

Patient Participation Directed Enhanced Service 2013/14

Abbey View Medical Centre

Report

This report summarises the work that the Abbey View Patient Reference Group has undertaken during the last 12 months. The group was initially formed to encourage engagement with our patients, and over the three years that it has been in existence it has developed a strong link with the practice, offering views and opinions on various issues that have arisen.

Its immediate task was to discover what are the issues affecting patients visiting the medical centre, though this brief has now been extended to include being a source of patient reference for the practice, and an opinion on the current political agenda. This report describes the activities of the group over the last 12 months, actions taken, and the results and planned actions of the third patient survey.

Practice Profile

Our practice currently has a population of 15,102 patients, of which 52% are female and 48% are male.

Their ages are broken down as follows:

0-16	20.3%	55-64	13.2%
17-24	8.4%	65-74	12.6%
25-34	9.1%	75-83	6.9%
35-44	11.3%	84+	4.1%
45-54	14.1%		

We do not have ethnicity recorded for the full population but of the 9219 patients who have had their ethnicity recorded the results are as follows:

White British	96.3%
Black African	0.3%
Black other	1.1%
Asian	1.2%
Other	1.1%

Patient Reference Group (PRG) profile

The group is a face to face group who meet approximately once a month on a formal basis, with an extended membership who contribute by email. It has an elected chair and

secretarial support from within the group itself. All meetings are minuted and minutes communicated to all group members, Karen Mills (Practice Business Manager) and Dr Damien Patterson (Practice PRG Lead Partner).

During 2013/14 the group has undergone some changes in membership with some of the original members deciding that they needed to step back. This has led to quite a number of recruitment activities over the twelve month period in order to increase the group membership again. Recruitment and information events were held in the town hall where current committee members had a booth and spent a day chatting to town residents about their activities. Recruitment also took place at the annual practice flu clinics, and on several individual days where patients were approached by committee members whilst visiting the practice to discover whether they were aware of the group, and whether they might be interested in joining. Information was also handed out over the practice reception desk, and contact details taken from those expressing an interest. All interested parties were then contacted and invited to a "fresh start" meeting in February 2014.

The PRG now numbers approx. 450 members, both electronic and those who attend meetings, and has face to face group membership from the following groups:

Patients who work

Patients who are retired

Patients both with and without children at home

Carers

Patients who are gay/lesbian

Male and female patients

1 member (7.1%) is aged 25-34

2 members (14.2%) are aged 35-44

2 members (14.2%) are aged 45-54

3 members (21.3%) are aged 55-64

5 members (35.5%) are aged 65-74

1 member (7.1%) is aged 75-84

All are white British.

It has not yet been possible to get representation from the following groups:

Patients with learning difficulties

Drug users

Vulnerable adults

Young people – under 25

University students

The Polish community – who represent the most significant ethnic group within our practice population.

Steps taken to ensure membership of the group is representative of the practice population.

The whole practice population was profiled using our clinical system which takes its information from our new patient questionnaires, and the result is as described above.

Following this all new patients have been offered the opportunity to join the group by adding a sheet to the new patient questionnaire which is handed back to our reception staff with their name and contact details if interested.

Current patients are routinely invited to join by periodic leafleting within the practice, and specific recruitment events have taken place this year in particular as described above.

Where we have found it difficult to attract certain groups of patients our GPs have approached individuals directly where it was felt that they may be willing to contribute. The groups above however, still remain unrepresented.

Steps taken to engage with non-represented groups

As stated above our GPs have directly approached patients from non-represented groups. Whilst this is usually quite a successful method of encouraging patients to be involved, it has unfortunately not borne fruit on this occasion. Several individuals have sounded positive on initial contact but have not been as keen when contacted later. Whilst it has been stressed that it is not at all necessary to commit to the group on a long term basis, and also that patients can come to as many or few meetings as they wish it seems that these patients are more reluctant to become involved. It may be that confidence is an issue for some of these groups in general and this is to be raised with the main group as an action point for future inclusion work.

Patients who are in nursing/care homes are an obvious group who are under-represented though their issues with travel, and the fact that they are less likely to be IT literate means that including them will require a more creative approach.

Determining the issues to be prioritised and included on the survey

The last practice survey was carried out in early 2013, and examined the understanding that the patient population had about the services offered by the practice. There was considerable evidence of confusion so an action plan was created to try to improve on this over the next 12 months. The following actions were detailed:

To produce an information leaflet describing the clinics and services available to patients and how they are accessed.

