Patient Participation Group Report 2013/2014

Component: 1

After the patient participation group's inception in 2011 we meet on a regular basis to discuss patient issues and Practice improvements with the patients' concerns at the heart of our discussions.

Our patient participation group currently numbers 11, with 1 virtual member.

The group currently has an age range from 24 to 82, with an approximate 60/40% split between male and female members, the group has a good mix of employed, retired/semi retired and professional members, we also have two disabled members and one carer.

30% of the group are over 65.This is fairly representative of the practice, as 23% of the current practice population, based on the same age range, are over 65.

40% of the group are aged 44 to 59 (Practice as a whole 33.6% for this age group).

30% of the group are aged 23 to 31 (Practice as a whole 37% for this age group).

The age group from 16 to 22 are not represented. Efforts are continually being made to recruit from this age group, by telephoning selected patients and opportunistically during consultations, but without success.

The ethnicity of the group includes British, Indian, African, Carribean, and European representatives, in similar proportion to the Practice population as a whole. However , some groups are not represented , e.g. Eastern Europeans, Somalians,Afghans.The main issues encountered in recruiting people from these groups relate to language difficulties, short term housing ,and family commitments.

We are actively looking to recruit and are advertising for new members on the Practice website, in the Practice newsletter and in the surgery.

Component: 2

At a group meeting on 10th October 2013 it was discussed and agreed that the Practice would carry out another patient survey. The survey would include questions relating to concerns expressed by patients, during consultation with the doctors, and comments made to reception staff. Also looking at patient complaints, received either verbally or in writing, and on comments made on the NHS Choices website.

Patients were asked to express their views about the Practice in response to a message on the LED display.

Comments made on the National GP patient survey were also taken into account.

One of the main themes expressed, having looked at the above responses, was difficulty in obtaining an appointment in the mornings. Indeed one patient made a written complaint relating to this issue and left the Practice as a result. There were several comments on "NHS Choices ", some of which were totally inaccurate, but some expressing concern relating obtaining an appointment.

Waiting times at the surgery, was also cited as an issue, many expressing dissatisfaction, at not being seen on time, and waiting up to an hour or more before actually seeing the doctor.

There were also comments relating to difficulty in getting through on the telephone, in the mornings. Some patients found that they were in a queue on the phone, perhaps fourth or fifth, only to find that when the reception staff picked up the call, that all the appointments had now been taken.

There also seemed to be confusion, in relation to how to book an appointment, and how the appointment system worked.

The PRG took into account all the views expressed from the above sources, and their own views, together with the views of the Senior Partner in the Practice.

The Group agreed that the key patient priority areas to look at were:

1) Waiting times

2) Telephone Access

3) The Appointments system

To further investigate these issues, it was agreed to carry out a patient survey using CFEP (Client Focused Evaluation Program) in association with the Peninsula Medical School. The Practice had used this company in the past, for previous surveys, and had been very satisfied with the service provided.

The IPQ questionnaire (Improving Practice Questionnaire) would cover the issues raised above, and would also satisfy the requirements for GP revalidation for the partners in the Practice.

The survey would also cover the criteria required to comply with the Patient participation directed enhanced service (DES) for the GMS contract 2014.

The survey also had the advantage that it would compare the results of the Practice, with practices of a similar list size, as well as all other Practices.

Smaller practices often face different issues to larger Practices in terms of service provision.

Component: 3

The PRG felt that more accurate survey results would be obtained if the survey forms were given and collected from patients who attended the surgery, before and after seeing the Doctor.

Emailing the survey was not considered to be an option, as the Practice did not have a record of email addresses.

The receptionists were responsible for giving out the questionnaires to each patient who was booked in to see the doctor for an appointment.

Home visits and telephone consultations were excluded from the survey. A postal survey was not carried out, as it was felt by the PRG and senior partner that the response rate would be less than 30%, based on previous attempts at postal surveys.

It was decided that the minimum number of responses required would be 2% of the practice population, and that the survey would be carried out over a 4 week period.

The survey was completed on 12th December 2013. The survey was carried out over a 4 week period. 90 surveys were completed, using the IPQ questionnaire, representing 2.43% of the Practice population.

The IPQ is a well established questionnaire, widely used in the UK, and has been completed by over 3,000,000 patients since 2004.There have been extensively published validation studies that have established the IPQ as a reliable and sensitive tool, that accurately measures patient satisfaction in designated areas, and is sensitive to change.

The survey uses benchmarks as a guide to how the Practice performed in relation to other Practices who have used the IPQ survey, and also in relation to Practices of a similar size.

The survey included 45 females (50.5%) and 41 males (46%), 4 forms were left blank, an almost equal gender distribution.

