



**Broadmead Medical Centre**

# **Patient Participation Report 2014/15**

**Produced for the Patient Participation DES 2014**

## About Broadmead Medical Centre

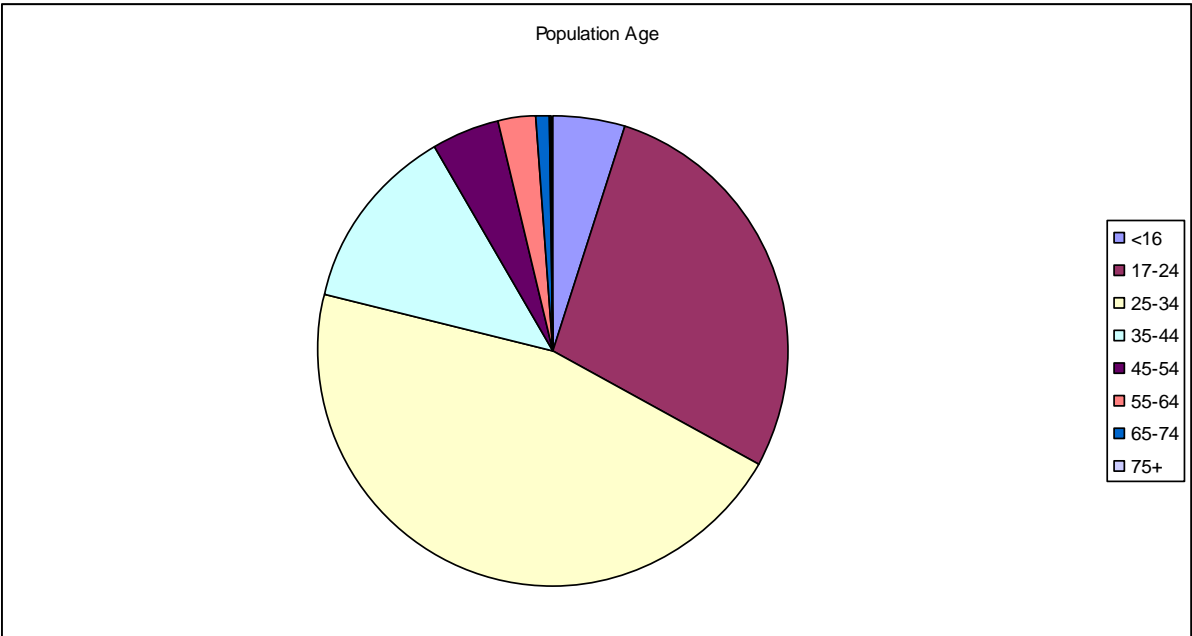
Broadmead Medical Centre opened in July 2009 and is situated within Boots, Broadmead. The number of registered patients has reached almost 7500. The patient demographic is very mixed and consists of a large student population from the University of the West of England, residents of executive 'new builds' within the new Cabot Circus and Harbourside areas of the city, plus BME communities and Eastern European and Chinese. There is some deprivation, combined with homeless patients who can register at the practice without having a fixed address. We also support patients with drug/alcohol addictions and mental health problems.

The Practice hosts a Walk In Centre (WIC) which has been operational within the surgery for almost three years. The walk in service is for any person whether they are registered with a local surgery or not. The service is led by our highly skilled nursing team who are able to see, diagnose and treat most of your medical needs. This service is for the treatment of any minor illness or minor injury, this includes sexual health concerns, emergency contraception, wound management, travel health, smoking cessation and lifestyle management.

