

Lupset Health Centre

Local Patient

Representation Group

Report 2014-15

Introduction

Again this year, Lupset Health Centre has continued to maintain a Patient Participation Group (PPG) under the terms of the Directed Enhanced Service. This year the main topic of discussion within the meetings was the introduction of the Prime Ministers Challenge Fund as well as the launch of the Friends and Family Test which will be discussed in more detail later on in the report. Furthermore, the PPG has also been involved in other strands of work, which have significantly been in response to patient suggestions and concerns. The Patient Participation Group at Lupset Health Centre has continued to be recognised as the most established and successful of its kind throughout Wakefield.

Practice Population Profile No.		PRG Profile No.	
AGE			
Under 16	2,912	Under 16	0
17-24	1,352	17-24	0
25-34	1,727	25-34	0
35-44	1,641	35-44	0
45-54	1,866	45-54	2
55-64	1,465	55-64	3
65-74	1,265	65-74	6
>75	1,114	>75	9
Total	13,342	Total	20
ETHNICITY			
White		White	
British Group	9,112	British Group	19
Irish	20	Irish	0

Total	9,312	Total	19
Mixed		Mixed	
White & Black Caribbean	30	White & Black Caribbean	0
White & Black African	39	White & Black African	0
White & Asian	38	White & Asian	0
Other Mixed	34	Other Mixed	0
Total	141	Total	0
Asian / Asian British		Asian / Asian British	
Indian	32	Indian	0
Pakistani	50	Pakistani	0
Bangladeshi	3	Bangladeshi	0
Chinese	36	Chinese	0
Other Asian	41	Other Asian	0
Black/African/Caribbean/Black British		Black/African/Caribbean/Black British	
African	124	African	0
Caribbean	11	Caribbean	2
Other Black	19	Other Black	0
Total	154	Total	2
Any Other	2	Any Other	0
GENDER			
Male	6,538	Male	6
Female	6,804	Female	14

Total	13,342	Total	20
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Lupset Health Centre is situated in a large council housing estate in West Wakefield. The Practice has a very post – industrialised population and so many patients suffer from long term health conditions, particularly respiratory disorders such as Asthma and COPD. There is a high level of deprivation in the immediate area surrounding the Practice, and this entwined with the long term conditions that Patients live with, results in a very busy Surgery with a high demand for appointments and other needs. The high rates of smoking, substance abuse and mental health problems in the area also add to this increasing demand.

There is currently a population of 13,342 patients registered at Lupset Health Centre of which 49% are male and 51% are female. The White British ethnic group is predominant and 67% of patients registered at the Surgery state they are from this background. As well as this, there are also significant ethnic minorities of which the smallest group (0.02%) is Bangladeshi and the largest ethnic minority group is Black African (0.9%). However, these numbers may not be an absolute accurate reflection of patient ethnic groups and therefore cannot be generalised, as a large number of patients either prefer not to state their ethnicity or simply have not yet been asked to do so. A large majority of patients are either at school or of the working age <65 (83%).

The Patient Participation Group at the Surgery is recognised as one of the most established in the area, with meetings taking place every 5-6 weeks. These meetings are well attended with members that have a real passion for improving the Surgery, and do not hesitate in voicing their opinions to do so. The Group is made up of 20 patients of which 4 are virtual members; they do not attend the meetings but do receive the agendas and minutes, and are welcome to give any suggestions/feedback. There are 16 members who attend the meetings and currently this is a manageable amount; the Practice has the room to accommodate this. If more patients expressed interest in becoming a member, they would be a virtual one. 30% of the group is male and 70% female – it is unknown as to why the numbers are uneven. Furthermore, 95% of PPG members are over the age of 50 and of White British ethnicity. Having meetings in the evening once in a while was considered at a recent meeting. It was agreed not to do this however, as although there have been continuous efforts to attract younger members, it has proved almost impossible. Existing members are aware that the group is not as truly indicative of the patient population as it could be, and do take this into account when making decisions in

regards to the Practice. It is thought this is because patients of the working age simply do not have the time to partake in the activities of the PPG and would struggle to attend meetings due to work and other commitments. Furthermore, current members of the PPG are aware that they are not a correct reflection of all ethnic groups within the Practice, and are not representative of the minority ethnic groups. Despite best efforts to attract members, it has proved not possible and the reason for this is unknown.

