

PRG – no	4	19
PRG %	17.4	82.6

Practice – %	19.7	10.0	12.9	12.4	14.3	12.2	10.5	8.1
PRG – no	0	0	0	1	1	8	8	5
PRG %	0	0	0	4.3	4.3	34.8	34.8	21.7

Detail the ethnic background of your practice population and PRG:

Note that 2971 patients have refused to give us their ethnicity and the remainder have not had any codes added yet.

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	5541	11	0	76	2	0	5	9
PRG	22							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice – Nos	17	12	8	12	8	20	29	2	0	61
PRG - Nos								1		

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:

We have recognised for a while that we are underrepresented in the younger age group. We continue to debate how to encourage new members to join and act on this. Our efforts include features on the waiting room TV, a message on every new patient form, information on the website and in the practice leaflet. We also alternate the meetings between day time and evening as we recognise individual preferences/circumstances. We have also approached the college health advisors. We do however recognise that on the whole young people are less interested in health services and that as such it is a real challenge to get regular involvement from this population group. Therefore, we have two members of our group who lead a virtual group and have messages on the waiting room plasma screen and in the monthly patient newsletter asking for patients to become virtual members.

The number of members in our group has risen by 156% over the last four years following surveys done by the group in 2013 and

details of the patient group added to the new patient registration form. We are also pleased that our latest recruit is a male under 44 so it appears that our efforts are working.

As you will see in previous years' submissions, we have looked at how representative our group is in terms of patients who are the highest users of the service, and, again this year it remains the same. Whilst there is an argument that some patient groups are not represented in the patient group and may have obstacles to accessing services, it is also true that patients tend to need GP surgeries more as they get older. We ensure that our group does consider what we cover from the perspective of all patients and to support this they do often ask their relatives, friends and neighbours for feedback – or even social media! We see the patient group as a nucleus that can gather feedback and local knowledge and opinion from a far wider pool than just the group.

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:

Not Applicable

2. Review of patient feedback

At East Quay we have a number of sources of information that we review with the patient group either regularly or as they arise. These include:

At every meeting:

1. Review notes from the previous meeting and ask for feedback on issues raised as often one patient raises a point at a meeting and then others think about it or review it ready for the next meeting.

2. Patient feedback – we cover points from the group at the start of the meeting so that all their points are given priority at the meeting. We also do this at the end of the meeting as often time together prompts other points.
3. Friends and family tests – We have undertaken the Friends and Family Test since August 2014 and feedback these results to the group every month. We forward these by e-mail once available and then discuss in the meeting.
4. Practice issues – We are always very open and honest with our patient group on issues or problems we have both in the surgery and in the wider NHS. We also seek the patient group's feedback on any changes we propose to make that will change the service we provide to patients. For example this year we had speakers on the Summary Care Record as this had been re-launched and it was only when the patient group were happy that we signed up.

As they arise

1. Complaints – where it is appropriate to (anonymously) discuss with the group a complaint the practice has received, we will discuss this at the meeting.
2. Significant Events– where it is appropriate to (anonymously) discuss with the group an event the practice has received, we will discuss this at the meeting.
3. National patient survey – We review these results with the patient group, and have done since this survey began. Note that the online graphs were included in our slides to the patient group as part of this year's DES.
4. Public Health report – Again, we share the annual report from Public Health with the group. We interpret this so as to make it easier for the group to understand as it is quite technical in its original format.
5. Surveys – we also share any surveys that we may do ad hoc that the patient group may be interested in.
6. Federation patient group issues – we are active in our Federation and on the Federation patient group so we feedback to and from the federation patient group regularly.