## About our patients

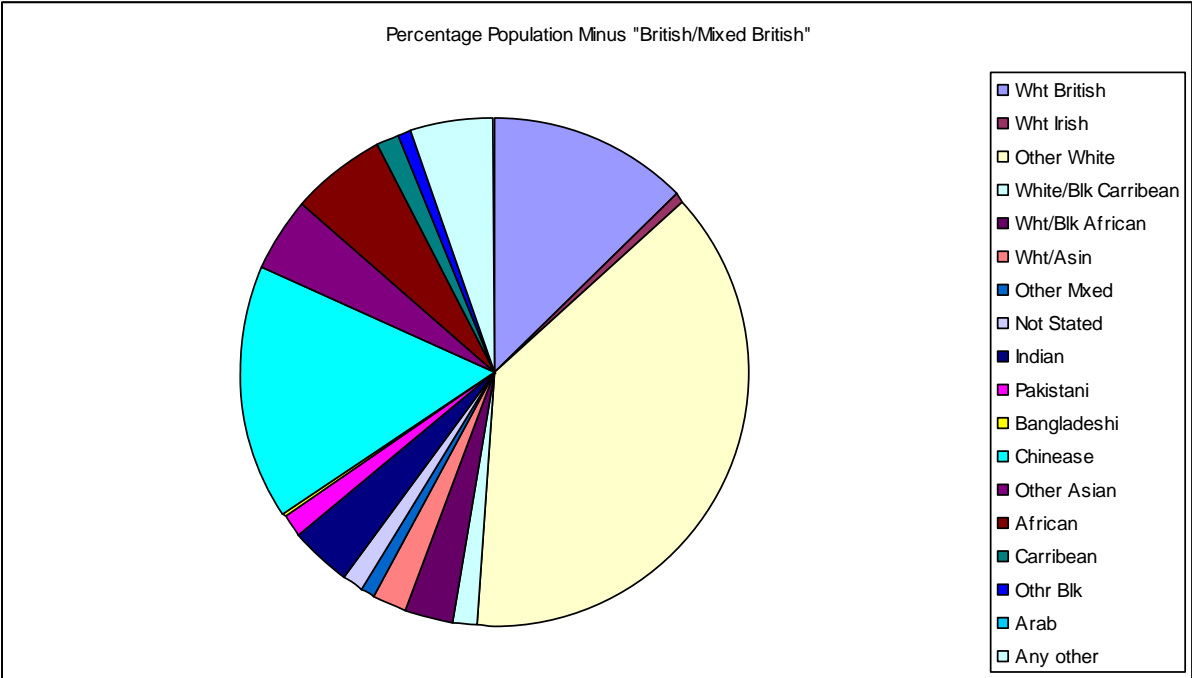
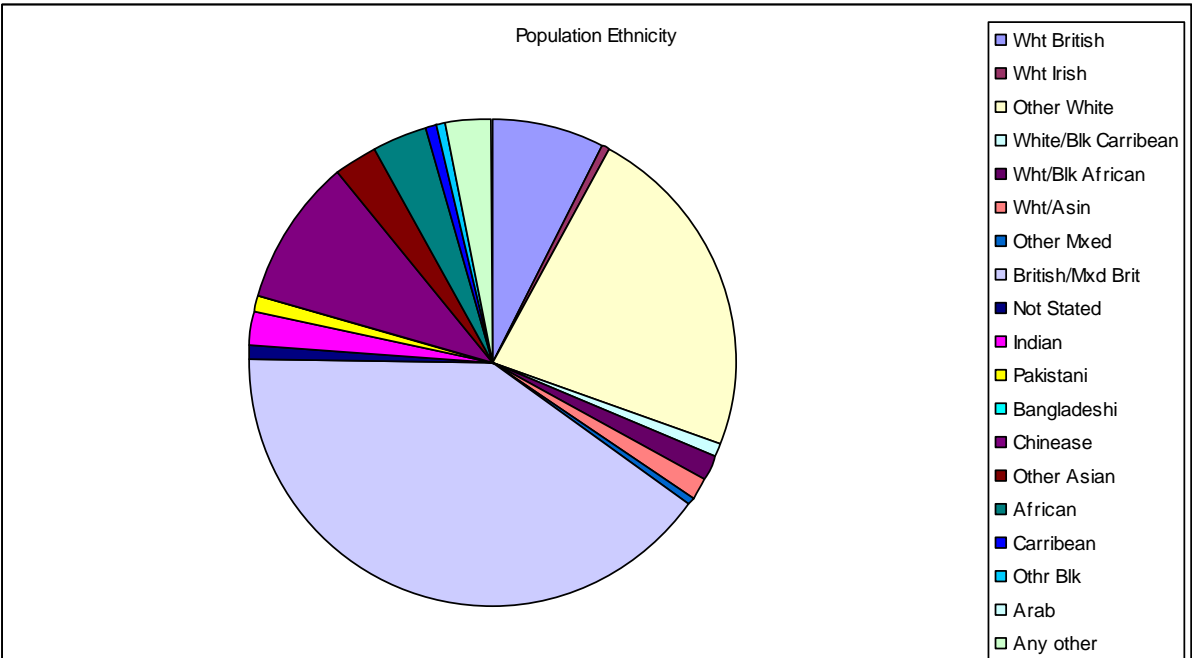
### Practice Demographic – Age