The Friends and Family Test

This year, the Friends and Family Test was launched in Primary Care and replaced the Patient Survey. This was first introduced to PPG Members in a meeting held in September 2014 via a short presentation. Accurate information and a long discussion followed in November's meeting before the launch took place on 1st December 2014. It was explained that there would be an initial question that each Practice was expected to ask followed by a second question which could be chosen by the Practice. The Chairman discussed with PPG members their opinions on what the second question should be. It was agreed that the second question would be an explanation of the comments of the first question, as this would then provide necessary information the Practice could work with in order to provide better care. Some templates of how the questionnaire should be laid out were also shown, and the best one was chosen taking into account patients who may have special needs or those who may not be able to read as well as others. Furthermore, the necessity of the extra demographic questions on the Survey were discussed; it was agreed that these extra questions will make the Survey longer therefore may put patients off filling it in. Besides, the demographic questions wouldn't be used for anything specific so PPG members agreed that it would be best not to ask these. This then brought on a discussion as to whether there would be enough time to fill out the questionnaire, as in previous years patients struggled to fill out the Patient Survey before they got called in by the Clinician. It was explained that the Friends and Family Test is a lot shorter than the Patient Survey was; also patients were expected to fill this out after they have seen the Clinician. It was then agreed that Clinicians would have copies to give to their patients as this would ensure that they would be completed as well as a central area within the waiting room with more questionnaires and the box to put them in. The Friends and Family Test can also be completed online via the Survey Monkey link from the practice website.

The best ways to promote the Friends and Family Test and feedback methods have been discussed with PPG members. Because the Friends and Family Test is a new

entity, the initial advertising was crucial to raise patient awareness. A part of an existing presentation was uploaded on to the electronic notice boards in the Waiting Area of the Practice. This would be seen by patients whilst they waited to be called by the Clinician. A link to a YouTube Video outlining all the details of this new questionnaire was put on to the Practice Website, and so would be accessible to the Public including those who don't come to the Surgery often. There were initially 3 feedback methods that were suggested of which 2 have been implemented; forms with the NHS Logo for those who come to the Surgery and feedback through a questionnaire on the Website which would be more convenient for those who use the internet.

As mentioned before The Friends and Family Test consists of two questions; one that is expected to be asked by every Practice followed by another that can be decided by the Practice.

Question 1: Would you recommend this Service to Friends and family.

Extremely Likely Likely Neither Unlikely Extremely Unlikely Don't Know

Question 2: Please explain your reasoning for the above answer.

These questionnaires are collected and the data is entered into a spreadsheet regularly to ensure its accuracy. The data for Question 1 is then entered into CQRS (Calculating Quality Reporting Service) on a monthly basis; the answers for Question 2 are simply for the Practice so we can see what needs to be improved and the opinions of our patients. The feedback method is also entered onto CQRS.

December

Feedback Method	Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	Don't Know	Total
Paper	23	2	2	0	0	0	27

January

Feedback Method	Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	Don't Know	Total
Paper	6	1	0	0	0	0	7

February

Feedback Method	Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	Don't Know	Total
Paper	3	1	0	0	0	0	3
Website	1						1

In December, 27 patients gave feedback and 93% said they were either extremely likely or likely to recommend our service to family and friends with comments such as:

“Very very helpful with my enquiries.”

“Nothing but 1st class service and very happy.”

In the following months the feedback was also very positive, however the amount of patient feedbacks the practice received decreased. This may have been because when The Friends and Family Test was first launched, clinicians handed out feedback forms to give their patients which ensured that more patients were likely to fill these out. However, as time has gone on, clinicians may have stopped handing these out and although the feedback forms are placed in the waiting room area, the patients not be aware that they are there. Consequently, it is important to increase patient awareness and ensure that they are informed of this questionnaire. This will allow for reliable results that can be generalised and will reflect the thoughts of all patients. In addition to this, feedback can allow the practice to work at its weaker areas to allow for a service that patients are happy with, as this is imperative. The feedback received from The Friends and Family Test along with other patient suggestions is reviewed with the PPG at every meeting. These are discussed and any further action is then decided.

