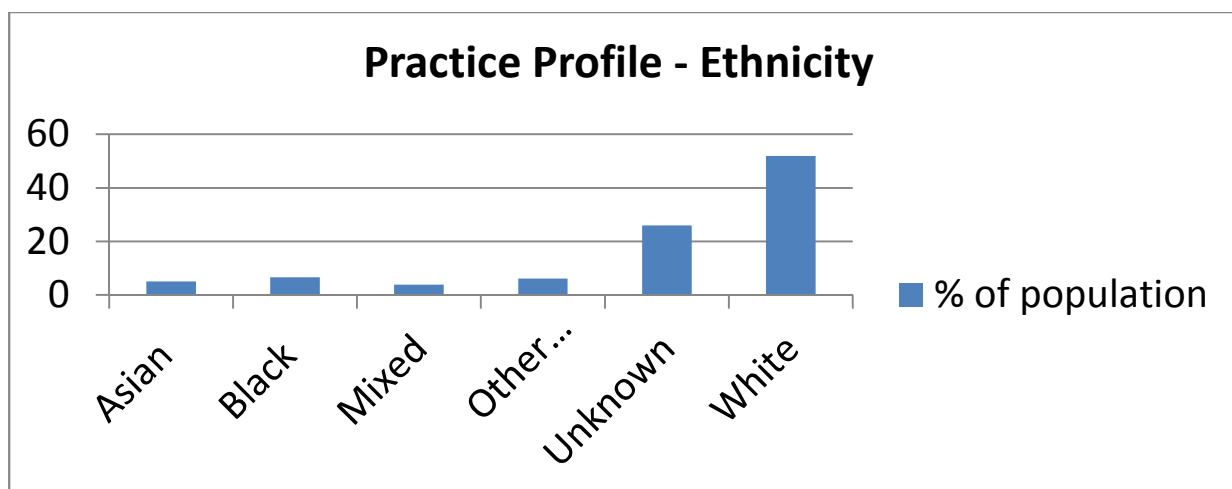
## Local Patient Participation Report

### OUR PROCESS

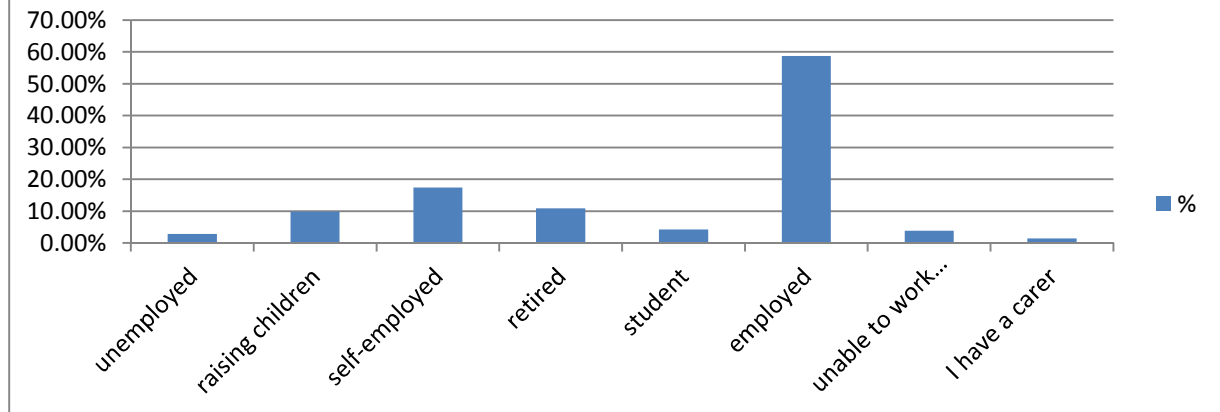
#### 1. ESTABLISHING OUR PATIENT REFERENCE GROUP (PRG)

In August 2013 we changed our clinical IT system. This is the system which holds all patients electronic records, and we took the opportunity to create a new virtual Patient Reference Group (previously known as the Patient Participation Group). This is a group of patients who would be contacted to offer their views and input into patient surveys and be involved in helping us improve the patient-centred service we provide at Brook Green Medical Centre.

Looking at the types of patients who are registered with us, we have groups including those who are young professionals, elderly, those who are also in Care Homes and others from minority ethnic groups. On the whole our practice profile is made up of the following demographics –



## Social factors of Practice population

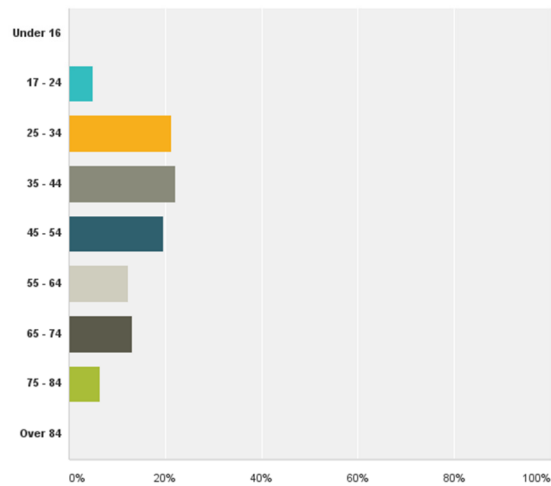


In comparison the 124 participants of the Patient Reference Group contains the following membership –