For the DES itself, we have additional dedicated time to consider this in the patient group meetings. The Practice Manager collated all of the information that may help the patient group decide on the areas to focus on. This includes Friends and Family results, public health reports, GP patient survey reports as well as the patients' and practices' own local intelligence. The group then brainstormed ideas and came up with a number of possible areas and below is the list of areas considered but not selected for the purposes of the DES:

- Looking at patients' understanding of continuity of care versus speed of care. This was because we know that most patients and clinicians prefer continuity of care as it provides a higher quality of care that they trust. However this year there has been a universal increase in urgent care over continuity of care.
- Alcohol. The public health profile clearly showed that alcohol is a major and increasing issue in Bridgwater, and this has short, medium and long term risks for patients and the NHS (for example increase in accidents and violence now, as well as increase in liver disease in the future). Therefore, exploring patients' understanding of alcohol and safe consumption, as well as brief interventions, was considered.

- Dementia. There is a national drive to increase dementia diagnosis as well as make the general public more aware of dementia. Our local Federation is linking with the Rotary Club in their campaign to make Bridgwater Dementia Friendly. The group and the practice support this campaign.

All of these areas are very important and whilst the group did not select them for this project, we will progress them through the group as we do for all issues that are important to the group and the practice.

Some examples of this in action are:

- Point raised by the group: Smoking in practice grounds
Despite the practice and grounds always being no-smoking, some people still smoke near the patient entrance. We have put up additional no-smoking signs to deter this.
- Point raised by the group: Wheelchair availability
We had a wheelchair for patient use. When one of the patient group needed it, it was unavailable (in use by another patient). Therefore we made a charitable donation for an additional wheelchair (very kindly one of the patient group members gifted their late mother's wheelchair to us).
- Point raised by the group: Knowing Training Doctors
The group asked for photos of the non-partner doctors on display in the waiting room so that patients feel more comfortable when the Doctor calls them. This has been put up in the waiting room, showing our locum covering regular sessions, and the training doctors.
- Point raised by the group: Disabled car parking
Car parking is a challenge at the surgery. The patient group wanted more disabled parking spaces. We added one additional space and plan to allocate more when we remark the car park later on in 2015.

How frequently were these reviewed with the PRG?

As laid out above, some aspects are discussed at every meeting – such as points from the group and the Friends and Family test. Others are reviewed with the group as they arise. In some cases – such as public health reports- this is annually.

Action plan priority areas and implementation

The East Quay Medical Centre group is very active and together we discuss a great number of issues and implement improvements continually. Therefore it is rather difficult to focus on just three areas in just one year. We have selected three areas out of the many we have addressed, and these are detailed below. However, it must be noted that this is not the only contribution and work the patient group has achieved this year.

Priority area 1
<p>Description of priority area: Car Parking</p> <p>This has been a well-documented area of complaint by patients and the PPG over the last few years. The practice had discussed, and actioned, various options with the PPG including additional disabled spaces and increasing the number of bike racks.</p> <p>However, this problem has been exacerbated this year for a number of reasons:</p> <ul style="list-style-type: none">- The neighbouring car park in which we used to rent space would not renew this arrangement and no longer tolerates occasional use by patients- A major extension of double yellow lines in the town now means that commuters now park in the road adjoining road the practice. This has removed most of the space for patients and staff to park nearby when the car park is full. <p>This led to lengthy further discussions at every patient group meeting and as well as many patient complaints (formal, informal, and on social media).</p>
<p>What actions were taken to address the priority?</p> <p>In Spring 2014 the practice found a piece of land which could be suitable for a car park. The practice contacted the agent, agreed terms and applied for planning permission, with PRG support. In August 2014 planning permission was granted and the practice completed the purchase of the additional car park at significant cost to the GPs. We then had to clear the site and work out how best to use this to free up space in the patient car park so that patients could park onsite.</p> <p>We have now completed this work and are on to the next stage of formally agreeing access to tenants in the practice. Once this is complete, we will have maximised patient access to parking onsite. This has included looking at the use of the onsite staff car park</p>

to improve patient access further. This has resulted in spaces in the original staff car park being freed up and therefore visitors to the practice are able to park there, rather than in the patients' car park.