To purchase software for the waiting room TV screen system capable of adapting this information easily and efficiently.

To add the information in a basic format to the new patient information pack.

All of these actions have now been completed with the patient information TV screens being a particular success. These are updated constantly by practice staff, often daily, and offer up to date information about services and specialties. The new patient information pack has been completely rewritten and is much more comprehensive, and the equivalent information is also available on our practice website which has been revamped this year.

In January 2014 Karen Mills (Practice Business Manager) discussed the survey for the 2013/14 year with Anthony Austin (PRG Chair), Dr Simone Yule (Practice Executive Partner) and Dr Damian Patterson (PRG GP Lead) during a meeting called to review the PRG and the ongoing recruitment activities. The PRG had not met since September 2013 due to the ongoing recruitment drive and also to the illness of key organising members. The rising number of complaints from patients regarding the current appointment system was discussed. Mr Austin had been approached over a period of several months by an increasing number of patients to discuss with him the problems they were encountering when trying to make an appointment. Mr Austin related the fact that anecdotally other committee members were seeing the same thing. Karen Mills raised the point that the practice had been receiving a similar increase in written and verbal complaints on the same issues. All parties present felt that this was of sufficient concern to encourage them to direct the upcoming survey to address the question but equally all present felt that this should be approved by the wider PRG committee membership, and that this group should be given the opportunity to offer other suggestions. Mr Austin offered to consult with this group, independently of the practice, and to report his findings back to Karen Mills. Mr Austin achieved this by both speaking to and contacting electronically the committee members of the PRG and collating their responses.

On reporting back Mr Austin stated that, as suspected, the PRG committee was very supportive of this approach as they were all raising and hearing the same concerns on both a personal and representative basis. No other suggestions had been forthcoming and

therefore universal approval was given to go ahead. It was decided that the 2013/14 survey would be set around discovering the issues that were lying behind these complaints. The survey was drawn up between the PRG and the practice, and issued both electronically and in paper format to the practice population.

How the survey was carried out

The questions were drawn up following the discussions (both electronic and verbal) detailed above between the PRG, the Partnership and the Practice Business Manager, and agreed by all. The specific key issues to be surveyed were put forward by the PRG and then written up for their approval by the Practice Business Manager. Patients were asked to answer the questions on the survey, and also to add any other comments about the practice appointment system that they felt were important to them. We were pleased to see that most of the comments received in this section reiterated the issues already set out in the main body of the survey, indicating that we had managed to assess the areas of key importance to patients.

The survey was carried out in 2 ways. Firstly internally, by handing out written surveys at reception over a 4 week period, and asking patients visiting the practice to give us their views. We also employed patient volunteers to approach patients waiting within the practice to ask them whether they would consider completing a survey. Contrary to the majority of surveys which have taken place in previous years this year's survey was given to all patients visiting the practice rather than only GP patients, which then included patients visiting the nurses, midwives, health visitors, Complementary Clinic patients (if also practice patients), chiropodist, community mental health team, drug and alcohol services, and nurse practitioners. This then generated a much wider response group than previously and as a practice and PRG we are all very happy that we have accessed as wide a group of opinions as possible.

Secondly the survey was emailed to all patients who had given permission for this to occur. This group numbered approximately 420 at the time of surveying of which only 6% responded. We were generally quite disappointed by this, given the continuing upsurge in electronic communications within the population as a whole, and this will form one of the discussion points that came from the survey.

Survey rationale and criteria for assessing credibility of the results

The PRG and the practice chose to carry out the survey in 2 ways in order to increase the number of respondents. In coming years, with some additional expertise newly recruited to the group, we would all like to use a company such as Survey Monkey to do this but in order to ensure a number of respondents which is statistically significant we need to first increase the wider patient reference group numbers considerably due to the inevitable low response rate of an email survey. The PRG and practice are also keen not to restrict the responding group only to those who are IT literate and/or have access to email, and therefore will also always offer the survey in written form within the practice itself.

In previous years we have worked with recognized survey companies such as In Time Data who have carried out our survey for us, and for any practice population they have required 25 responses per 1000 registered patients to ensure that the survey is statistically significant. For our current registered population of 15,102 this is equal to 378 responses. We therefore aimed for this number when carrying out the survey for ourselves this year and fully achieved this with 380 returned either directly or by email. We are therefore satisfied that this is a valid outcome.