### Age

#### Q5 What age are you?

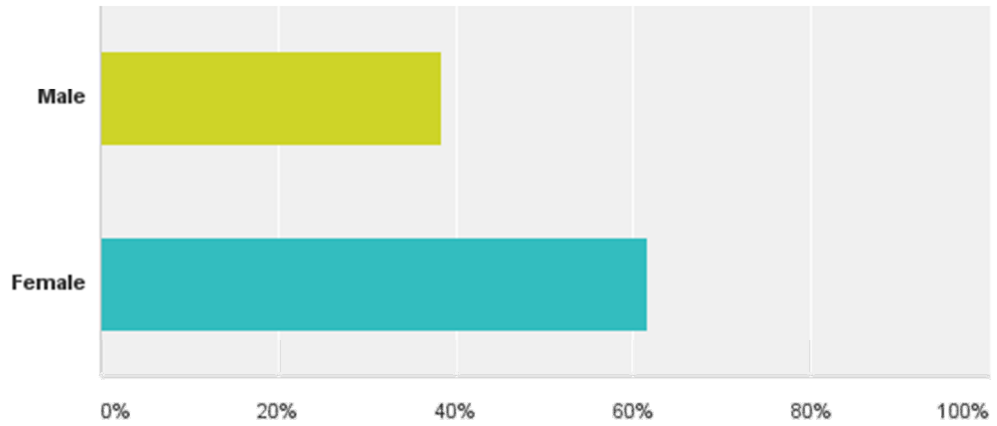
Answered: 122 Skipped: 0



Sex

### Q4 Are you...

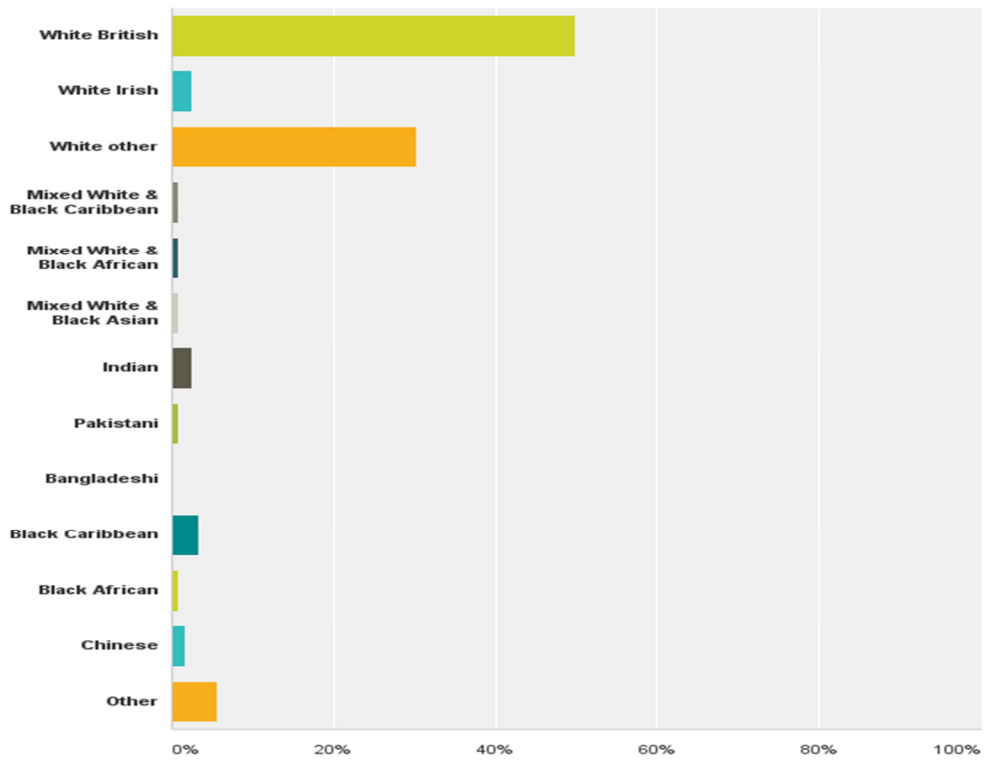
Answered: 120 Skipped: 2



Ethnic Background

### Q6 What is the ethnic background with which you most identify?

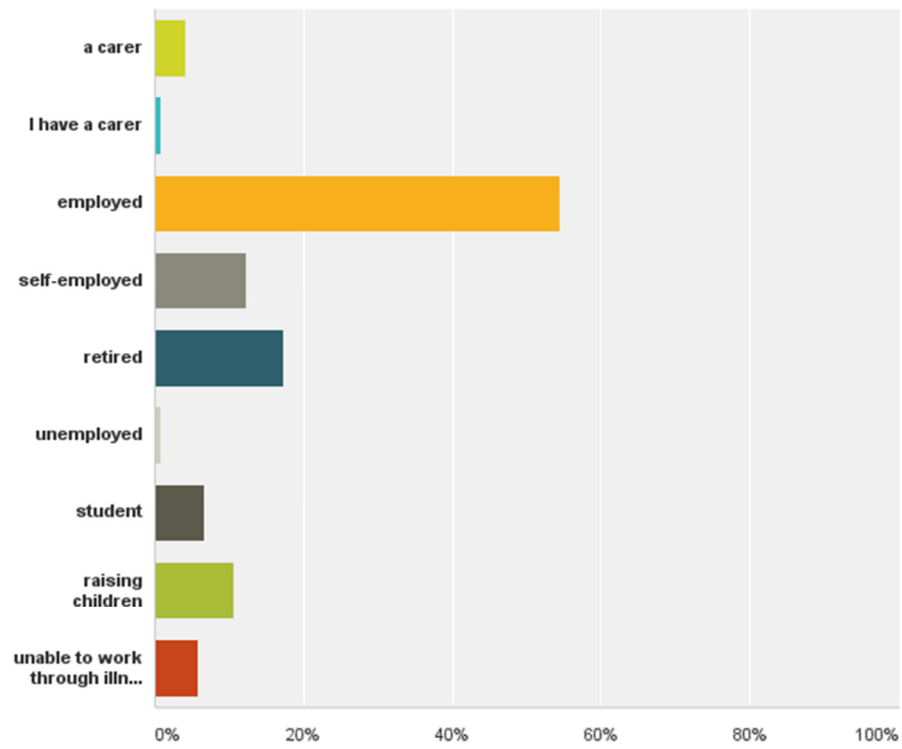
Answered: 122 Skipped: 0



Social Factors:

### Q7 How would you describe yourself?

Answered: 121 Skipped: 1



Understanding the demographics of the PRG has helped to ensure that it is representative of the practice profile. However, a second step was taken to review the prevalence of disease type. Whilst the practice profile does not have a higher than average of any particular disease type it does have strong links to vulnerable patients through contracts for medical services. This includes a local Nursing Home as well as a Homeless charity whose clientele experience some challenging mental health conditions. Both were approached to participate, however we were only successful in engaging some residents of the Nursing Home.

On the 9<sup>th</sup> January we sent an email invitation to everyone on our system who had an email address explaining what we were doing and asking them to join our new PRG. We sent 3877 and received 118 replies from patients wanting to join. Recruitment to the PRG has been ongoing; patients can become part of our PRG at any time by filling in a form in reception. This formed our 'virtual' email PRG. Numbers of patients engaged by way of the telephone group was lower, with 6 core members, however this was balanced against the increased depth of engagement that a telephone conversation offers.

Apart from our "virtual" group we also targeted a number of patients who would not normally have online access. This included representation from our older population groups and also a patient liaison link in our local Nursing Home. This formed a telephone group which we contacted as part of the PRG.

## 2. AGREEING PRIORITIES FOR A LOCAL PATIENT SURVEY WITH OUR PRG

On 20<sup>th</sup> January the PRG was emailed a Priorities Questionnaire, in which we explained the process that the Patient Survey and subsequent actions would take. We asked for suggested areas of priority and questions to include. We offered suggestions of our own, based on recent themes from complaints or patient feedback via NHS Choices, such as not being able to get through on the telephones, our previous PRG annual survey from 2012/13 as well as issues from 'Accessing your GP Services' from the National GP Patient Survey published in June 2013. The telephone group was also contacted and asked for its views. Finally the approach took into account the registration requirements of the Care Quality Commission. A number of essential outcomes from the CQC were used to influence our Priorities Questionnaire, this included Outcome 1: Respecting and Involving people who use our service and Outcome 10: Safety and Suitability of premises.

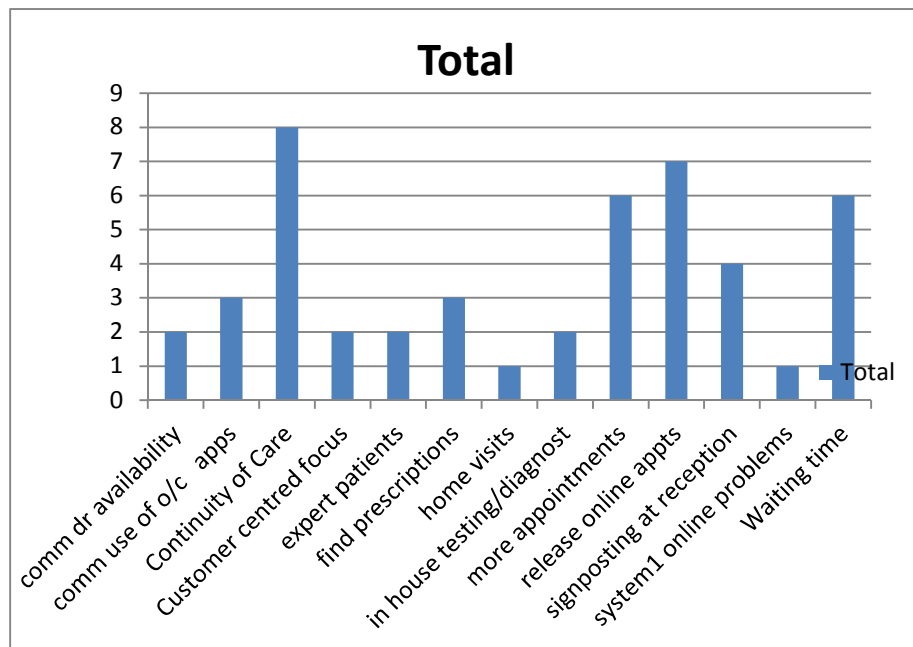
Responses in general were insightful and included feedback such as -

*"Online booking of appointments would be great! For working people especially it would make much easier to come and see the GP"*

*"The area that I think needs improvement is not being able to book an appointment on the day. I have two young children aged 3 and 5 who both have glue ear and so have never ending ear infections."*

Receiving detailed responses like this helped significantly to tailor the final questions.

We had 50 responses to this survey. The results were analysed and questions and ideas were grouped under categories. The questions that we included in the survey were ones which gained most support from the PRG. For example we asked about the use of Skype, but the PRG was divided, so we did not include that question; instead we included one about the use of email communications. Below are the results of the categorised responses.



From these results, on 28th January, the practice drew up a draft Patient Survey for the PRG to comment on and agree. The PRG was emailed and telephone group was contacted. Changes were subsequently made to the draft as suggested by the PRG – for example, an unbiased 5 point rating scale was suggested for clarity and good practice which was duly input into the survey. Agreement was reached on the 5<sup>th</sup> February.

### 3. THE FINALISED PATIENT SURVEY AND SURVEY RESULTS

The final Patient Survey was distributed to all patients on 5<sup>th</sup> February using Survey Monkey. The link was originally sent via email with an additional text link going out on 11<sup>th</sup> February. 3877 emails and 9965 text messages were delivered to patients. The telephone group was also phoned to complete the survey. 150 copies of the survey were given out to patients in reception with an approximate return of 50 completed surveys. The survey was open for responses for a 3 week period between the Wednesday 5<sup>th</sup> and Monday 24<sup>th</sup> February 2014. This methodology was used to ensure that the survey reached as many patients as possible, and that those without access to the surgery or the internet were not disadvantaged. The PRG found no objections to this methodology.

Please see the Appendix A for the Results. The total of 542 responses were collated and analysed using the analytical functionality available from Survey Monkey. This included the use of graphs to display quantitative information such as the numbers of responses per response category. Comments left by patients enabled us to analyse qualitative feedback such as thoughts and feelings about particular areas. The results have been discussed at practice meetings to inform the practice staff of the responses to the survey questions. They have also been sent to the PRG for comment and discussion. A steering group involving the Practice Manager, Managing Partner, IT administrator and representatives from the HCA team were invited to discuss the results and help draft the initial action plan.

### 4. SURVEY RESULTS AND ACTION PLAN

The results were published on our website with a link sent out via email to the PRG on 26<sup>th</sup> February. We gave the PRG the opportunity to discuss and comment on the results with a view to create an action plan from these comments. We received comments from the PRG about the results and drafted an Action Plan which was sent to the PRG for comment and agreement of actions. The Action Plan looked at each area of priority, referencing questions asked in the Patient Survey. This was sent to PRG members on the 4<sup>th</sup> March 2014.

We subsequently received comments and agreement from the PRG on 8<sup>th</sup> March. We then amended the action plan as suggested by the PRG in light of these comments, for example one member proposed that a review of our actions took place in 12 months' time.

Whilst the results highlighted some areas of development for Brook Green Medical Centre there were no aspects that should require a significant change in operations.