% Under 16	4.9%
% 17-24	28.2%
% 25-34	45.9%
% 35-44	12.7%
% 45-54	4.9%
% 55-64	2.4%
% 65-74	0.7%
%75-84	0.4
% Over 85	0



**Patient Demographic - Ethnicity**

<b>White</b>	
% British Group	51
% Irish	1.4
<b>Mixed</b>	
% White & Black Caribbean	0.8
% White & Black African	2
<b>Asian or Asian British</b>	
% White & Asian	1.5
% Indian	2.5
% Pakistani	1
% Bangladeshi	0.08
<b>Black or Black British</b>	
% Caribbean	0.7
% African	3.9
<b>Chinese or other ethnic Group</b>	
% Chinese	4.3
% Any Other	30.8



**Patient Demographic – Gender**

% Male	51%
% Female	49%

## Developing our Patient Participation Group

Our practice population profile shows that most of our patients are within the 17-44 age group. We have a small over 65 population of around 1%.

Our latest PPPG meeting was held on January 20th 2015. The group has now increased to nine members who attend the meetings and 45 members who prefer to be involved using a more 'virtual' approach. The PPG were consulted on methods of communication to the 'hard to reach' groups and suggestions were made on how to address this both in terms of patient registration and representation on the PPG.

We continue to invite patients using the following methods:-

Put up posters

(We advertised within the surgery for registered patients in a variety of languages).

Invitation to join the PRG/Virtual Patient Forum is enclosed within Patient Registration Packs and a follow up email sent to all those expressing an interest.

Because of our expanding patient demographic, we are increasingly aware that we need to respond to the differing needs of our patient population, ie outreach to local homeless hostels, young people's hostels for the 16-24 age group, our student population, also patients dealing with drug and alcohol addictions, BME communities and Eastern Europeans. We endeavour to actively recruit representation from these groups to become members of our Patient Participation Forum so that we can gain insight into the best possible ways to support these communities.

We communicate with these demographic groups with outreach services ran by our team of nurses. We currently visit The Foyer every six weeks. St George's Hostel also links into this clinic. This is providing good support for the young homeless population. We also attend an Afro-Caribbean Clinic to provide health checks for this population in the city centre. We have recently started further clinics with Ron Jones House and Spring House. There is ongoing liaison for further outreach projects within the minority groups within the area. (Please see further information later in this report.

During this outreach work we have invited our clients to complete a questionnaire to give us an indication of services we could provide to support their needs better. We also invite them to take an active part in discussions around provision of services by joining the PPG).

The PPG meeting also includes representation from the Practice team. Both the Practice Manager and the Assistant Practice Manager attend whenever possible with the Lead GP, Lead Nurse Practitioner, and other members of the practice, eg. doctors, nurses and members of the Reception/Admin team attend on a regular basis as well.

We created a 'Virtual Patient Forum' in Spring 2014. This is where we contact members online to seek their opinions on matters raised within the PRG held within the surgery – we now have 46 members of this group. They are in the younger age group ranging from 20-40, with 5 members being over 40. They are predominantly white UK members of the population but we do have some Chinese, Brazilian, Black African, Polish and Spanish representation. We also have a large number of students included within this group and 5 homeless patients who currently reside in hostel accommodation within the practice area.

We actively invite new patients to join both the PRG and the Virtual Patient Forum upon registration with the Practice.

## The Surveys

The NHS friends and family test (FFT) is an important opportunity for patients to provide feedback on the services that provide their care and treatment. Our feedback for 2014/15 has been consistently high, being measured under the following categories –

### **'How likely would you recommend our service to your friends and family'**

<b>Extremely likely</b>
<b>Likely</b>
<b>Neither likely or unlikely</b>
<b>Unlikely</b>
<b>Not at all</b>
<b>I don't know</b>

Over the past year our WIC results have shown that 81% of those questioned would be either extremely likely or likely to recommend our service.

Friends and Family collections began in Jan 2015 and so far we are seeing very positive responses.

During 2014 we conducted two other surveys within our Patient Population.