Priority areas and actions taken

The key areas that are mostly complained about and the Practice constantly strives to improve are based around getting appointments. There are many strategies that have been implemented in order to prevent complaints regarding this coming through, however patient demand is increasing and although the practice does have more doctors per 1,000 patients than others in the local network, the area that the

Practice is located plays a huge role with patients that do have significant demands and chronic disorders.

Telephone System: One of the biggest priority areas is answering phones in our busiest time which is between 8-9am. A significant amount of patients have complained that they are not able to get through and it is *“Very had to make appointments. Either 30th in the queue or nobody answers.”* Throughout the years, constant attention has been specified to try and improve this early morning rush. In March of last year a meeting was held between the company who provide the Practice’s telephone system and the practice manager and some issues arose to which a number of solutions were then applied. Before March, the two numbers for the Surgery (01924 and 0844), formed two separate queues in the telephone system. The two telephone numbers have been merged, therefore both numbers now have full access to all six incoming lines. Moreover, phone calls for appointments have been prioritised between the hours of 8 and 10am. There are two different automatic messages that are played; one between 8 and 10am and the other between 10 and 6:30pm which filter calls so patients are encouraged not to call for any reason other than appointments before 10am. After these changes had been put into place they were reviewed in a PPG meeting; the Operations Manager agreed there was a noticeable difference in the amount of calls that came in in the morning, and the vast majority of phone calls were for appointments. Although this method has been put into the place, there were still complaints regarding the difficulty patients experienced with the telephone system and getting through, particularly in the morning. A great deal of discussion about this topic went on in a meeting held in August when a couple of suggestions were received which indicated that the telephone system was still not working successfully. The Practice Manager reviewed the amount of staff answering phones at peak times which bought about a few changes to ensure that the morning rush was handled efficiently. There were changes to some admin staff rotas, so they were there purely for the basis of answering phones between 8 and 9am to ensure that the phone lines were cleared as effectively and efficiently as possible. Currently, this is a work in progress and although there are still some complaints regarding this area, the telephone lines are getting cleared faster than they used to be. Currently, the Practice is attempting to increase patient awareness on SystemOne Online appointments, which allows patients to book appointments on the internet in an aim to decrease the amount of patients ringing for same day appointments. Very recently, there has been the introduction of same day appointments that are purely for online booking purposes and cannot be booked by the receptionists. There is information on online booking

on the Call-in boards in the waiting room; the receptionists also advertise this service when booking appointments with patients on the phone or at the front desk. Due to adverse patient comments about the use of the 0844 number this was discussed at a PPG meeting and it was agreed that it would be phased out, with it being removed completely on the 1 April 2015.

Extended Hours: This is important for working patients in particular. Patients find it difficult to attend appointments during the day due to work commitments and also find it difficult to call at 8am to make an appointment for on the day. For a few years now, the Surgery has provided an extended hours service whereby there are evening clinics held on a Monday and Thursday as well as early morning clinics on Monday, Tuesday, Wednesday and Friday primarily for those who work. In earlier years, evidence suggests that patients, if given the choice, would like the Surgery to offer appointments outside regular hours which suggested there was a lack of awareness of this Service. This led to an increase in advertising the extended hours and many working people now ring and ask for early morning / evening clinic appointments which can be pre-booked up to two weeks in advance. As well as this, as part of the Prime Minister's Challenge Fund, there are now extended hour appointments the Surgery can offer which are held at Ossett Health Village. This has been particularly popular for those patients who work long hours on weekdays, as weekend appointments are also offered. Because this is such a new Service, advertisement is important. Receptionists offer these appointments when dealing with patients; there is information about the extended hours held at the Surgery and at Ossett Health Village on the Call-in Boards in the Waiting room, all in an attempt to increase patient awareness.