5. ACTION PLAN THAT SETS OUT THE PRIORITIES AND PROPOSALS

**BGMC Patient Survey Action Plan 2014**

The agreed priorities with the PRG were booking appointments, telephone answering time, email exchange, improved continuity of care and clarification of the role of the Health Care Assistants, although other elements we felt were important were also included within the action plan.

This is our final Action Plan, developed with input from the PRG, from the results of our recent annual practice survey. The plan was agreed by the PRG on 8<sup>th</sup> March 2014.

Issue	Question reference	Survey Response	What we will do	Timeframe and Lead
Booking Appointments	Q1,2,4	Responses to these questions indicated that not all methods of appointment bookings, such as online and Patient partner, were being used as some were not aware of them.	<p>Communicate and promote all available methods for booking all types of appointments with our Clinical staff.</p> <p>Communicate what can be provided by our Doctors, Nurses and Health Care Assistants.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>- Display this information in reception</li> <li>- Promote on website</li> <li>- Send confirmations and reminders of appointments via SMS.</li> <li>- Remind patients at reception.</li> </ul>	<p>End of April 2014</p> <p>Lead – Office Manager</p>
Telephone Answer Time	Q3	Comments from survey indicated strongly that the main dissatisfaction was the length of time spent trying to get through to the surgery on the telephones.	<p>We have recently implemented a “call centre” system for answering the telephones.</p> <p>We will analyse figures of call responsiveness and demand over the coming year with a view to be answering calls within 7 seconds 70% of the time and also to reduce the number of ‘lost’ calls i.e. those which we are unable to answer in a reasonable time.</p>	<p>End of December 2014</p> <p>Lead – Business Manager</p>
Email information exchange	Q5	Responses indicated that this is an important communication channel and one which should be looked at.	Implement a pilot email correspondence scheme between the surgery and our patients to provide a communication channel for appointment bookings, general enquires and normal test results.	<p>End of June 2014</p> <p>Lead – Managing Partner</p>
Improved continuity of care with doctor of their choice	Q4,9	Results showed strongly that this was an important issue. Having more access to particular doctors in particular.	<p>We shall make available online bookable appointments for GPs for up to 8 weeks ahead.</p> <p>We shall publicise on our website and in reception the usual session times that our Clinical staff are available to see patients.</p> <p>As mentioned in Q1, we shall explain all methods for booking appointments with a particular doctor, including our Embargoed (open on the day appointments) and Telephone Appointments - for named doctors.</p>	<p>End of April 2014</p> <p>Lead – Business Manager</p>



Improve surgery premises	Q6,7 positive,8	Results showed that patients thought the premises were very clean with adequate facilities for disabled patients. Improvements could be made by increasing the number of chairs in the waiting room during busy times and de-cluttering the noticeboards.	We will provide more chairs in the waiting area when required.  We will ensure that our noticeboards display only current information and are more clearly divided according to subject matter.	Mid April 2014  Lead – Office Manager
Role of HCA's	Q10	The results showed that a large proportion of patients had not used the services that our Health Care Assistants provided, although when they did, they were agreed that the services were good.	We will communicate the role of the HCAs to our patients via website and notices in Reception. Staff to be trained to explain how the HCAs deliver improved care through performing health checks when repeat prescriptions are due.	Mid April 2014  Lead – Business Manager
Self Help groups	Q11	Results indicated a strong preference for this type of event to be repeated in the future.	We plan to organise and promote self- help days if capacity and funding allows.	December 2014  Lead – Managing Partner

6. PUBLICISE LOCAL PATIENT PARTICIPATION REPORT ON WEBSITE AND UPDATE REPORT ON SUBSEQUENT ACHEIVEMENT.

We will publish this Local Patient Participation Report on our Website and provide progress reports quarterly.

Reviewing our action plan from 2013, we have made progress in increasing the functionality of our telephone system, one of the action points. In December 2013 we have implemented a 'call centre' where incoming calls are answered by dedicated telephonists. Initial analysis of figures show a marked improvement on the number of calls answered within 7 seconds. The average % of calls answered within 7 seconds over a 3 month period is 57%. Our plan for this year is to increase this to 70%.

Looking at continuity of care, we stated that we would try to improve your access to see a particular Doctor. Using our new IT system we now have different types of appointments available including appointments which only open on the day of a Doctor's session, increasing the likelihood of patients to be able to see a particular Doctor on the same day.

## OUR OPENING HOURS

The surgery is open Monday, Tuesday, Friday from 08:00 to 20:00 and 07:00 to 20:00 on Wednesday and Thursday and 09:00 to 12:00 on Saturdays. Our on-call emergency doctors are not available until 09:00.

### Clinics

We are open for appointments, as follows:

GP clinics - Mornings	Monday to Friday	09:00 to 12:00
GP clinics - Early mornings	Wed, Thu	07:00 to 10:00
GP clinics - Evenings	Monday to Friday	16:00 to 20:00
Gp & Nurse Clinics -Weekends	Saturdays	09:00 to 12:00
On-call clinics – emergencies only	Monday to Friday	09:00 to 12:00 14:00 to 15:00
Baby Clinic a.m., Health Visitors p.m.	Tuesday	09:00 to 15:30
Minor Surgery	Thursday	09:00 to 12:00
Anticoagulation	Thursday	08:30 to 11:30

Clinic appointments can be booked via telephone, face to face or directly by the patient via the internet.

As a practice that has arrangements to offer extended hours of surgery the following is a summary of when a patient might choose to see a particular doctor -

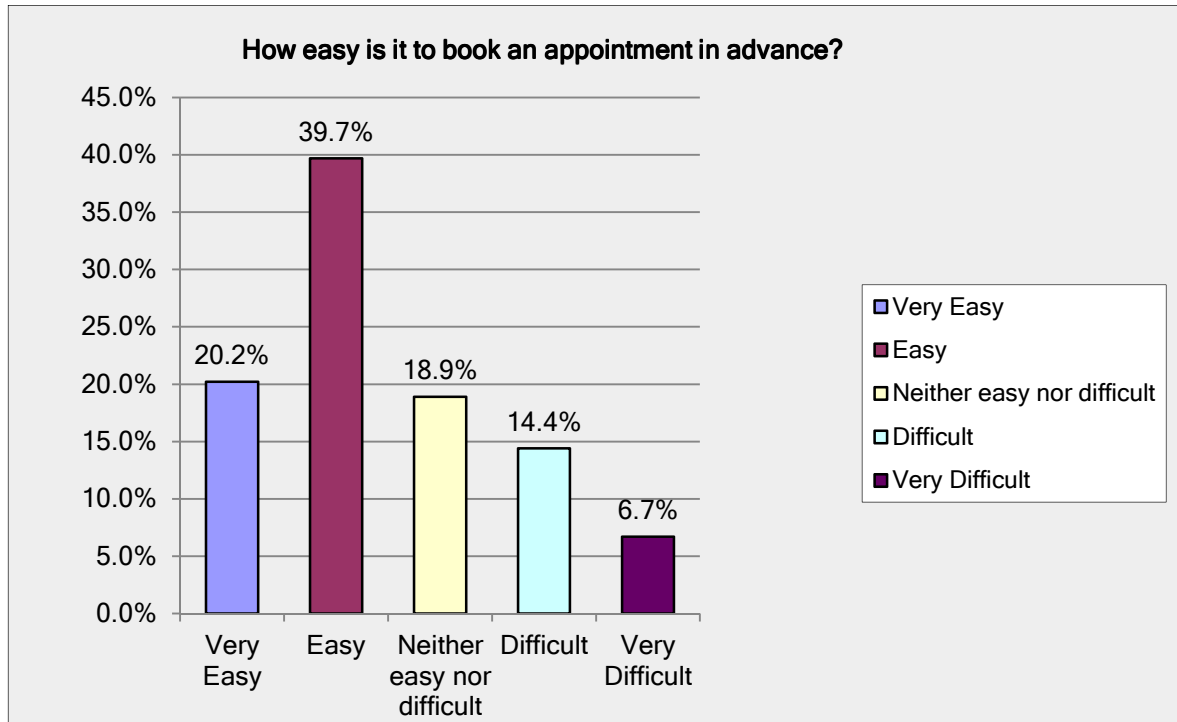
	Monday	Tuesday	Wednesday	Thursday	Friday
Dr Cavanagh	1530 to 1800		0900 to 1300		0900 to 1200 and 1430 to 1730
Dr Macphee	1430 to 1730	1800 to 2000	0900 to 1300		
Dr Wingfield		1530 to 1800			0900 to 1230 and 1500 to 1800
Dr Kaye	0930 to 1230	0930 to 1230		0930 to 1230	

Dr Wilson	1400 to 1730	0900 to 1230	0930 to 1230		
Dr Loud	0900 to 1200 and 1530 to 1800	0700 to 1000 and 1200 to 1430	1400 to 1730	0830 to 1200	1800 to 2000
Dr Gabriel	1400 to 1730	0700 to 1000	0900 to 1230 and 1530 to 1800	0900 to 1200 and 1800 to 2000	0900 to 1230 and 1430 to 1700
Dr MacTavish	0930 to 1230		0700 to 1000	0930 to 1230	
Dr Sellar	0930 to 1230	1100 to 1400 and 1800 to 2000			0930 to 1230
Dr Canagir	1800 to 2000			0900 to 1200 and 1530 to 1800	0900 to 1200
Dr Hillson		0900 to 1200 and 1400 to 1730	1100 to 1400 and 1800 to 2000	0900 to 1200	0930 to 1230 and 1530 to 1800
Dr Farley	0900 to 1200		0900 to 1200 and 1430 to 1700	1400 to 1730	

If you are a patient at Brook Green Medical Centre and are interested in become part of our Patient Reference Group then please contact us on 020 7471 3333.