The first was to review the impact of increasing nurse triage and number of embargoed slots within the appointment scheduler:- This audit is outlined below

### **Triage Audit March – June 2014**

#### **Approach**

Due to the increasing demand from patients requesting 'on the day' appointments and to ensure that we manage patient expectations over the winter period, we feel that additional triage slots may be advantageous. To assess patient's experience of this service and ask patients whether this is a preferred approach or whether a 'face to face' clinic would be more appealing.

#### **Criteria**

1. 12 slots for morning triage, adding an additional 6 at 12 noon.
2. Any patient requesting 'on the day care' to be added to the triage list.
3. Reception to stream patients into triage slots as they telephone the practice.
4. Named nurses to perform triage daily.

#### **Measure**

We will measure success by carrying out a patient survey of all patients who have used the service during a one month period. We will use the following questions as a basis for our audit.

## Questionnaire:

Triage audit	PSQs
<b>When you telephoned initially it was because</b>	I thought my problem was urgent
	I wanted some advice but didn't think I needed an appointment
	I wanted an appointment that day
	Other
<b>After the triage I was</b>	Given some self care advice
	Booked an appointment the same day
	Given an appointment for another day
<b>I found the triage experience</b>	Helpful
	Neither helpful not unhelpful
	Obstructive
<b>Were you happy with the length of time taken to call you back?</b>	Yes it was efficient
	It was OK
	No it was too long to wait
<b>Were you happy with the outcome of the call</b>	Yes it was very good and all I needed
	It was OK
	It didn't fully answer all my questions
	It wasn't helpful at all
<b>If I needed support again and am put on the triage queue, I would be</b>	Very happy with this
	OK with this
	Not bothered either way
	Unhappy about this
	Very unhappy about this
<b>Do you think we should continue with this way of working or would you prefer</b>	Yes continue with the triage service, it works well
	I would prefer to attend a 'sit and wait, on the day' clinic
	Other

### Making improvements

Following the results of the questionnaire we will decide whether we continue to provide triage or whether we trial and 'on the day' face to face clinic.

### Monitoring

110 patients were questioned, who had experienced the triage service in May 14. We received 19 responses.

## Results:

<b>Triage audit</b>	<b>PSQs</b>	
<b>When you telephoned initially it was because</b>	I thought my problem was urgent	6
	I wanted some advice but didn't think I needed an appointment	3
	I wanted an appointment that day	9
	Other	1
<b>After the triage I was</b>	Given some self care advice	7
	Booked an appointment the same day	7
	Given an appointment for another day	5
<b>I found the triage experience</b>		1
	Helpful	7
	Neither helpful not unhelpful	1
	Obstructive	1
<b>Were you happy with the length of time taken to call you back?</b>		1
	Yes it was efficient	2
	It was OK	7
	No it was too long to wait	1
<b>Were you happy with the outcome of the call</b>		1
	Yes it was very good and all I needed	2
	It was OK	7
	It didn't fully answer all my questions	1
	It wasn't helpful at all	
<b>If I needed support again and am put on the triage queue, I would be</b>	Very happy with this	7
	OK with this	8
	Not bothered either way	1
	Unhappy about this	2
	Very unhappy about this	
<b>Do you think we should continue with this way of working or would you prefer</b>	Yes continue with the triage service, it works well	1
	I would prefer to attend a 'sit and wait, on the day' clinic	5
	Other	2
		1



## **Evaluation:**

17/19 found the service helpful (89%)

Only one person felt the call back time was too long.

12 people were completely satisfied and felt it was all they needed and 7 thought the outcome was okay.

16 people were happy to use this service again

15 patients thought we should continue with the triage service. (80%)

### ***Patient comments and actions taken***

I wanted an appointment when convenient –

*Patient was happy with the service as got what they had rang for.*

Given script and was tel next day to check on her

*Patient very happy as was given a script and a follow up phone call.*

I had rang the previous day and was told I couldn't speak to someone until 8am the next day. A painful night was difficult to bear.

*DD tried to review voice recording but none available under number we have on file.*

I would ring 111 instead the receptionist was very obstructive.

*Disappointed that this was patient's experience. Customer service training has been set up for 24<sup>th</sup> July for all non-clinical staff.*

I would prefer to attend the day clinic

*Only 2 patients preferred this approach.*

Its ok to sort urgent from non urgent but I can't say if it works well or not

## **Outcome**

We will continue with triage service as is, as seems to be patient's preference.