Due to the lack of general parking around the practice we found a lot of our tenants' staff used the patients' car park reducing patient spaces. Regular patrolling of this car park has now minimised the non-patient parking thus also increasing patient spaces.

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

The actions completed are:

- Purchase of a new car park (including obtaining planning permission and clearing the site) to free up car park spaces in the on-site car parks
- Liaising with tenants to ensure they prevent staff from parking in the patient car park
- Non-patient visitors parking in the staff car park
- Regular patrolling of the patient car park to reduce inappropriate use (for example commuters or those for nearby businesses)

The impact on patients and carers are:

- Increased ability to park in the patient car park so shorter distance to walk to the medical centre
- Increased space for on-road parking along Symonds way
- Patients/carers are less likely to be late for appointments
- Patient/carer time is saved as they don't need to arrive very early as they are anxious about the wait for a car park space.

We have noticed that car parking was one of the key complaints in the written comments on the Friends and Family test when first launched in the summer. The car parking has not been mentioned by any patient in the Friends and Family tests since the changes were completed.

We have publicised this:

- To the patient group in the regular meetings
- In the patient newsletter, Quaypoints
- On the plasma/waiting room screen
- In materials around the Friends and Family test

Priority area 2

Description of priority area: Phone Answering

Common to most GP practices, telephone answering is one of the biggest causes of complaints. Patients report not being able to get through on the phone line, particularly the prescription line. This has been raised in the friends and family test, through patient complaints, our CQC visit and through the patient group. We have always worked hard to ensure that we maximise our call answering capacity – this includes ensuring appropriate number of receptionists according to the known call profile each day of the week and at different times of the day. We also publicise when our phones are likely to be busiest and so when to avoid calling for routine matters.

We try to encourage patients to call at certain times according to their reason to call – for example home visit requests we ask for early in the day, whereas for test results we ask for after mid-morning, when the calls volume has decreased. As the prescription line is for routine requests we run this after the peak morning calls but ensure it is open over lunchtime and until 5.30 to ensure that patients should be able to call at a time convenient for them even if they work.

However, in summer 2014 our call answering got worse for a number of reasons:

- We had a major IT failure for most of July 2014. This meant that in total we had no IT system for 4 days, and for much of the time we had read-only access to our clinical IT system, as well as the other system being very slow throughout. This meant too that we had to hand write prescriptions, and this generated a huge volume of additional work.
- In August 2014 we went to a new clinical IT system. Clearly the problems in July also made it harder to prepare for this as the time we had allocated to preparation was eradicated by trying to manage with no IT system at all. Even without the problems in July, it is very hard to learn a new IT system, and reconfigure systems around the IT system that had to change. Whilst everyone in the team found this hard, it proved to be particularly difficult in reception where they cannot reduce the amount of calls. Patients need appointments and prescriptions and this doesn't stop just because we have a new IT system. Therefore each call took longer and this made our call answering worse.
- We also had a number of staff off with their own health issues over the summer – and these weren't due to stress but due to things like planned surgery.

So, all in all, there was a major reduction in our ability to answer phones quickly as each call was taking longer due to the IT issues and we had fewer staff than usual.

Understandably we received a great many complaints – formal and informal - as well as much feedback on the Friends and Family test and feedback from the patient group.

What actions were taken to address the priority?

In August we knew that we needed to take immediate action to ensure patients received quicker call answering and staff had a safe and less stressful time at work.