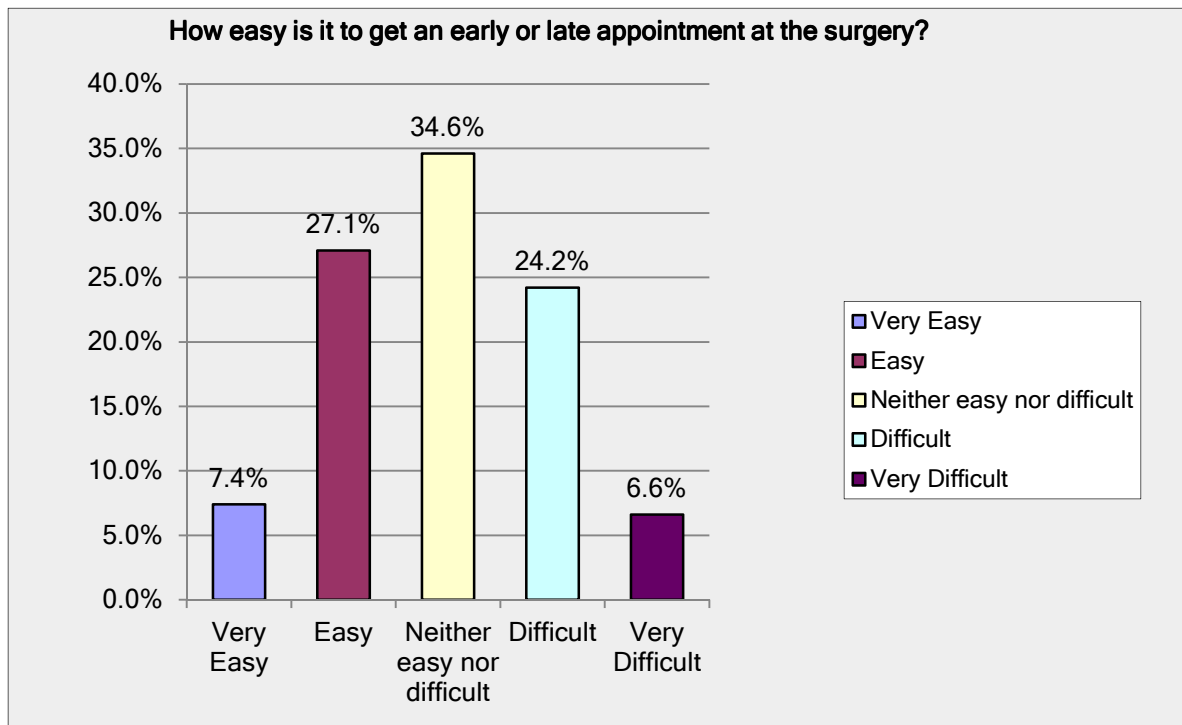
**Brook Green Medical Centre annual Patient Survey results 2014****Introduction**

Each year Brook Green Medical Centre undertakes a patient survey. The survey helps us better understand how our patients feel about the care that we provide. The information below shows the results of that survey and our next step is to discuss our action plan with our Patient Reference Group. These are the results of our annual patient survey. This is due to be done during March with our final report and action plan published by 31<sup>st</sup> March 2014. From a total of 12542 surveys sent we received 542 responses from our registered patients.

**Q1 How easy is it to book an appointment in advance?****Comments:**

60% of you answer that you find it easy or very easy to book an appointment in advance. Your comments suggest that you find it easy if you don't need to see a particular doctor. 20% of you were neutral. 20% found it difficult. Of those who answered "difficult" or "very difficult", the general overall view from comments indicated that waits were up to 10 days and the telephone booking system not user friendly.

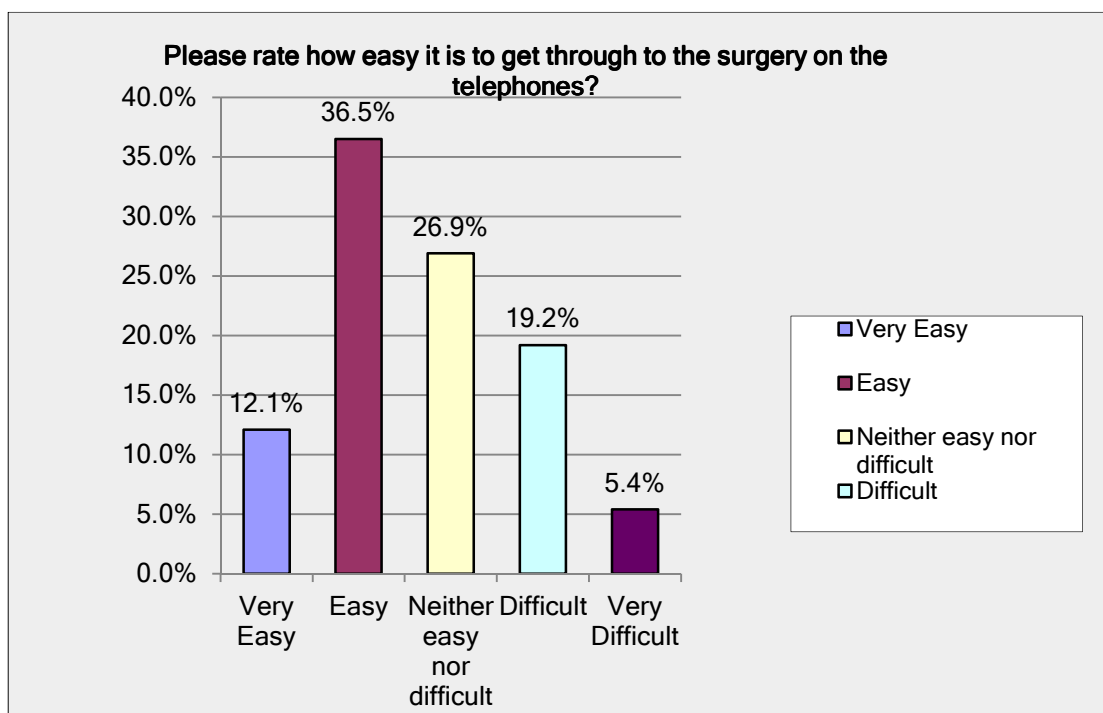
### Q2 How easy is it to get an early or late appointment at the surgery?



#### Comments:

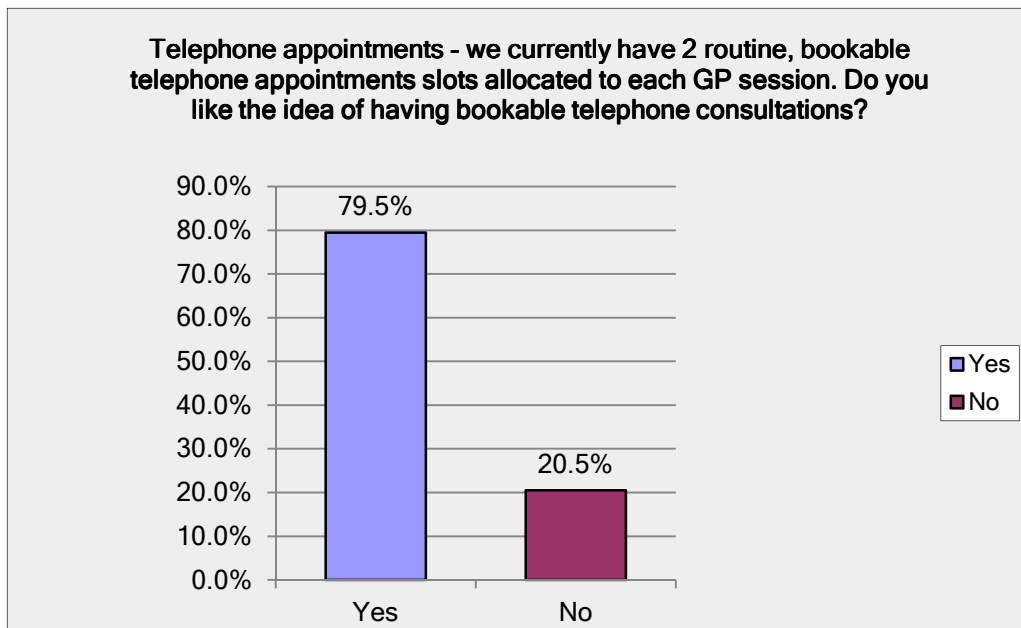
Similar numbers of you find booking appointments in advance fairly evenly split; easy (27%) ,difficult (24.2%), very easy (7.4%) very difficult (6.6%). There is a large neutral basis. Your comments overall suggested that this is one strength of the practice. You also observed that early appointments, which are useful for those in work, are booked quickly, leading to difficulties in subsequent bookings for early or late appointments.

### Q3 Please rate how easy it is to get through to the surgery on the telephones?



Comments: The results show that 49% of you find it easy or very easy to get through on the telephones – 27% of you find it neither easy nor difficult and 24% find it difficult or very difficult. Your comments show that the most difficult aspect of getting through on the phone is the length of time spent waiting on the phone.