Only small sample returned response to questionnaire.

No other comments received by other means.

Service works well for staff as gives them a clear pathway for streaming patients.

Out of those questioned, 12 patients were given self care advice or streamed in appointments on alternative days. A good indicator is that this service can relieve the pressure for 'on the day' requests.

## **Monitoring improvement.**

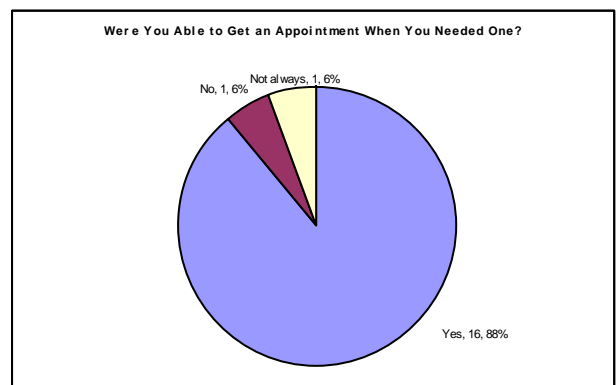
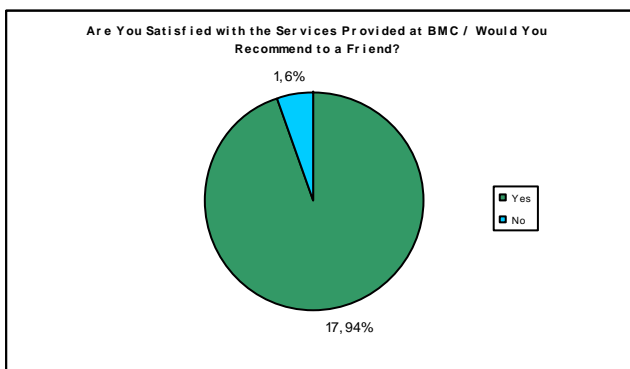
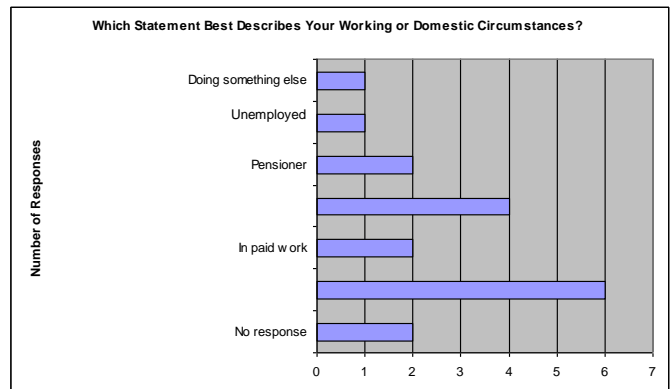
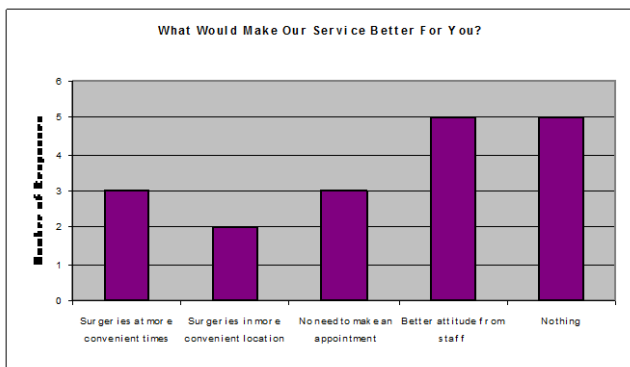
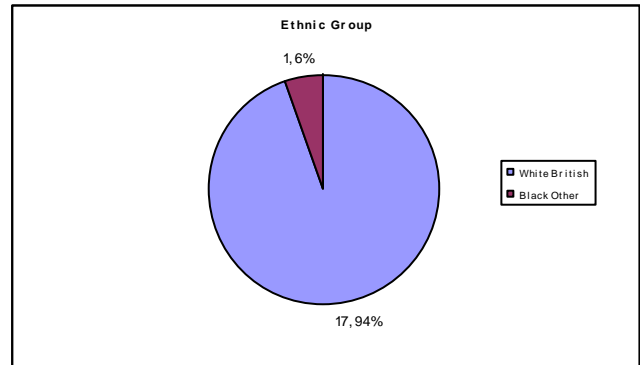
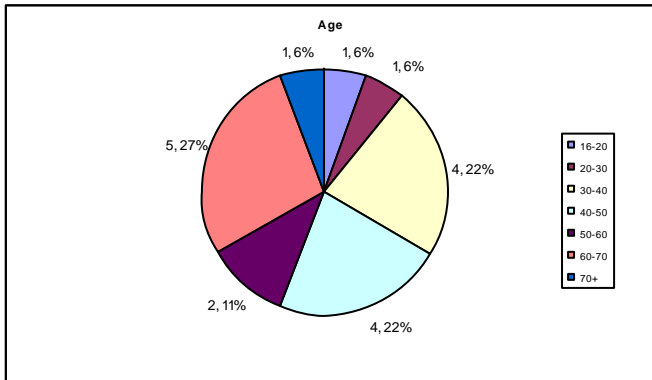
We will reassess the service after 6 months (Jan 15) by questioning a wider number of participants. We will perhaps use the SMS service and a 'Survey Monkey' questionnaire approach as well as letters to encourage a greater response ratio.

