

Bovey Tracey and Chudleigh Practice

Local Patient Participation Report

Date Published: 15th March 2014

A description of the profile of the members of the PPG:

Our virtual Patient Participation Group currently has 30 members 53% are male and 47% female compared to our practice population of 49% male and 51% female.

We are a two site practice with surgeries at Riverside Surgery, Bovey Tracey and Tower House Surgery, Chudleigh and a total practice list size of just under 14,500. We have 66.6% of our patients registered at Riverside Surgery and 33.4% registered at Tower House. This broadly represents our vPPG of 70% registered at Riverside Surgery and 30% registered at Tower House.

Our vPPG age ranges from 25 – 83 with 80% aged between 45 – 74 years. The younger and older age ranges are slightly under represented, and we would welcome patients from these ranges to join our vPPG.

29% of our registered patients have their ethnicity recorded, and of those 82% are recorded as British. 30% of our vPPG members have their ethnicity recorded, and of those 80% are recorded as British.

A description of what steps the Practice has taken to ensure that the PPG is representative of its registered patients and where a category of patients is not represented then what steps have been taken by the Practice in an attempt to engage with those patients:

The Practice launched a campaign in September 2011 to recruit patients to our virtual Patient Participation Group. Every new patient receives an invitation in their registration pack and we also include features on our practice website, on our digital display screen in the waiting room, on notice boards and regular features in our Patient Newsletter. We currently have representatives from the Riverside Befrienders, and Bovey Hospital League of Friends. We have a representative from each surgery to represent the practice on external Patient Participation Forums and have recently joined the Locality Patient Participation Forum linking the seven practices in the Moor to Sea Locality (Chillington, Dartmouth, Totnes, Catherine House, Buckfastleigh, Ashburton & Bovey Tracey & Chudleigh).

A description to be entered in around how the Practice and the PPG determined and reached an agreement on the issues which had propriety within the Local Practice survey:

The practice considered the priority areas highlighted in its previous patient survey and emailed all members of the vPPG on 15th July 2013 asking for their views on priority areas; the use of the Improving Practice Questionnaire (IPQ) and whether they wished us to focus on any other key areas and requested a response by 31st July 2013. As a result of feedback from the vPPG we not only carried out the Improving Practice Questionnaire but supplemented this with an in-house questionnaire on telephone consultations.

A description of how the Practice sought to obtain the views of its registered patients

To obtain the views of our patients we emailed the questionnaire to all members of our vPPG and also offered the questionnaire to all patients attending our Flu clinics and to patients attending either surgery during November 2013.

A description of how the Practice sought to discuss the outcomes of the local survey and the Practice's action plan together

Following an analysis of the patient questionnaire, the Partners discussed the results on the 14th January 2014 and developed an action plan. The action plan, together with the results of the questionnaire, were emailed to all members of the vPPG on 10th February 2014 inviting them to comment on the results and the action plan by 21st February 2014.

A description of the findings or proposals that arose from the local Practice survey and what can be implemented and if appropriate reasons why any such findings or proposals should not be implemented

Although there is still a high level of satisfaction in many of the scores and comments received the results are worse than in previous years and there were an increasing number of negative comments. We have always taken great pride in the quality of the service we deliver to our patients and are disappointed and concerned to receive these results despite implementing changes last year.

From the patient feedback, we acknowledge that we need to address some issues around staff training and telephone access but we are very concerned that many of the issues are a result of the increasing workload pressures being placed on primary care and inequitable funding which is bringing practices, both locally and nationally near to crisis point, and over which we have little control.

We are caring for an increasingly elderly population with multiple chronic illness and medical developments enable us to do more and more. The average life expectancy in our practice is now 87, the highest in our locality group. There has been a transfer of work from hospital into the community. This all places a huge increase in demand on our services but there has been no additional funding to increase our capacity and future funding is likely to fall.

Our practice has historically been highly efficient and provided high quality care, We are concerned that the latest results show that we are struggling. Budgets continue to be based on historical allocations, We have had years of underfunding, and despite efforts initiated by Devon [PCT](#) in 2011 to move towards equitable funding, there is still a variation of over £10.00 per patient in the baseline contract value paid to practices across Devon and we remain at the very lower end. NHS England has recently announced a review of contracts over the next two years with a view to a fairer distribution of funding at a locality level. If this is addressed we would be able to provide a better service to our local population. Public perception has been damaged by continual criticism and attacks on our professional reputation by the press and politicians. An expectation to see the doctor you want, whenever and for whatever you want is unrealistic and this is likely to also affect our survey results.

Looking specifically at the survey, patients are most dissatisfied with not being able to see their practitioner of choice, not being able to see a practitioner within 48 hours, and poor telephone access to the practice. We had already increased our doctor sessions in the practice from April 2013 and ceased providing medical cover at Bovey Tracey Hospital to reduce the use of locum doctors to improve patient continuity of care. We also extended the use of telephone consultations to increase capacity and we increased our reception team staffing levels in December 2012.

So what else can we do?