**Q4 Telephone appointments - we currently have 2 routine, bookable telephone appointments slots allocated to each GP session. Do you like the idea of having bookable telephone consultations?**

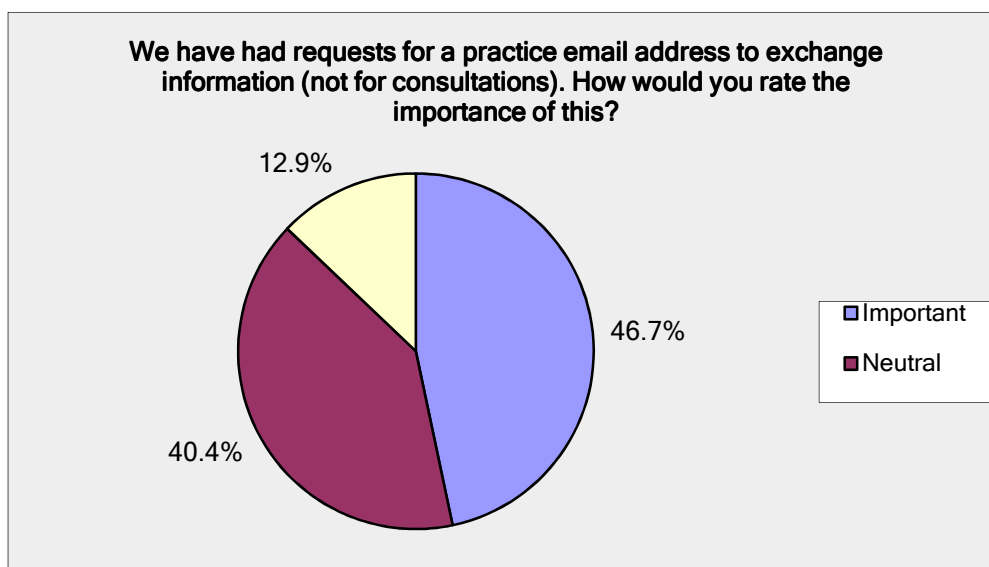


Comments:

We asked this question because we value the concept of continuity of care. Having bookable telephone appointments for each doctor enables patients to decide whether telephone contact will suffice for the purpose of their request.

The majority of patients, (80%), like the idea of having more bookable telephone consultations. Comments indicated that they were efficient, a useful service for routine problems or results. Of those who said no, you commented that you would prefer to speak to a doctor if you were ill, as well as that it can be quite difficult to explain the problem over the phone.

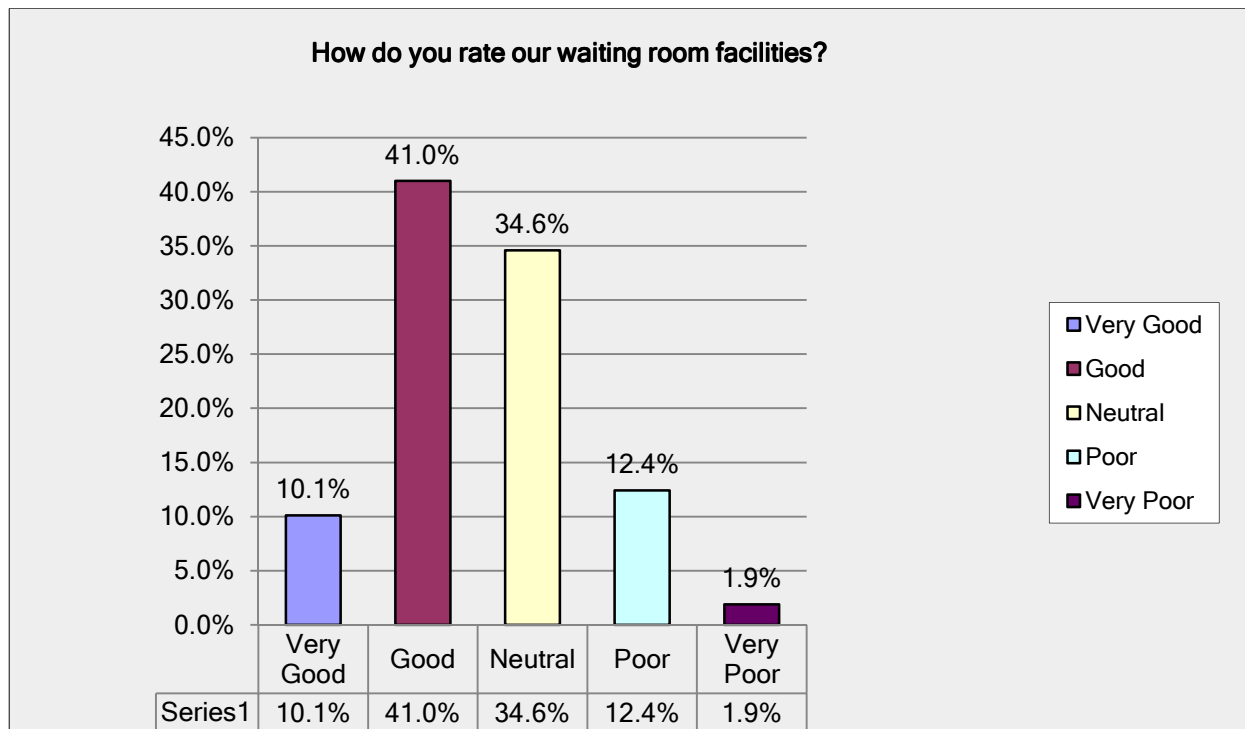
**Q5 We have had requests for a practice email address to exchange information (not for consultations). How would you rate the importance of this?**



Comments:

The majority of patients found that it is important to exchange information through email. Your comments indicated that it would improve communication channels but also that you were unclear about the purpose of the information exchanged. Otherwise it would be a useful tool in addition to the text confirmation and reminders already received.

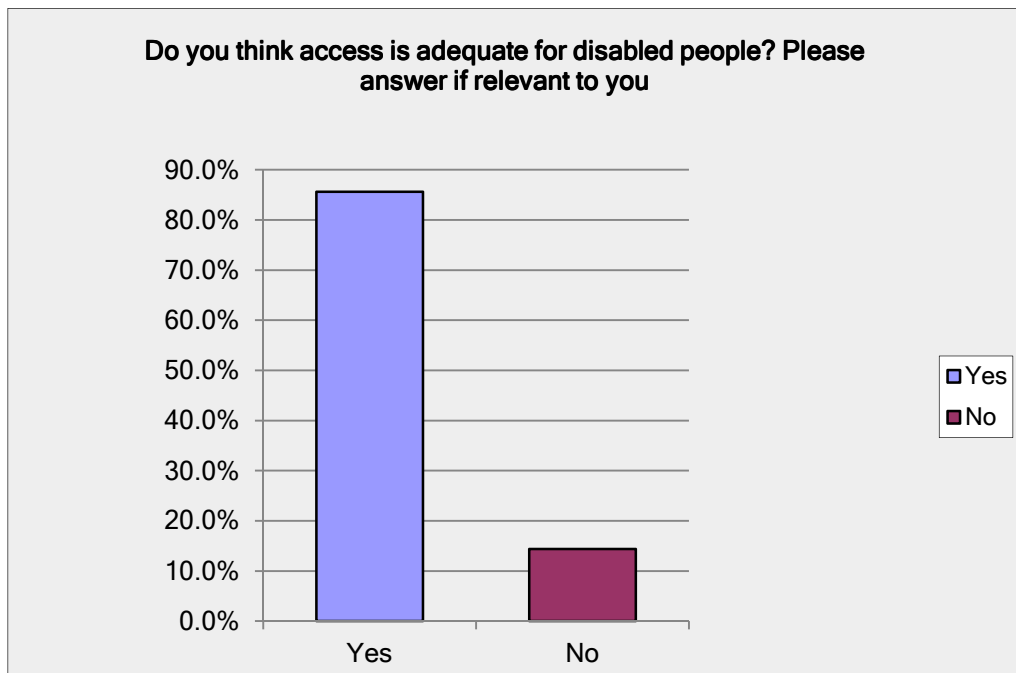
**Q6 How do you rate our waiting room facilities?**



**Comments:**

Most patients rated the waiting room facilities as good or neutral, with more patients rating it as poor than very good. Patients tended to like the Wifi and children’s area and check-in screen when working, although your ideas for improvement include drinking water, more chairs, more privacy, more items to read and less cluttered notice boards.