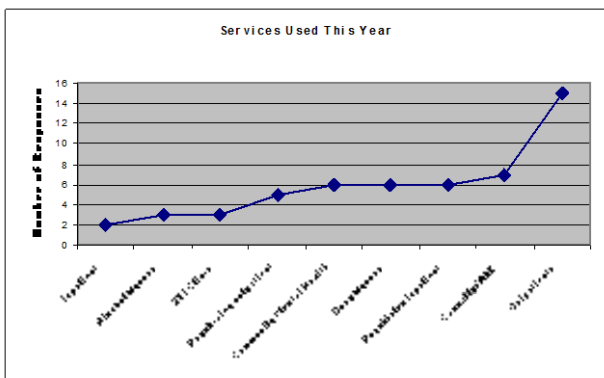
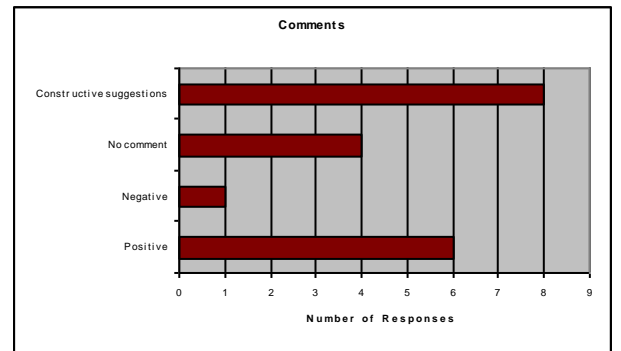
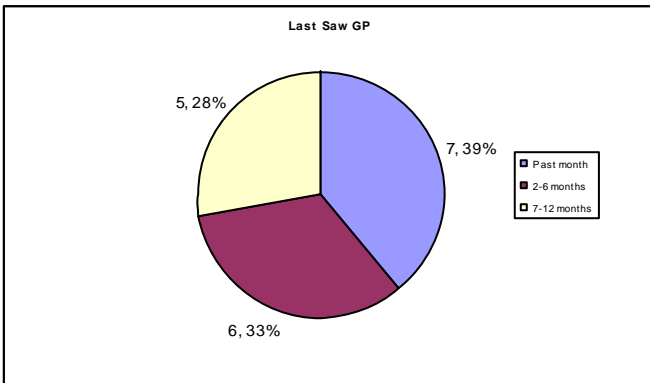
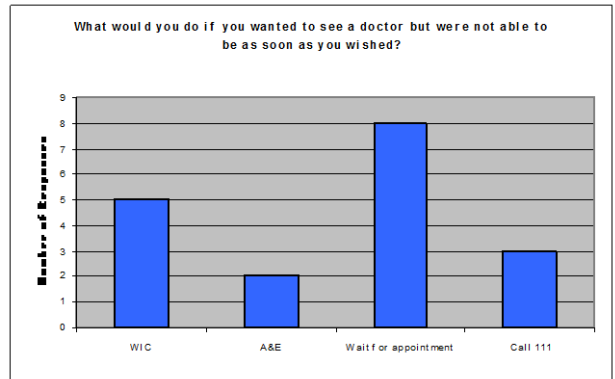
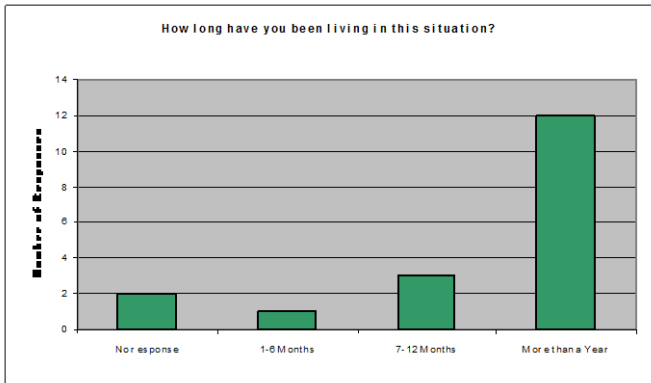
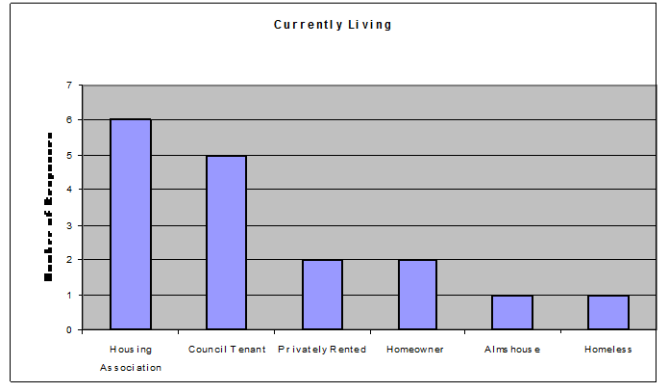
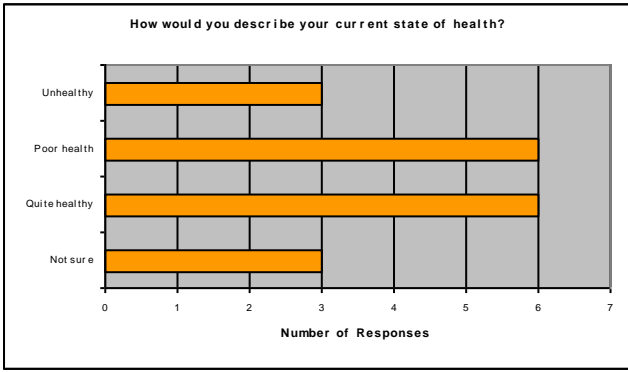
# Health Needs Survey

