PLOWRIGHT MEDICAL CENTRE
D82621

Patient Participation Report 2013/14

1. Our Patient Participation Group

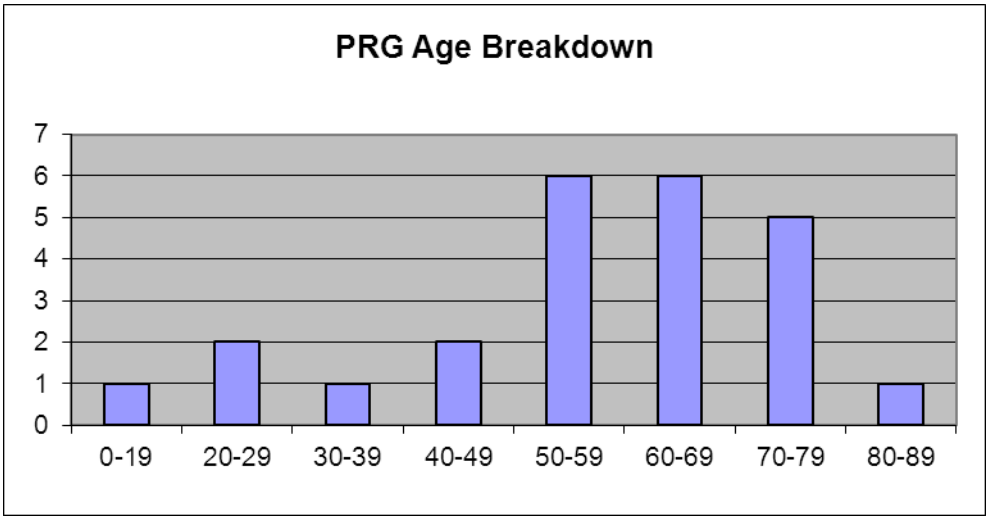
1.1 If this is the first year of your PRG, has a constituted structure been developed to reflect the practice population and to obtain feedback? How were representatives sought and what work was carried out to engage with any underrepresented groups?

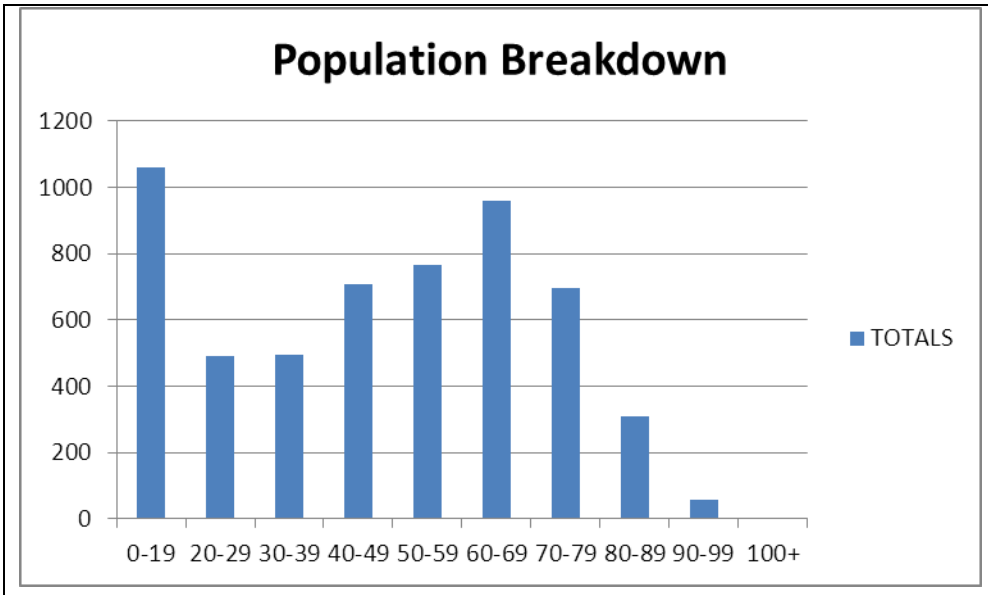
Not applicable – 3 year of formation

1.2 If this is not your PRG's first year, is the PRG still representative of the practice population? If there are underrepresented groups, how does the practice try to engage with them?

When the PRG was first formed in 2012 it was fairly reflective of the population breakdown as a whole. It is of course necessary to exclude the very young and the very old who find participation in this type of group difficult. Our eldest member is currently 89.