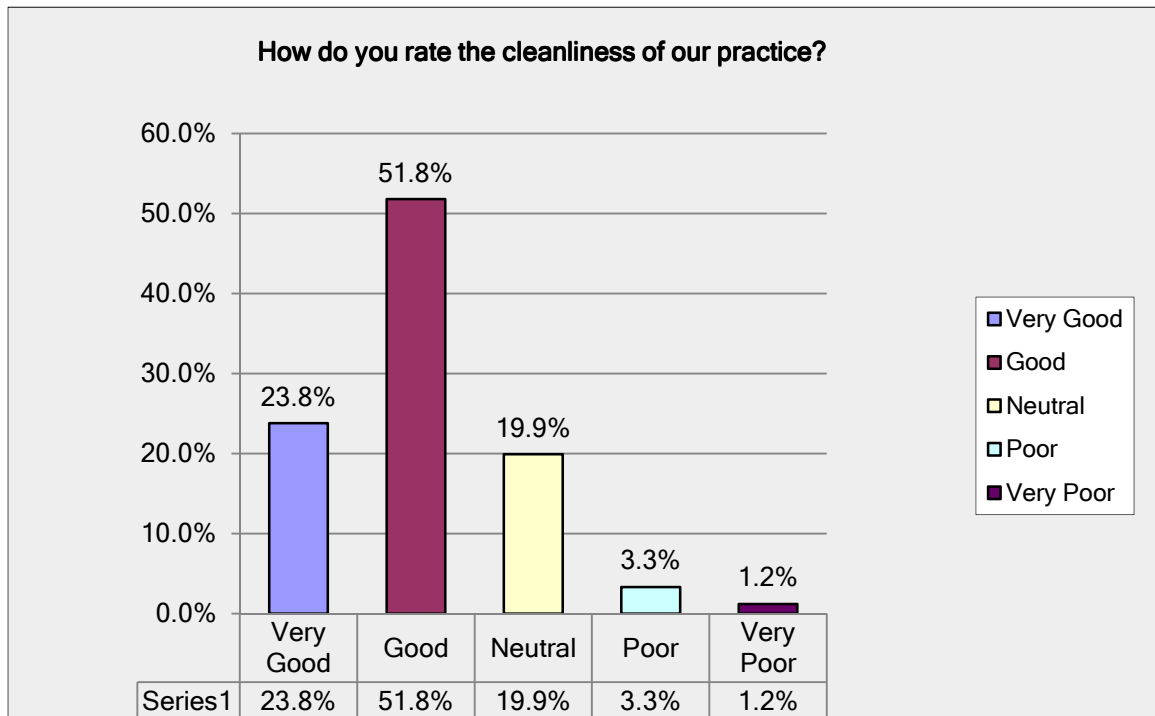
**Q7 Do you think access is adequate for disabled people? Please answer if relevant to you**



**Comments:**

85% of you answered that you thought the facilities were adequate. Your comments indicate that the entrance could be improved as it is very narrow and difficult for wheelchair users.

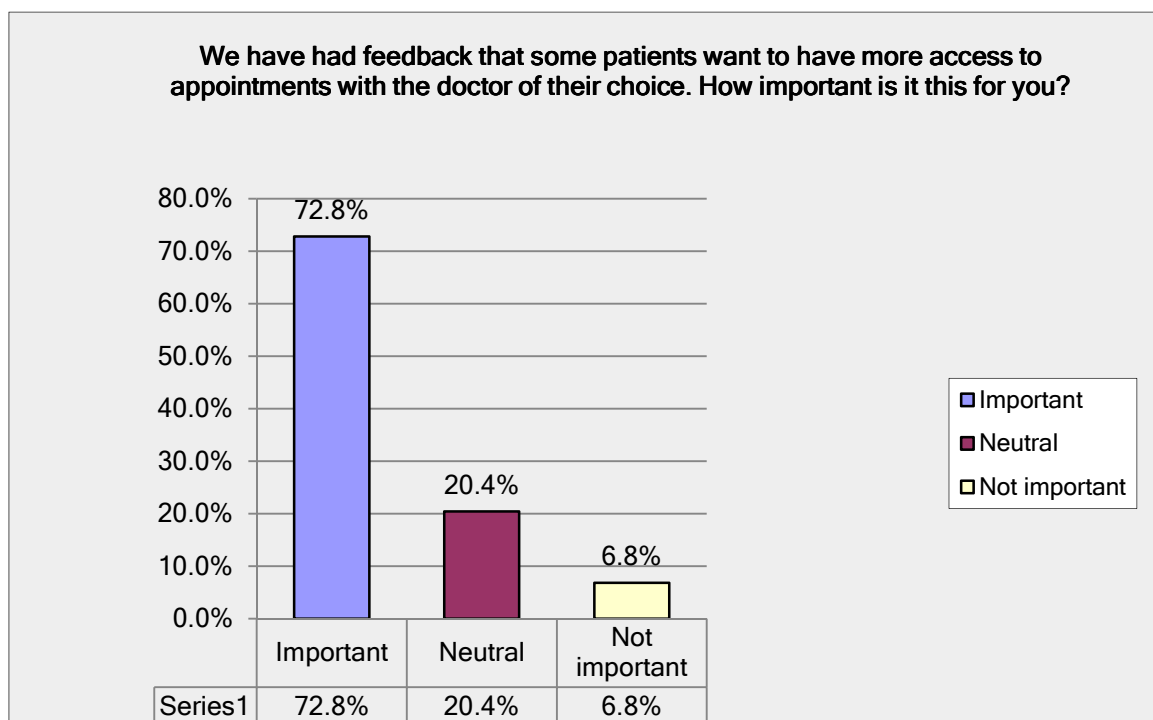
**Q8 How do you rate the cleanliness of our practice?**



**Comments:**

75% of you think that the practice is clean – answering Very Good or Good. 20% are neutral. 4.5% rate the cleanliness as poor or very poor. Your comments, in general, suggest that you are happy with the cleanliness of the consultation rooms. The waiting room and facilities are less clean.

**Q9 We have had feedback that some patients want to have more access to appointments with the doctor of their choice. How important is it this for you?**

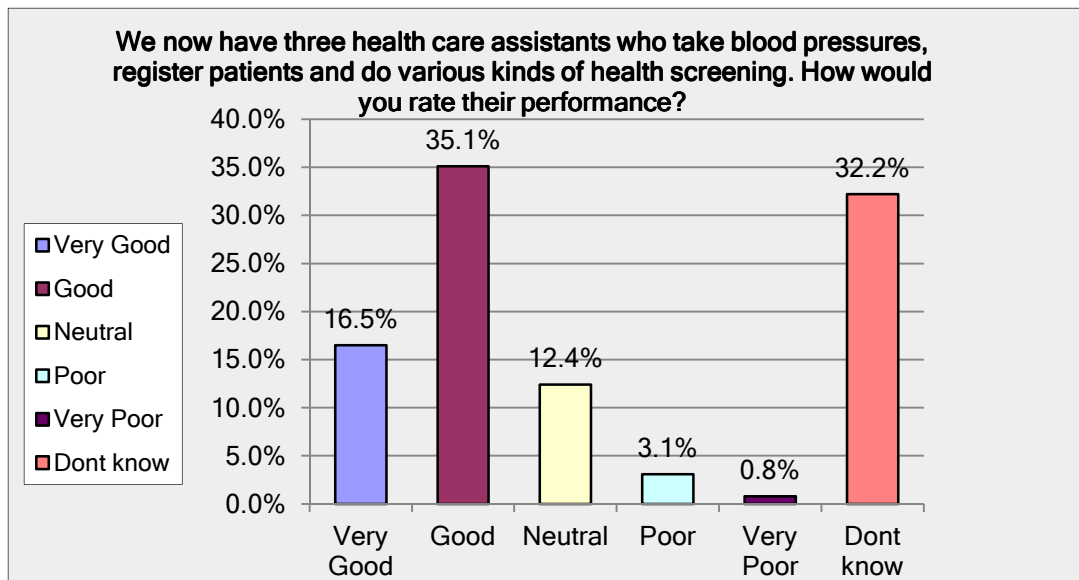


**Comments:**

This is a key issue. 73% of you rate the importance of having access to appointments with a doctor of your choice. In general, your comments indicate that you feel this is more important if you have a long term condition or sensitive issue to discuss, and less so for other problems.



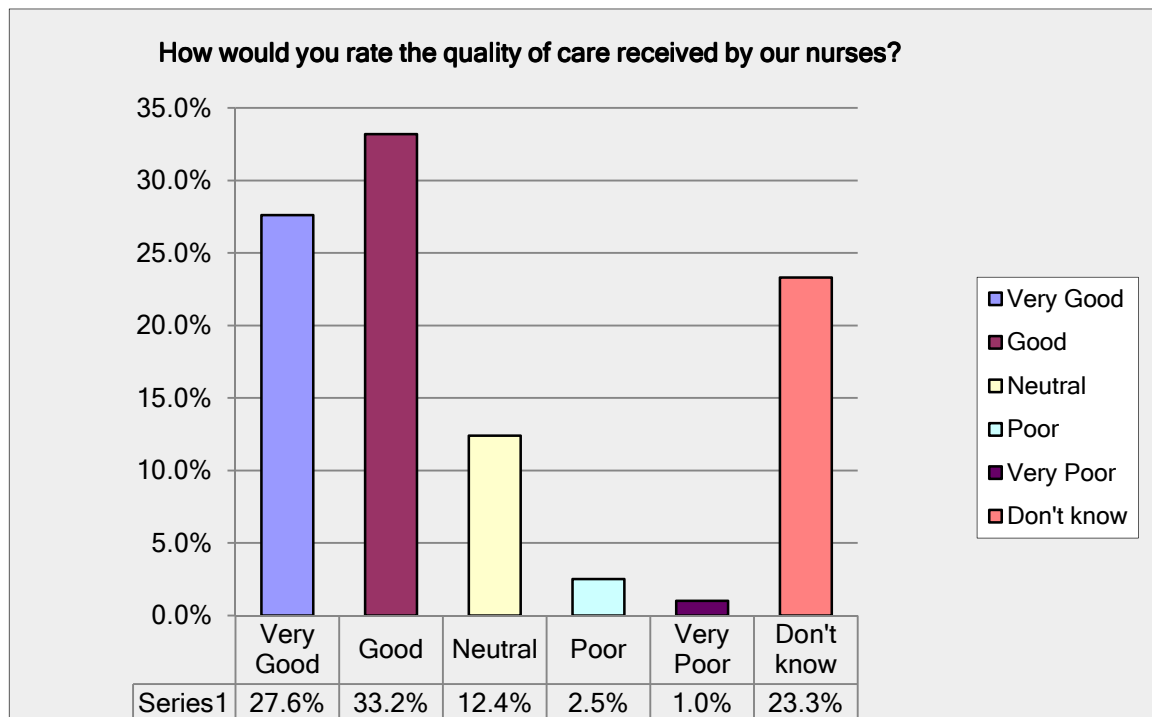
**10a) We now have three Health Care Assistants who take blood pressures, register patients and do various kinds of health screening. How would you rate their performance?**



Comments:

53% of you rate that our healthcare assistants give very good or good care. 32% have not used our health care assistants. Your comments suggest that you were unaware of this fact and that we should have publicised this more widely. You also agree that the screening that they provide shows good patient care.