In terms of age distribution of patients who completed the survey there were 5 patients under 25 (2%), 37 patients between 25-59 (41.5%), and 44 patients over 60 (49.4 %).

The reliability of the survey for the under 25 age group is reduced because of the small sample size, but the other groups were well represented. This represents the difficulty of getting the younger age groups to complete questionnaires, and that this group visit the surgery less often.

The actual demographics of the Practice show that 10% of the population are between the ages of 17 to 25, 60.7% are between 25 to 59 and 28% over the age of 60. This does reflect on some limitations relating to the population of the Practice actually surveyed, but these were patients attending the surgery over a four week period only, and probably did represent a fair cross section.

In the survey, there were more than 25 responses for each of the 28 questions asked. Statistical analysis by the Company shows that greater than 25 responses for any question gives a statistically reliable answer.

The above would suggest that the reported outcomes of the survey are valid.

The survey results are shown in tables and graphs, with associated benchmarks (comparisons with other practices).

The first table shows distribution and frequency ratings for 28 questions.

The second table shows percentage score and benchmarks for the Practice, compared with other participating practices.

The third table shows the same, but this time compared with Practices of a similar size. Table 4 shows patient demographics. Table 5 compares percentage scores with a previous survey carried out by the Practice in 2004.

Then Pages 6 and 7 of the report lists patients' comments.

There are then a series of supporting documents detailing the validity of the survey, and explaining how the percentage results were calculated using the formula, (number of poor ratingsx0) + (number of fair ratings x25) + (number of good ratings x50) + (number of very good ratingsx75) + (number of excellent ratings x100).

Benchmarks quoted, may not be truly representative, as they do not take into account geographical location and clinical setting (our Practice serves a large deprived area). Also, benchmark data, is provided on volunteer samples, and these samples often give higher results than average samples.

The survey results and summary are available on the Practice website

The survey showed, that the Practice, scored higher than the average benchmark on 15 of the areas assessed, and lower on 13, when compared to all Practices. Representing 53%, and 47% respectively. Surprisingly, when compared to Practices of a similar size, the Practice scored higher in 13 areas and lower in 15 areas.

The lowest results recorded were for:

a) Telephone access (20% below average benchmark, but still higher than the minimum quartile)

b) Waiting time (17% below average benchmark, but still above the minimum quartile)

c) Appointment satisfaction (7% below the average benchmark, but above the minimum quartile)

The results recorded in relation to the Doctor's in the Practice were all well above the average benchmark (13 areas), with scores of 91% for ability to listen to patients, and 92% score for recommendation, and 91% for confidence in ability.

Second opinion/complimentary medicine scored only 67% (5% below average benchmark). This was a surprising result, as Dr Sado, was trained in herbal medicine and acupuncture.

The other results were close to the benchmark level, when compared to other small Practices.

The comments recorded in the comments section reflected the above results. One comment of note was "the appointment system is crazy!)

The overall score for all areas covered was 76%, which was 3% higher than the national average. 86% of patients rated the Practice good, very good or excellent.

Component 4:

Once the survey results were available, they were sent to all the members of the PRG, either by email or by post on 16th January 2014.

A meeting was then organised on 30th January 2014, when a summary of the results, as above, was presented.

The PRG discussed all the survey findings. They agreed that there needed to be improvements in service provision in the three key areas highlighted with the lowest scores in the Patient Survey.

These were:

1) Telephone access

2) Waiting times

3) Appointment satisfaction.

Dr Sado confirmed that these three areas of concern were the main ones expressed by patients during consultation, and to the administrative staff, and also on NHS Choices website and the NHS survey.

Component 5: - Action Plan

At the same meeting (30th January 2014), following the discussions relating to the survey results, an action plan was agreed with the PRG.

First priority area considered was telephone access:

Patients experienced problems booking morning appointments over the telephone. This is related to the fact that, the surgery opens at 8.00am, but the telephone lines open at 8.30am.

The surgery opens at this time, because the building is shared by two other larger Practices (approx 18,000 patients), who open at 8.00am, and therefore the doors of the Health centre are open. Only one member of staff is present from 8.00am. That staff member would not be able to take telephone appointments and deal with patients at the reception desk.

Patients then come to the reception desk at 8.00am and book appointments. This results in fewer appointments being available for patients who telephone, finding that they might be fourth in the telephone queue, but when they get through to reception, they are informed that all the appointments are taken.

The PRG made two proposals to resolve this issue:

First proposal:

Reception desk to remain closed until 8.30am.

Second proposal:

The Practice to change the staff rota, so that two receptionists would be available from 8.00am, and the phones then switched on from 8.00am.