Lack of appointments: This area takes the most priority as it is the one that is most complained about and is something that the Surgery is constantly striving to improve. Care navigation and sign-posting by non-clinical staff was discussed in a PPG meeting held in November. This is an attempt to save GP appointments as well as educate patients and hand them the responsibility of taking care of their own health. Non – clinical staff received training in how to advise patients of the alternative services they could use and what kinds of symptoms would allow them to use these services. This information was also given to staff in the form of aide memoires, including any numbers and other information that the patient may need. One service that the staff and PPG thought would be particularly useful was 'Pharmacy First' as patients who receive free prescriptions would be able to obtain items such as cotton wool and Paracetamol for free, even without a prescription. There was some concern raised by the PPG about the extra time this would take in

busy times i.e at 8am when there are longer queues. However although patients may have to wait a little longer to be advised by the staff, there was more chance there would be appointments throughout the day once patients were educated in self care. It is understandable that this would take time to establish, but once patients become used to which service is the best for them, then there would be GP more appointments available and these would be more appropriately used. Evidence in the past suggests that although introducing new services do take time to establish, once they are then there is a noticeable difference. A good example of this is the Nurse Practitioners; patients now ask if they can see Nurse Practitioners instead of doctors. As well as this, pre-booking appointments more than two weeks in advance was discussed in a meeting. However, after this was reviewed it was thought that this would cause a significant increase in the amount of DNA's (Did Not Attend).

You said...	We did...	The result is...
It is very hard to make appointments. Either very long queues or nobody answers.	We merged the lines for the 01924 and 0844 number so both numbers now have access to all six incoming lines. Telephone messages have been changed to dissuade patients to ring for any reasons other than to make an appointment before 10am. The number of staff answering the phones in peak times was reviewed, and staff rotas were altered so admin staff are also answering phones for appointments in the first hour.	All patients have access to the six lines and queues are decreasing quicker as more staff answering the phone.
It is difficult to make an appointment which suits working patients.	For a few years the Surgery has had early morning and evening clinics. The practice has now signed up for extended hours at Ossett Health Village and can offer appointments on the weekend. Currently the	Increased patient awareness for the evening and early morning appointments at the Surgery. Ossett Health Village appointments are a fairly new service and will need some more advertising.

	Practice is striving to advertise this service.	
There is a lack of appointments.	<p>Non-clinical staff undertook care navigation training in order to sign-post patients to other services that may be more suitable.</p> <p>Having appointments that can only be booked online. We are now attempting to increase advertising for the online booking system.</p>	Underway. Fairly new service.
Some patients are unaware of the facility of the Nurse Practitioners.	We will review the ways in which we publicise the Nurse Practitioners competencies and the receptionists will encourage patients to use them where appropriate.	Patient awareness has increased for the Nurse Practitioners and patients now ask for appointments with them. On average, the Nurse Practitioners provide an extra 46 appointments a day.
Patients are unaware of the activities of the Patient Participation Group.	We will dedicate a notice board in the waiting room to PPG matters and review our publication of the work of the PPG. PPG members have decided on a surgery newsletter which can contain the kind of work carried out by the PPG alongside other information.	A big notice board has recently been placed in the waiting room. The content of the board is decided by the PPG. The newsletter is underway.
Patients would like the number of acute same-day appointments to be increased.	The Practice will conduct a demand vs. capacity review and make changes to the division of appointments between acute and advance needs where appropriate.	A demand vs. capacity review was carried out. We have more doctors per 1,000 patients and therefore do have enough appointments to facilitate our patients.
Some of the slides on the Call-in Boards are hard to	PPG members reviewed the slides and wrote down	Changes suggested by the PPG were made regarding

read and irrelevant.	any changes that they thought should be implemented.	font sizes and colours. The slides are not a lot clearer and some have been removed.
The bulb in the men's toilet is too dark.	Discussed with PPG members the reasoning behind the colour and dimness of the bulb.	The bulb has been changed. It is not as bright as normal bulbs but is brighter than the previous one.
The 0844 number is unpopular and should be removed.	Phased removal of the 0844 number culminating in its withdrawal on 31 st March 2015	Only one number to remember. Local number that can be tied into call bundles.

Practice Details

Lupset Health Centre is open from 8:00 to 18:30, Monday to Friday. On Mondays, Tuesdays, Wednesdays and Fridays, the Surgery runs an early clinic from 07:30-08:00. On Mondays and Thursdays the Health Centre runs a late Surgery between 18:30 and 20:45. The Health Centre is not open for any other business during these times. Only patients who have made appointments in these Surgeries will be admitted to the building during these times. Patients can make appointments by registering to make use of the internet booking service, or patients can make an appointment with a receptionist either over the telephone, or in person.

The Health Centre maintains a website to which the report will be publicised. The URL for which is: <http://lupsetsurgery.co.uk/>