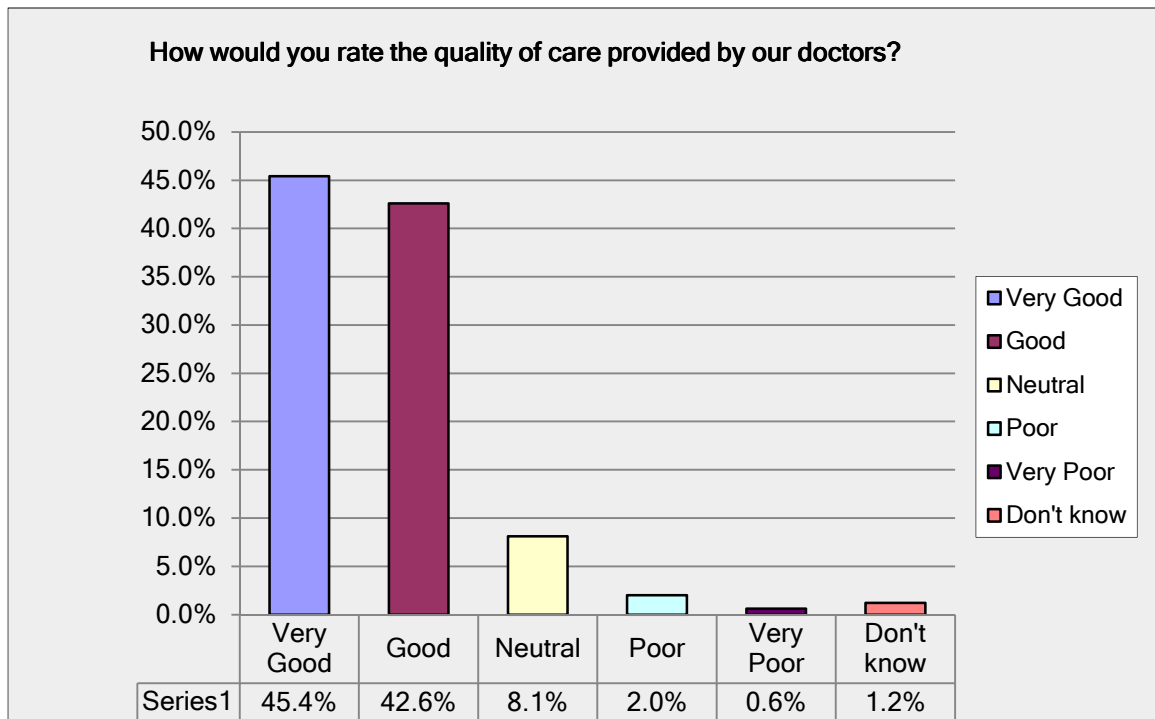
**Q10b How would you rate the quality of care received by our nurses?**



Comments:

60% of you say that you rate our nurse as good or very good. 23% say that you have not had nurse appointment. Overall, your comments suggest that you are happy with the quality of care received from our nurses, extolling their professionalism and manner.

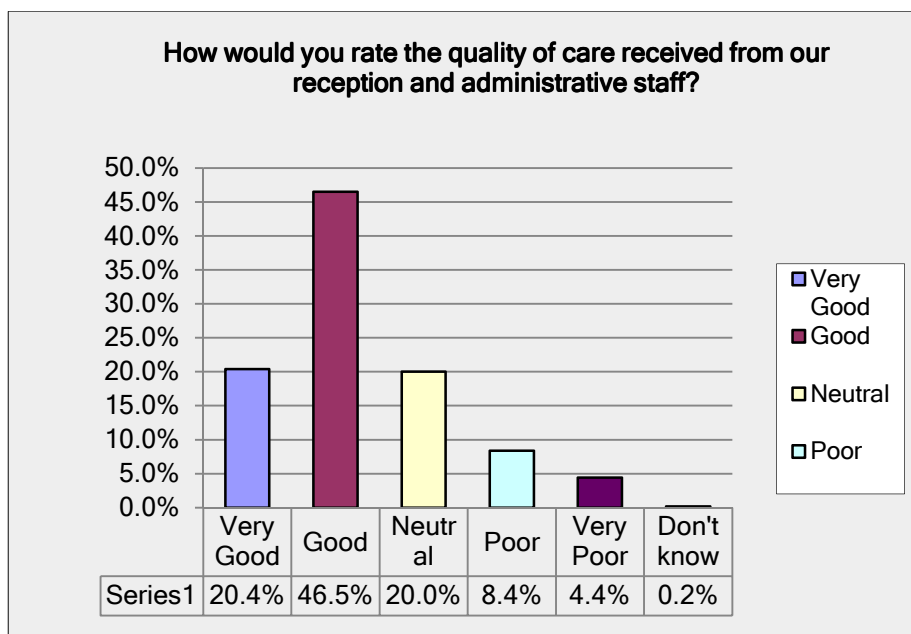
**Q10c) How would you rate the quality of care provided by our doctors?**



**Comments:**

88% of you rate care provided by our doctors as good or very good. Your comments are very supportive of our doctors, citing examples of excellent care provided.

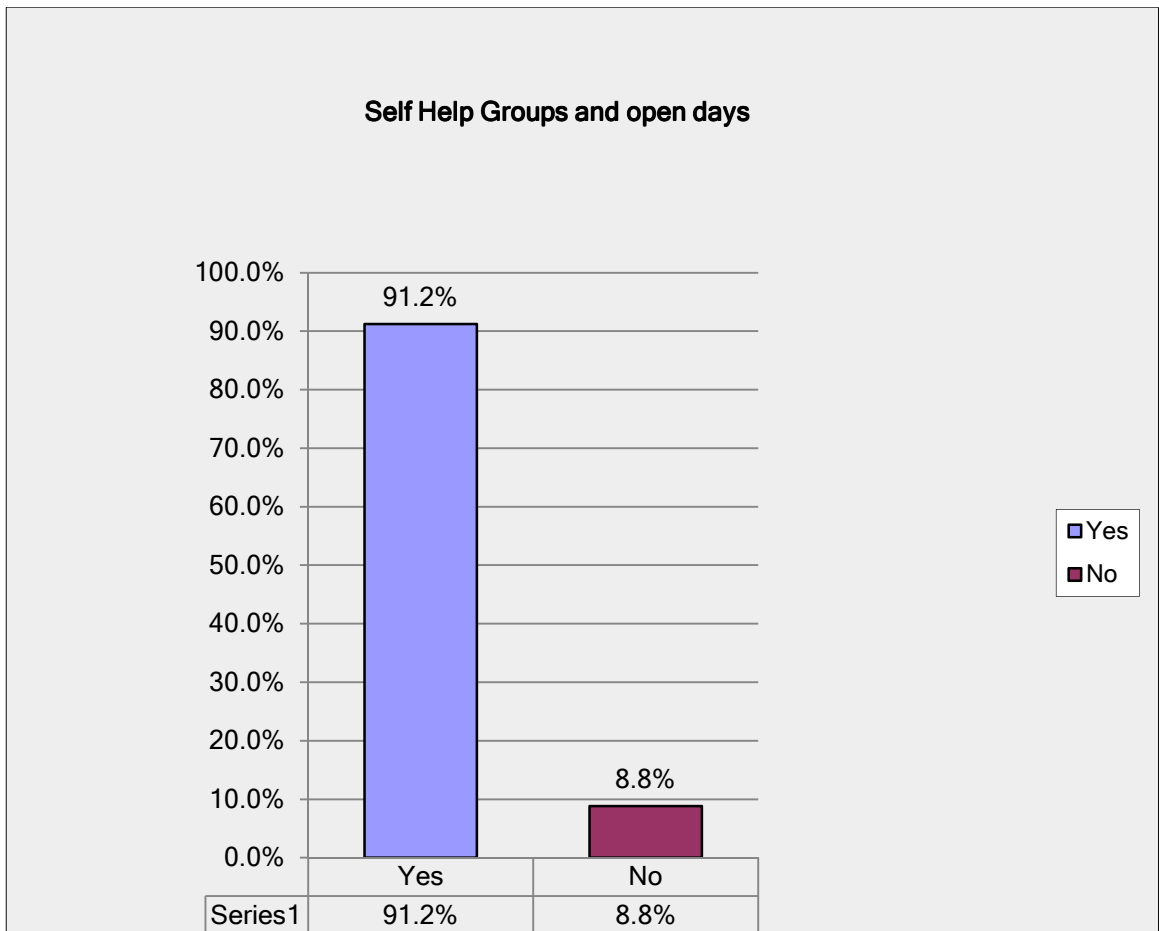
**Q10d) How would you rate the quality of care received from our reception and administrative staff?**



**Comments:**

70% of you say that you received good or very good care from our administrative team. 20% are neutral and 13% say poor or very poor. Overall, your comments indicate that our staff do a good job given the difficult scenarios that they sometimes encounter.