Our action included:

- Arranging additional training on the IT system, at our own cost, on top of the standard training package provided.
- Recruiting three additional members of the reception team, who are now fully trained and valued members of the team. It is always difficult when new members join a team that is already struggling as training needs extra time. However, leaving this was not an option. The new team members settled really quickly and we were able to amend our training programme to ensure they were able to deliver a key role to alleviate pressure on the team and then, once the team had stabilised, they commenced training on all aspects of reception. They are now full members of the team.
- Heavy promotion of the on-line prescription ordering service. We have had online ordering for many years but moved to the dedicated clinical IT system (patient access) in August 2013. However, this was only available from 8am to 8pm as it went offline when our clinical IT server backed up. When we upgraded to the new IT system, this online ordering service became available 24 hours a day, 7 days a week. Therefore, this is much easier for patients to access at a time that is convenient to them. We promoted this service really heavily in the flu clinics (which see 3000 patients) and this had had a major impact on reducing the calls to the prescription phone line. This in turn has freed-up resources on the main reception which has reduced the call answering time on the main line as well as reducing queues in front reception. We continue to offer the service to all new patients as well as on the plasma/waiting room screen, patient newsletter and website. We also suggest the service to patients who have told us they are unhappy with our prescription line.
 - o It is important to note that one option would be to remove the prescription line altogether and ask patients to order on paper or online – as has happened in many surgeries. However, we (the practice and patient group) feel that the prescription line is a key service for patients and is important to keep for those patients who can't order online. It may be that at some point we need to revisit this, but we would prefer not to if at all possible.
- Online appointments. GP surgeries are mandated to provide online booking for appointments by 31 March 2015. It is important that we arrange this so that the protocols remain in place to ensure patients see the right person at the appropriate level of urgency, which we believe to be important, both for the patients' safety but also to ensure that our resources are used wisely. Therefore we have thought hard about how best to organise this. Linked to the third priority area below, we have set up online appointment booking (February 2015) for our urgent nurse/minor illness clinics. Patients have requested their log-in details and we have configured our appointment system to enable registered patients to book these appointments online. As these are typically for 'acute' problems it means that by doing this it reduces the calls early in the day, as patients will have been able to book these online. It also means that we can be sure that the appointments are

appropriate (because signing up patients are advised what symptoms are suitable for these appointments) and we will not have appointments wasted.

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

The results of our actions have been:

- Completed additional training with our clinical software supplier. We were advised that we had exceptional knowledge and competence in using the system following this training.
- The new team members recruited in reception are now settled and delivering the full receptionist role.
- We now have a significant number of patients signed up and using online repeat prescription ordering. We get over 100 new requests daily.
- We now have online appointment booking for urgent nurse/minor illness clinics. Patients have requested their log-in details and we have configured our appointment system to enable registered patients to book these appointments online.

We are delighted that all of these measures have worked, and our telephone answering statistics (we have call logging software) show a marked difference. We are also delighted that in our January patient group meeting the group fed back that the call answering was greatly improved! Whilst it was mentioned by 3/144 patients in our January Friends and Family forms, this is also a marked reduction compared to the results in August.

We have publicised this:

- To the patient group in the regular meetings
- In the patient newsletter, Quaypoints
- On the plasma/waiting room screen
- In materials around the Friends and Family test

Priority area 3

Description of priority area: General Service Awareness

We (the patient group and practice) feel we overestimate how much our patients understand about the services we offer, and feel some general information may be useful to them. This was illustrated in one of the previous surveys we did about

patients' understanding of their consultation and any medication that was prescribed.

Already there is a lot of information in the practice and on the web site for patients, and we highlight relevant points in our patient newsletter and specific leaflets. However we (the patient group and the practice) felt we could do more and that this took three forms:

- Website. The website style is somewhat dated now and works poorly on new devices such as smart phones and tablets. Therefore we felt that redesigning the website to make it fresher, cleaner and easier to view on all devices would be helpful. This can also embed the online services more seamlessly as we know we have had trouble with linking to the online services such as repeat prescriptions in the past.
- We have had a nurse-led service for minor illness for 20 years. Whilst it is used by many patients, we are aware that some patients refuse to use it as they don't think they can get a prescription if they attend or because they don't think the nurse can diagnose and manage their symptoms. This is frustrating, as we know it provides excellent service and if more patients used it, the GPs' time could be spent with patients with more complex problems, and also reduces the waiting time for GP appointments. In addition, at the practice CQC inspection in November, the inspectors highlighted our Minor illness/Urgent Nurse Service as being excellent. They encouraged us to audit this and then use the results to promote the service to patients who may not be aware of it or who have underestimated the quality and effectiveness of the service.
- East Quay Medical Centre and our patient group have been very active in assessing and critiquing the Care.Data publications. Whilst not a direct part of our service delivery, it is a very important change for patient data that we hold. We were very unhappy with the first roll-out of materials and felt that patients would not understand the materials and thus not be able to make an informed choice. We raised these concerns nationally and so when this was put on hold whilst a better public awareness campaign was developed, we wanted to be involved. The practice signed up to be a pathfinder and is active at patient group as well as practice level in reviewing the materials and feeding back. We are also pleased that as a pathfinder all our patients will get a letter from the NHS (at no cost to the practice) with the final materials. This is not guaranteed for practices outside of the Pathfinder process so we felt it essential to be involved now to make sure our patients are informed.

What actions were taken to address the priority?

The following actions were taken:

- Website. We commissioned a local web design company, MediaOrb, to totally re-design our website. This ensures that the key aspects are clear on the front page but in a much more pleasing style. Technically it will also work on all devices – such as tablets- and will embed the links to online repeat prescriptions and online appointment booking, thus avoiding the problems that have occurred in the past with failed links. This new site is available from February 2015 and we will publicise this in our usual channels (patients' newsletter, plasma/waiting room screen and so on).

- Urgent Nurse Clinic. We audited the Urgent Nurse Service to determine how many patients were satisfactorily diagnosed and treated within a single appointment. This was a remarkable 89%. The remaining attended the same clinic or the GP at a later date due to ongoing symptoms or complications, and not because they were unhappy with the initial appointment. We then designed a leaflet to explain to patients about this service, when and how to use it and giving the audit results. This leaflet also explains that the appointments for this can be booked online and has a form to complete to register for this service. Therefore this improves awareness of the service, confidence in the service and makes access to the service easier – also reducing calls into the surgery to book appointments (see priority area 2). Whilst it is still in its early days (launched February 2015), if it works well, we will extend this. The service continues to be publicised on the plasma screen, the practice web site and the monthly patient newsletter, as well as leaflets in the waiting areas.
- Care.Data. The practice signed up to be a pathfinder and is active at patient group as well as practice level in reviewing the materials and feeding back. At the January patient group meeting the proposed materials were shared with the group and they fed back comments on the publications so that the Practice Manager could take them to the Pathfinder meeting on 6 February. Our patients will also all get the NHS letter regarding this programme as part of the central mailing.

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

The results of our actions have been:

- The new website designed and launched in February 2015 that is clearer, suitable for all devices and embeds links to online services. This means patients can access information about our service and news much more easily and from any device. It also removes any problems with links to the online services.
- The Audit into the urgent nurse services has been completed, the leaflet designed and distributed and the online service launched (February 2015). We expect that this will improve confidence in this service, will increase uptake and thus reduce waiting times for individual patients (as Urgent Nurse appointments are available sooner than GP appointments), as well as reduce waiting times for GPs due to transferred demand. It should also reduce calls in to the surgery in the morning for appointments for same day requests and thus improves call answering too.
- For Care.data, our contributions will help ensure the materials and process works well for patients and that they can make a proper informed choice. It also means that all our patients will get a direct mailing telling them about Care.data and that this is at no cost to the practice.

We have publicised this:

- To the patient group in the regular meetings
- In the patient newsletter, Quaypoints

- On the plasma/waiting room screen
- In materials around the Friends and Family test

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):

East Quay Medical Centre has had a very active and effective patient group for over ten years. The group, and the practice, were totally demoralised when the NHS took the very unwise decision about withholding funding from the 2013/2014 project. We felt that the hard work of all was disregarded due to an illogical enforcement of a bureaucratic rule. We were thus pleased to hear that this was overturned as a result of other practice appeals. We look forward to this common-sense continuing this year.