Actions for both proposals to be taken by the Practice:

The Partners and the Practice manager will look into the feasibility of both proposals, and produce a plan to cover both proposals by 30th April 2014.

Plans to be presented to the PRG in May 2014, at a scheduled meeting (to be decided). Then to decide which of the two proposals, would work better for patients.

The PRG would then allow three months, from the date of the meeting, to implement the agreed proposal.

Second priority area considered related to Waiting Times:

The PRG made the following proposals, and Dr Sado made an additional suggestion:

First proposal:

When patients book in for their appointment, on the Touch Screen, a message would appear, indicating how long they would need to wait before seeing the doctor.

Actions to be taken by the Practice:

The Practice Manager to speak to the software provider for the Touch Screen, to ascertain if the information pertaining to waiting times could appear on the screen, and to ascertain the costs, of this new software, if available.

The outcome of this action to be discussed at the next PRG scheduled meeting, in May 2014.

Second proposal:

A message on the New Television screen in reception would show the waiting time before being seen by the doctor.

Actions to be taken by the Practice:

Jon Sado to investigate how to put a message on the television screen, to show waiting times for the Doctor's.

This is to be actioned by 1st May 2014.

Third proposal:

To explore why the new Emis Web software system runs much slower than the previous Emis LV system. Dr Sado felt that this added up to 5 minutes extra for each consultation.

Actions to be taken by the Practice and the PRG:

Dr Sado to write to NHS Harrow CCG computer lead, to raise this issue, and seek a solution. The Chairman of the PRG would raise this issue at the next NHS harrow CCG meeting, due to be held in March 2014.

The results of these actions then to be discussed at the next PRG meeting in May 2014 (date to be arranged).

Fourth proposal:

Ask patients to only come with one problem for each consultation.

Actions to be taken by the Practice:

A message to be displayed, on the LED screen and the television screen, requesting patients to come with one problem, in the consultation.

This is to be actioned by 1st May 2014.

Third priority area considered relate to the Appointments System, which patients find confusing:

The PRG made the following proposals, and Dr Sado made an additional suggestion:

First proposal:

A sheet to be produced explaining the appointment process.

Actions to be taken by the Practice:

The Practice Manager to produce a sheet explaining the appointment process, and this to be posted on the Practice notice board, with a copy to be published in the Practice news letter, and on the Practice website.

This is to be actioned by the end of April 2014

Second proposal:

Allow online booking of appointments through the Practice website (a facility which can be added to the Practice website by instructing the web provider).

Actions to be taken by the Practice:

The senior GP and Practice manager, to investigate the workload implications, relating to online booking. Also to look at the infrastructure required to make this change.

The results of these investigations, to be reported back to the PRG for further discussion and agreement by the end of July 2014:

Third proposal:

The "Extended Hours Appointments" to be changed, to generate 4 extra appointments in the mornings, between 8.00am and 8.30am, to relieve the pressure on making morning appointments.

Actions to be taken by the Practice:

The Practice partners will discuss this proposal and arrange its implementation.

To be implemented by 1st April 2014

The senior GP, Practice Manager and Chair of the Group will liaise on a monthly basis to monitor and keep track of the progress of all the patient priority areas shown in above Action Plan.

Component 6:

Update on last year's Action Plan

The Group have written and agreed with the Practice a 'Terms of Reference' for the Patient Participation Group which has now been published on the Practice website.

During spring/summer 2013 the car parking area was resurfaced and the number of disabled parking spaces has been increased as per the last years Action Plan.

The Practice carried out another patient survey in 2013 including questions covering the patients' priorities and issues raised by the group at a group meeting.

The Groups aim was to publish a Practice newsletter twice yearly. The target date for our first issue was to be Autumn/Winter 2013, unfortunately this date has had to be postponed, and the revised publication date is now aimed at Spring/Summer 2014. In addition to the newsletter being available in the surgery it will also be published on the Practice website.

A Local Patient Participation report to be published on the Practice website.

PRACTICE OPENING TIMES

Monday: 8.00am – 7.15pm (including commuter clinic)

Tuesday: 8.00am – 6.30pm

Wednesday: 8.00am – 6.30pm

Thursday: 8.00am – 6.30pm

Friday: 8.00am – 6.30pm

How to book an appointment

An appointment with the doctor or nurse can be booked by either telephoning the Practice, or coming to the reception desk to request an appointment. Electronic booking is not currently offered.

Patients are encouraged to ring up for afternoon appointments, rather than coming directly to the surgery. All afternoon requests for appointments are triaged by the doctor, so that the patient is directed towards the most appropriate care pathway.

Extended Hours Opening for Doctors Appointments:

Monday: 8.00am to 8.30am 6.30pm to 7.15pm

Tuesday: 8am to 8.30am