**Q11 Self help group and open days: We held a diabetes open evening last year from which we received very positive feedback. Diabetic patients were able to meet each other and discuss their own ways of dealing with the condition. Medical and life-style advice was available from doctors and expert patients. We would like to hold more of these events for diabetics and other disease groups? Do you agree?**

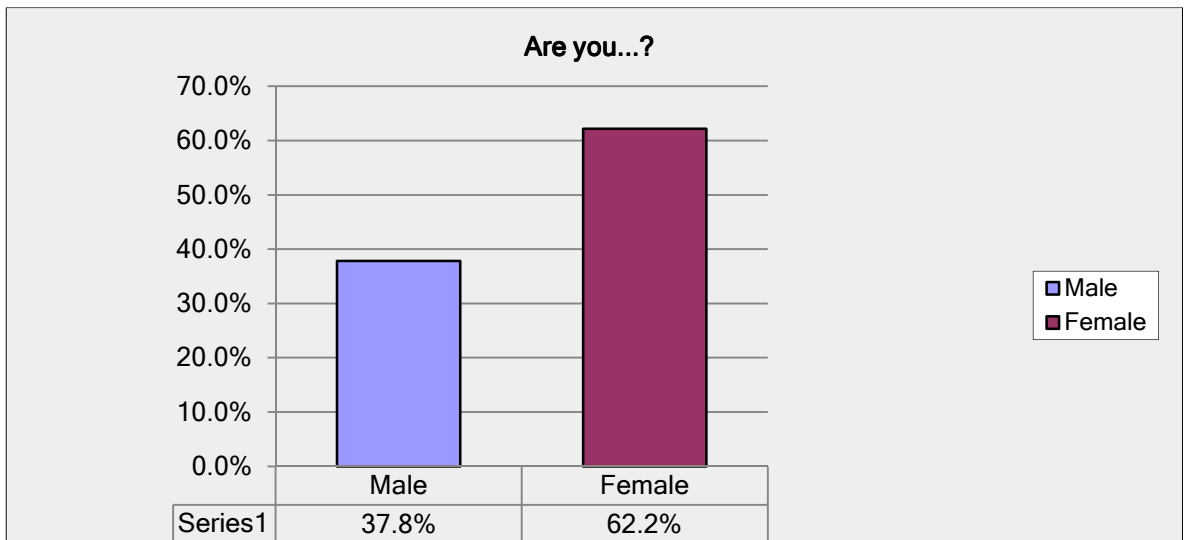


**Comments:**

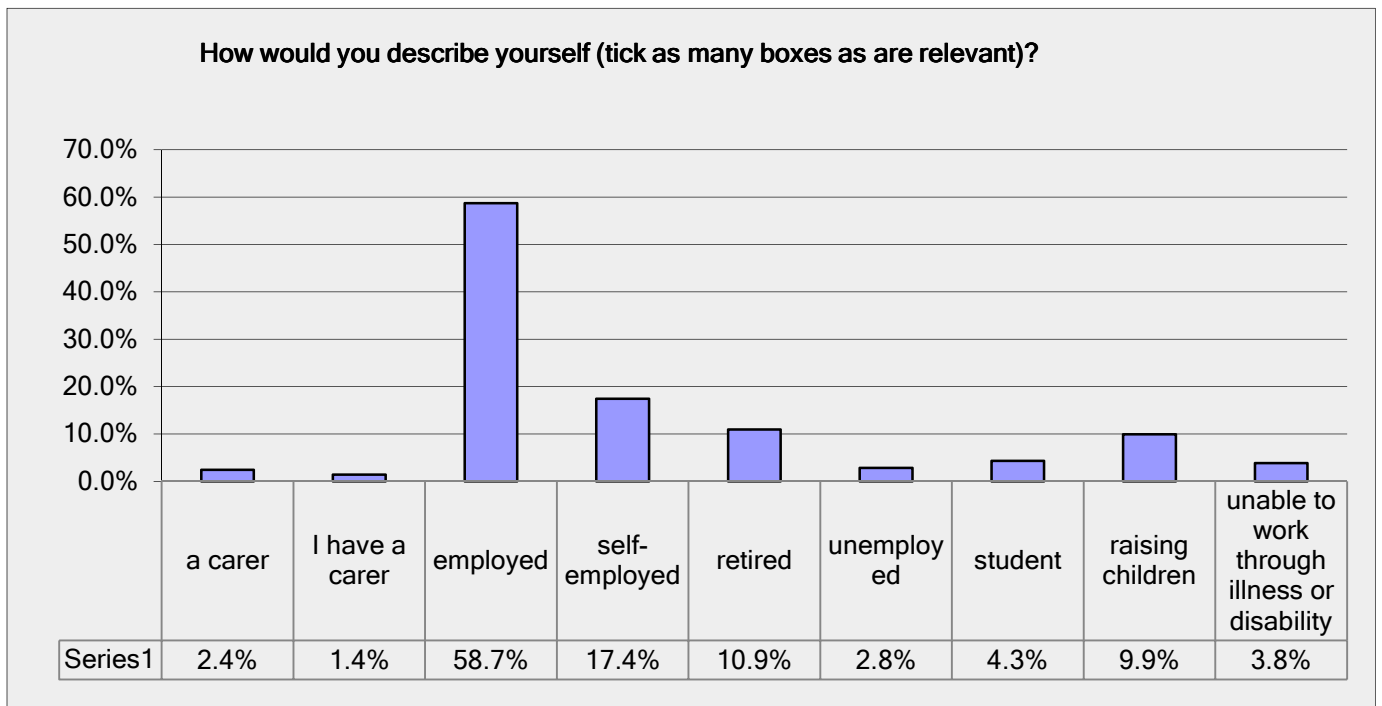
90% of you think that it is a good idea if we hold more self-help days about long term conditions. Your comments suggest that this would be invaluable to those of you who have long term conditions, however you are understanding of the work involved to organise these events.

Demographic information

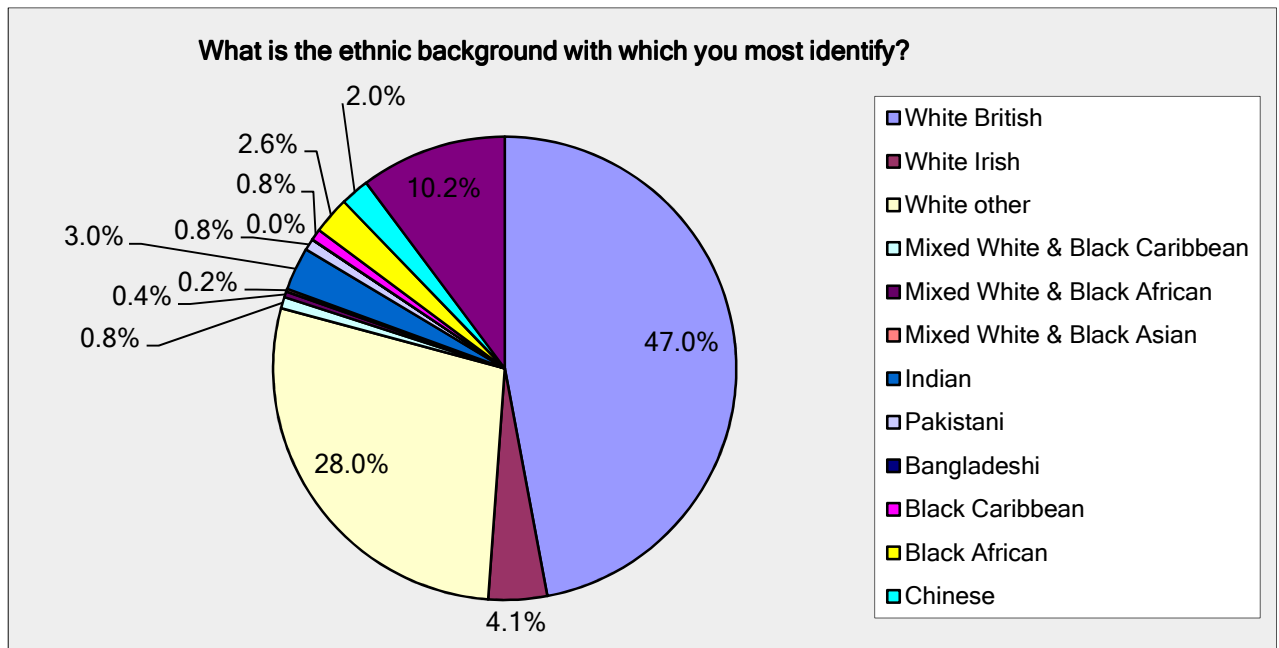
**Q12 Are you...?**



**Q13 How would you describe yourself (tick as many boxes as are relevant)?**



**Q14 What is the ethnic background with which you most identify?**



**Q15 What age are you?**