Steps taken to provide the PRG with an opportunity to discuss the survey findings

The survey was carried out over January and February 2014 and the results collected and collated in time for the PRG meeting on 26th February 2014. The main agenda of this meeting was given over to presenting and discussing the results and as always minutes were taken and distributed to all PRG committee members, along with the Practice Business Manager and GP PRG lead (Dr Damian Patterson). This meeting was also our “Fresh Start” meeting, following our recent recruitment activities, and had a much larger than usual attendance which was particularly suited to this agenda item. The 26 attending patients were all able to give their views and comments on the results, and also able to contribute to forming a resulting action plan. One gentleman in particular was keen to discuss the value of surveys in general and has some interest in this area. He has offered suggestions and assistance for future surveys which was gratefully accepted.

Action plan resulting from the recent practice survey

(The whole survey result can be viewed at the end of this report as Appendix A.)

The survey highlighted the fact that telephone contact is of prime importance to our patients. The majority of appointments are made this way, and approximately a quarter of doctor/patient interactions currently happen in this manner in the form of triage calls. The survey equally highlighted the fact that our response to patient telephone calls is currently not to a standard which is deemed acceptable, with “not being able to get through on the telephone” being indicated by almost half of those answering the survey as the biggest problem they encounter when trying to make an appointment.

The survey also indicated that, whilst patients valued the ability to book appointments in the future, over half would prefer a greater number of appointments to be available to book on the same day.

In terms of alternative methods of booking an appointment the practice population were almost evenly split between preferring an online system or an out of hours telephone option system. Very few, however, felt that alternative methods weren’t necessary!

Finally, it was also indicated that the patient population would like more appointments to be available later in the evenings, as opposed to any other time. There were reasonable

indications that email consultations and also earlier morning appointments would be popular, but both were considerably less so than later evenings.

It was therefore proposed by the group who met on 26th February that the telephone system, and the methodology and staffing behind answering incoming calls be re-examined with a view to making significant changes for improvement. Karen Mills agreed to discuss this with the Reception and Admin Manager and the Reception team, along with the company who support our telecommunications, to formulate a plan for improvement and greater efficiency. Several members of the group agreed to act as additional reference points for this discussion if this was felt to be helpful.

Karen Mills also agreed to take the findings of the survey to the next Practice Business Meeting with the GP Partners and to discuss the findings with particular regard to the numbers of varying different types of appointments. The patient group present on 26th February particularly asked KM to aim to increase the number of book on the day appointments, and also to improve the number of appointments that were directly bookable for later evenings.

There was quite a lot of discussion around the alternative options for appointment booking and Karen Mills explained that since the practice has moved to a new clinical system, the option for on-line booking could be made immediately available. Options for out of hours telephone booking were more complex. It was therefore agreed that KM would request that the on-line system be made available as soon as is practical, and again to discuss with the GP Partners the potential for a telephone based option in addition.

Survey result summary

400 surveys sent out by email

22 surveys received back by email = 5.5% of those sent out

462 surveys passed out within the practice

358 surveys received back within the practice = 77.4% of those handed out

Actions which the practice intend to carry out as a consequence of this process

To re-examine the way that the practice handles incoming calls, with reference to both technology and practice staff.

To discuss the split of different appointment types with the GP Partners with a view to bringing them more in line with patient preference.

To make available the on-line appointment booking system as soon as possible, and to look into the potential for an out of hours telephone orientated system.

Changes with contractual implications

None of the intended actions have contractual implications.

Practice opening hours

The practice is open from 0830 to 1830 Monday to Friday.

Patients can book same day and booking ahead appointments by telephoning the practice from 0830 onwards and requesting an appointment. Patients can also request a telephone appointment for today or a day in the future if they prefer. If all appointments have been filled then a GP will telephone the patient to discuss their issue and proceed according to need ie they may offer a same day appointment, may offer an acute prescription which can be collected by the patient without having to see the GP further, may offer an appointment for some time in the future, may offer an appointment with a more suitable healthcare professional etc

Nurse appointments can be booked in the same way or through the Practice Nurse Secretary.

Extended Hours

The practice is also open from 0800 to 0830, and 1830 to 1930 Tuesday to Thursday inclusive, along with one Saturday morning per month.

Patients can book into these appointments if they are unable to attend the surgery in normal working hours for any reason.

These surgeries are staffed by a mixture of GPs and Nurse Practitioners to allow access to a full range of clinicians, both male and female.