Our second survey was the development of a questionnaire to be mailed to patients residing in hostel accommodation within the practice area and also those with drug/alcohol related problems to identify their needs: Out of 163 surveys posted or distributed to patients by hand, we received 18 replies. The outcomes of this survey are detailed below.

## Objective

To improve access to healthcare services and support to patients with a chaotic lifestyle pattern, who are socially and economically deprived. To ensure their involvement in identifying ways to improve services provided to them in primary care.





## Conclusions

Comments added by those completing this survey, show that continuity of care from the same GP was very important. Further information regarding other services provided in the locality was also a point raised by several patients. Those who left additional comments all appreciated the services provided at the surgery.

## Outcome

We will now look at ways to establish stronger links with other local support organisations and priority groups to ensure there are no gaps or duplication in the service provision and an opportunity to share information is provided.

### Looking at other ways to engage patients

We provide a service to a large number of vulnerably housed and homeless adults often with alcohol and drug dependency and mental health issues. We work hard to maintain robust communication with local providers for these priority groups to ensure there are no gaps or duplication in service provision for patients that come under this category which can also include ex-offenders directly out of prison, asylum seekers and refugees.

At a clinical meeting held at the practice to discuss Outreach and local integration within the Practice, we discussed re-establishing the 'Priority Groups meetings' that were set up by Bristol Primary Care Trust (PCT) some years ago. In the early days of BMC opening, a 'Priority Group meeting' was in existence which was funded by the PCT. Membership was made up of manager level representation from Compass Health, Criminal Justice Intervention Team, Integrated Offender's Scheme, Avon and Somerset Constabulary, Primary Care Commissioning Manager, and representatives from Broadmead Medical Centre. This was not resourced after the introduction of the Clinical Commissioning Group and therefore communication and further development in this area dwindled.