When we formed the PRG we purposefully created a virtual group to enable as wide a cross-section of society to participate as possible. The take up of communication preferences between email, letter, telephone or Facebook has stayed relatively static with 16 members preferring contact through email and the remaining 8 preferring to receive communication through the post. Our Facebook page is continuing to develop and now has a small number of followers but these patient are not necessarily part of our PRG. Nonetheless it is a useful format for keeping our patients abreast of internal developments.





We have added another 4 members this past 12 months to our group and we continually advertise in our Practice for new members. As part of our communication to patients, Plowright Medical Centre now writes a regular piece for all the Parish Magazines which cover our catchment area. These articles range from Care.Data through to avoiding A&E attendance and how to keep yourself warm and well this Winter. These articles are as a direct result of feedback from our PRG and have been very well received in the community. We will again be running an article promoting the joining of our PRG but this won't be until nearer the summer month once we have the winter health series out of the way. The article on the PRG will encourage those of a working age, especially 30-49 to join as this is one age range which doesn't reflect our true population.

The PRG has further developed this year with the introduction of face-to-face meetings. It was always the intention to keep the group virtual and to host one or two 'training' sessions per year where patients can attend to learn more about the surgery and the NHS. However, we were approached by a couple of our more senior members who wished to engage with us to further understand the pressures of running a modern practice. This meeting was extremely useful and enabled us, at the Practice, to understand the gap between those who understand how the NHS is changing and are involved in it through their work and those who are simply patients who are often confused by the different messages being received. The rate of change within the NHS is something that is causing concern across the patient population and the presence of the PRG to help guide us in our communications is invaluable. We are planning to promote these changes further this year.

Component 2. Method and Process for Agreeing Priorities for the Local Practice Survey

2.1 How were the views of the PRG sought to identify the priority areas for the survey questions i.e a meeting, via email, website etc?

Our PRG are liaised with throughout the year through email and letter. We keep them abreast of any developments and changes planned. For example, we upgraded our clinical system in January 2014 and in addition to contacting the PRG, we placed an article in the parish magazines across the patch to enable as many patients as possible to be aware of the forthcoming changes.

With regard this year's patient survey, we emailed, wrote and met with representatives of our PRG in December 2013 to request input on the content of the survey. Not only did we receive some good feedback, we actually had some volunteers to carry out the survey with patients. They spent 3 separate mornings in our waiting rooms chatting with as many patients as possible to encourage the completion of the survey. This was a great success and also stimulated a real inclusive atmosphere in our waiting room on the mornings of said involvement – this was commended by other patients.

The feedback from our PRG on the content of the survey focussed on linking it with last year's survey to show a clear demonstration of progress. Over the past 3 years we have remodelled our branch surgery, become compliant with the CQC, introduced online appointment booking and repeat prescriptions and introduced a new clinical system. All aspects which have had a positive effect on patient feedback. Therefore to be able to test patient's views against these developments was important to all involved.

2.2 How have the priorities identified been included in the survey?

The PRG helped write and review the questions involved in the survey. For the sake of comparison and continuation, we incorporated a number of the same questions as the previous couple of years. These focussed on the time delays in booking appointments and also waiting for a clinician once arrived at the surgery for the appointment. We also agreed to incorporate a couple of questions on the premises, especially that which relate to confidentiality and private conversations.

The other priority for us at the Practice was how well our patients related to their clinicians and whether they felt that their consultation made sense to them and was satisfactory. We have been struggling with patient's expectations this year as they are becoming more demanding whilst the demands from the NHS system are also increasing. This is leaving us in the middle and takes time and effort to resolve and manage. However, it was thought that it was important to attempt to gauge our success in this. Therefore we have added in the "friends and family" test question into the questionnaire.

Step 3. Details and Results of the Local Practice Survey

3.1 Was a survey carried out between 01.04.13 and 31.03.14?

Yes, the survey was carried out during the middle of February 2014. Representatives from our PRG undertook the survey with patients on Tuesday 11th February, Friday 14th February and Tuesday 18th February. In addition the questionnaire was available across both sites for the duration of the fortnight Monday 10th February to Friday 21st February 2014.

3.2 What method(s) were used to enable patients to take part in the survey (i.e survey monkey, paper survey, email, website link) and why?

The survey took the form of a paper questionnaire. This was on a single sheet of A4 folded into an A5 booklet. The introduction covered the front page with the internal 2 pages and the back page forming the questionnaire.

The questionnaire was available to patients to complete in their own time as well as having representatives of the PRG in the waiting areas to encourage patients to complete. This latter initiative was especially well received by those who had limited eye sight or who had forgotten their glasses as it was possible for the representatives to read out the questions and complete on their behalf.