- Continue to lobby the government through our Local Medical Council and MP to move towards equitable funding in primary care.
- Continue to engage with our Locality [Commissioning](#) Group (LCG) to develop community services.
- Review our appointment booking - patients telephoning to see a doctor on the day will be offered a telephone consultation. The doctor will agree the most appropriate treatment plan. This will improve efficiency by ensuring you see the right person at the right time.
- Increase doctors clinical sessions by 3 per week and recruit additional nursing, admin and reception staff to improve access and capacity from April 2014.
- Review our procedures for staff absence, performance management and training needs.
- Carry out an appraisal of our telephone system which is no longer fit for purpose, funding will be a major stumbling block that will need to be overcome.
- New IT system in May 2014. This will allow on line booking of some appointments, and electronic transfer of prescriptions amongst other functions.

We are committed to improving the services we offer to our patients within the resources available to us.

A summary of any evidence including statistical evidence relating to the findings or basis of proposals arising out to the local Practice survey is downloadable from the Practice Website's Surveys page.

A Description of the action which the Practice, the [PCT](#) intend to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising out of the local Practice survey. If this is the second year of the scheme detail here any changes and issues since the 31st march 2012 local patient participation report was completed.

Last year we committed to

- Continuously develop our clinical and non-clinical teams – we arranged a Team Development afternoon on the 14th February for our non clinical team and have introduced monthly Staff Meetings and daily Team Meets. Our clinicians continuously attend relevant study days to keep up to date.
- To increase our appointments capacity on a regular basis from 1st April 2013 to ensure we can meet the needs of our growing list size and maintain continuity – Dr Francesca Vasquez increased her working sessions to eight per week and we also improved continuity in the practice as we no longer provide medical cover to Bovey Tracey Hospital.
- Raise awareness of our extended hours and week end appointments in our Newsletter and through daily contact with patients – we continuously try to raise awareness in our Newsletters and website and now offer extended hours appointments with a Healthcare Assistant to meet the needs of the new NHS Health Checks.
- We will invite our patients to donate up-to-date magazines for our waiting areas – we regularly monitor our magazines to maintain them in current date and good order.
- We will produce a photo gallery of our doctors and nurses – a photo gallery of our doctors and nurses is available in each waiting area and all our staff now feature on our practice website.
- To review our system for requesting electronic prescriptions and the electronic transfer of prescriptions to pharmacies to improve efficiency – we are installing a new clinical IT system in May 2014 which will improve the electronic management of prescriptions.
- We will re-audit and review our telephone answering service to ensure our increase in resources has been effective – we have increased our staffing resources to focus on telephone answering and are also looking into a new telephone system which will help us [Audit](#) and review this part of our service.
- We will include further information about the out of hours service in our patient newsletter and on our website and ensure our telephone answering message is in line with best practice – we continue to remind our patients about these services and have recently updated our telephone answer message and our website in line with changes to the out of hours service now provided by 111 in accordance with best practice.
- We have reviewed our Newsletter and reproduced our patient Comments and Complaints leaflet and will continue to make sure this information is readily available to patients – we continue to publish our newsletter on a quarterly basis and patients can now register to receive an email copy via our website.
- We will review our website to make it as user friendly and informative as possible to ensure patients know what services we offer and how to access them – Flick is now

our dedicated team member who keeps the website updated on a regular basis.

- We will implement a 'general enquiries' email address for patients for non clinical issues, for patients to make comments and suggestions – The following email address is now up and running for patients' general enquiries: contact.btcp@nhs.net

As a result of **this year's** survey we commit to:

- Continue to lobby the government through our Local Medical Council and MP to move towards equitable funding in primary care.
- Continue to engage with our Locality [Commissioning](#) Group (LCG) to develop community services.
- Review our appointment booking - patients telephoning to see a doctor on the day will be offered a telephone consultation. The doctor will agree the most appropriate treatment plan. This will improve efficiency by ensuring you see the right person at the right time.
- Increase doctors clinical sessions by 3 per week and recruit additional nursing, admin and reception staff to improve access and capacity.
- Review our procedures for staff absence, performance management and training needs.
- Carry out an appraisal of our telephone system which is no longer fit for purpose, funding will be a major stumbling block that will need to be overcome.
- New IT system in May 2014. This will allow on line booking of some appointments, and electronic transfer of prescriptions amongst other functions.

A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:

The practice is open from 8.30am – 1.00pm and 2.00pm – 6.00pm although patients have telephone access from 8.30am – 6.00pm on Monday – Friday.

We ask patients to obtain repeat prescriptions by sending the request slip to the surgery, by fax or ordering online via our practice website, allowing two working days between ordering and collecting. For patient safety and to improve telephone access for appointments, results etc. we do not accept telephone requests for repeat prescriptions other than in exceptional circumstances. Our local pharmacy also offers an Express Prescription Service to our patients.

A description of any extended opening hours that the Practice has entered into and which health care professional are accessible to registered patients.

The practice offers extended opening hours on alternate Monday evenings at Riverside Surgery, Bovey Tracey between 6.30pm and 9.00pm and on alternate Saturday mornings at Tower House Surgery, Chudleigh between 8.30am – 11.00am.

These sessions are for appointments and telephone consultations pre bookable up to 4

weeks in advance and two doctors and a practice nurse are available during these sessions.

We also now offer appointments with our Health Care Assistant on Saturday mornings to those patients wishing to take up the NHS Health Check.