Senior clinical leads for BMC outlined our aims and ideas for re-kindling these meetings with other stakeholders. Aims include sharing ideas and supporting each other in order to refresh and energise our approach when dealing with those patients who are classically difficult to engage with services. Stakeholders were invited to talk about their own organisations and ways in which BMC could work with them. In the first meeting, topics covered were outreach, patient registration, how to access services, ie. where do we signpost a patient in a crisis situation. Information was shared about the Golden Key Programme. This is an 8 year partnership supported by the Big Lottery Fund which will bring about system-wide change in Bristol for people with complex needs who are farthest from services. The Specialist Nurse from the Compass Centre also gave us information about the Homeless Health Champion Forum. She also suggested that members of the group might like to attend the Complex Needs Network, which we are now regularly attending.

A further outcome from the day was that by networking with members of the group our Nurse Clinical Outreach Team was able to set up further outreach contacts and we now make regular outreach visits to more than 5 hostels within the practice area, providing support, healthcare advice and regular engagement.

### Action Plan and Summary of Progress to date

Because of our expanding patient demographic, we are increasingly aware that we need to continue to respond to the differing needs of our patient population, ie outreach to local homeless hostels, young people's hostels for the 16-24 age group, our student population, also patients dealing with drug and alcohol addictions, BME communities and Eastern Europeans. We continue to actively recruit representation from these categories to become members of our Patient Participation Group so that we may gain insight into the best way possible to support these communities.

We display posters around the surgery, inviting patients to join the PPG. These are currently written in English, Somalian, Polish, Spanish and Slovakian. We employ reception team members from these nationalities, who are fluent in their own language as well as English and can communicate well with our patients.

We continue to engage with stakeholders for Priority Groups, with an action to meet quarterly.

We are working to improve access to health care services and provide support to patients with a chaotic lifestyle pattern who are socially and economically deprived. We need to ensure their involvement in identifying ways to improve services provided to them within Primary Care. We sought their views and involvement by way of a patient questionnaire. One item of note was the regular use of A&E and we have been looking at ways to educate patients to use alternative services instead of going directly to A&E.

Also, by communicating with the Service Managers and Nurse Leads of organisations involved in the care of those patients with complex needs, BMC was able to organise an introductory link meeting and bring these services together in early January 2015 with a plan to meet again in April and every four months thereafter. This is in order to share knowledge on common issues in an effort to provide a robust and seamless service to our patients with drug/alcohol dependency/chaotic lifestyle/homeless/mental health issues.

An Away Day was organised for our reception team in order to raise their awareness of the health needs of these patients. We identified supportive training needs for staff that came into day-to-day contact with patients with sometimes demanding and complex needs and have been able to provide this support in the workplace.

#### **We have met the needs of our 2014 Action Plan as follows:**

Our Patient Participation Group meets regularly every four months and we have created a 'Virtual Patient Forum' for those patients who prefer to be contacted on line rather than attend meetings within the surgery.

We have reviewed the impact of increasing nurse triage and our number of embargoed slots, and following an audit of patient feedback relating to the service, we continue with Triage as it seems to be patient preference. See under 'The Surveys' section of this report.

We continue to engage with existing outreach groups and make contact with other groups in order to extend our outreach to other organisations.

We actively invite representation from local community groups to our clinical meetings to promote awareness and establish robust links with these organisations.

We have successfully recruited student members of our patient population to the Virtual Patient Forum.

Our patient information screen (envisage) was out of order for a considerable amount of last year. We will add a media display relating to Patient Participation to our Envisage screen now that a new unit has been installed and the unit is now working effectively.

Consultation regarding the action plan and the implementation of any changes will take place

via the Participation Group and this will be ongoing.

### **Practice Opening Hours**

Monday – Friday 8am-8pm and Saturdays 9am-1pm – GP Surgery

Monday – Saturday 8am – 8pm and Sunday 11am-5pm – Nurse Led Walk In Minor Illness Service.

### **Extended Hours**

The Practice offers extended hours from 8am-8pm Monday-Friday and 9am-1pm on Saturdays. For urgent, 'on the day' appointments, we provide a nurse-led triage service where patients are assessed and given appointments with either a GP or nurse as appropriate. We also provide telephone consultations with doctors.

A minor illness walk-in service is available every day for non-registered patients.