We would like to celebrate everything we have done as a group, not just those that fit within the confines of the project specification, but we will restrict ourselves to the set projects as we appreciate the time taken to review these papers. Therefore, the previous work we have done under this scheme is:

2011/12-The Patient group looked at which local services our patients would like to see in Bridgwater. This was key at the time as this was before the new Bridgwater hospital was built. The results showed a strong support for local service provision, be it in a GP practice or the local hospital. There was no clear distinction between the types of services which patients wanted to be provided locally or kept centrally. There was also no major distinction on which type of patient should be prioritised in terms of moving services locally – for example the more frail, or where patients need frequent and numerous appointments (the range of scores being 2.04 to 3.01 when respondents were asked to rank 4 different options). We are pleased that this work gave our patient group a good understanding of patient wishes so that when members were involved in the stakeholder/service development groups as part of the formal service design, they were well informed. We are also pleased that our patient group continues to discuss the new hospital and feedback any issues they or their fellow patients have experienced (this includes problems with the self-check in and the chairs). We work hard to support local services for local patients and feel that we build on this every year.

2012/13-This year the group decided the survey would be asking patients about their understanding of the medications prescribed for them. This very much aligned to the NHS and Federation campaign on Medicines Waste and was based on the NICE guidance on medication concordance. The results showed that there were three main areas of action from the results. First, to educate patients on preparing for their consultations and what questions they may have about any medications they may be prescribed, and as a direct consequence, a leaflet was written for patients to help them get the most out of all consultations. Second, to share the

results with the practice prescribers. Finally, the group felt that other patient groups and practices may be interested in the design of the survey and perhaps undertaking it to get a wider local opinion. The results were shared with other practices in the area. We are pleased that the leaflet is still widely used in the surgery and has been adopted by many other local practices through the Federation prescribing group. In this way the work of the group continues to have an impact today. We also still use the slides on our plasma screen as these are still very relevant today.

2013/14- After in- depth discussions and debate, the patient group decided the survey would be asking patients how useful they found the practice information available to them (website, leaflets, newsletter). We also wanted to establish what they knew about the patient group, how they would feel if they were invited to join the group, and obstacles to joining the patient group. Awareness of materials was better than anticipated and we were very pleased that as a result of the survey we had a significant increase in the number of members in the Patient Group. We held an open evening for old, current, new and prospective patient group members to explain about the group as well as to showcase the work the group has done and the contribution it has made. These new members have remained in the group and have recruited more so again the work the group did still has a positive benefit today!

3. PPG Sign Off

Report signed off by PPG: YES

Date of sign off:

How has the practice engaged with the PPG:

The practice discusses at great length matters which involves the community at the regular PPG meetings which are held approximately at six week intervals.

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

They have put messages on the plasma screen, information on the new patient registration forms, in the practice leaflet, on the monthly patient newsletter ,held an Open evening, a mother and baby information day and have formed a virtual group in an attempt to reach as many diverse groups as possible.

Has the practice received patient and carer feedback from a variety of sources?

Yes, through the friends and family test and via direct feedback to members of the PPG.

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

Yes. We discuss this kind of thing at every meeting so we had identified area early in the year and started work on them. To formalise this, the Group met in October for the discussions of the DES itself and at the December meeting the group decided on the priority areas and discussed and agreed the action plans. These captured the work we had all done earlier on in the year as well as additional work. At the January meeting the actions were reviewed, a draft report was discussed and in February the final report was agreed by the group.

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

The updating of IT systems has helped to streamline the practice and the extra reception members have made the daily running of the practice easier for the patients

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

I feel our practice has embraced comments made by the PPG and work tirelessly to keep the practice running smoothly for the patients under difficult restraints.