We did not utilise survey monkey as we have a limited number of email addresses for our patients and it was deemed not to be representative. Similarly, on this occasion it was not appended to our website as this was also undergoing a re-modelling.

3.3 Was the survey credible (was the response rate sufficient to provide 'the reasonable person' with confidence that the reported outcomes are valid)?

We have had our most successful year to date with 121 questionnaires completed – a 2% return on practice population. Therefore, we have reason to believe that this is a reasonable reflection of our services. This is further reinforced by the consistency of the answers on the questionnaires returned.

3.4 Please provide a copy of the survey and the analysis of the results of the survey.

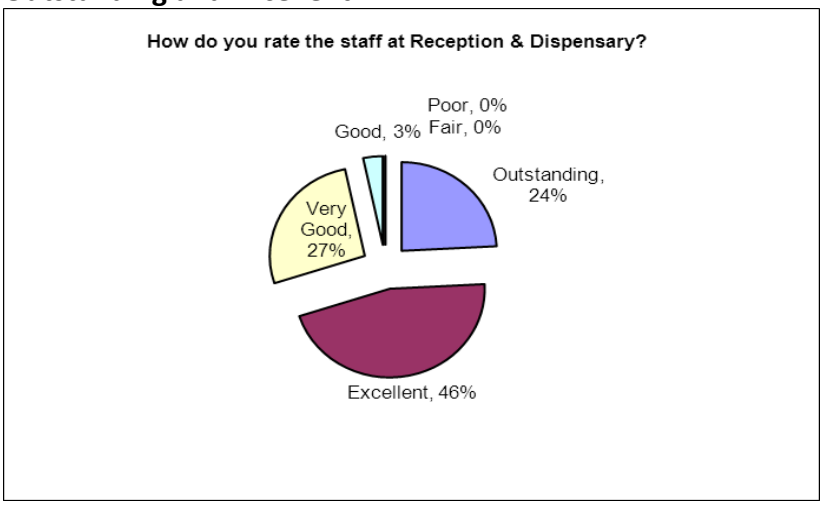
The actual questionnaire has been attached to this report for reference purposes.

To aid the interpretation of results, we have broken the questionnaire down into 2 main sections – "about your appointment" and "about your visits". In addition to this we have included demographic information and the results of the "friends and family" test.

ABOUT YOUR APPOINTMENT

The initial questions focussed on the receptionist team and how easy it was to make an appointment. This was especially pertinent considering the introduction of a new clinical system. 75% of respondees claimed the appointment booking process was very easy (degrees 1 and 2) with 71% making their appointment by telephone. 93% of patients had their query answered in under 5 minutes with 67% of them being answered in under 2 minutes. Bearing in mind the peaks and flows of telephone demands, it is thought that this is an acceptable spread of waiting times.

More importantly, 78% of patients thought our receptionists were very courteous with another 15% on degree 2. Scores for overall staff rating were also particularly impressive with 70% being graded as Outstanding and Excellent.



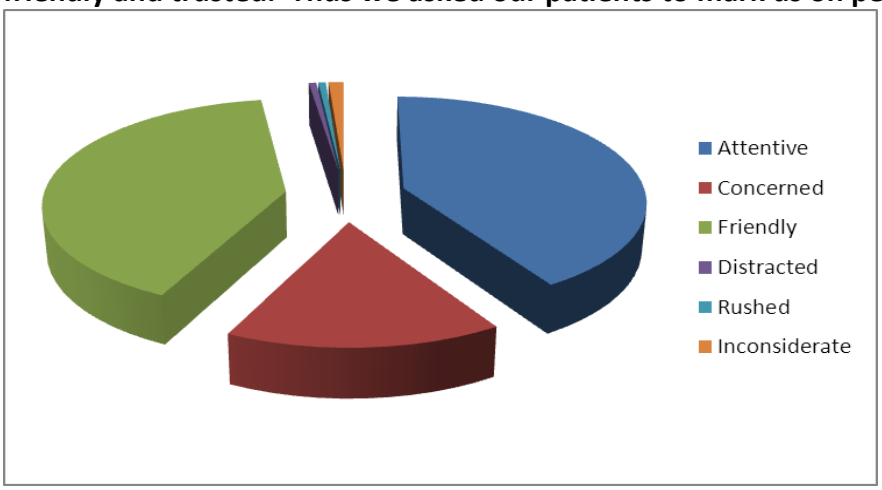
With regard the questions on physical proximity of patients at the reception desk, 64% of patients confirmed that other patients could hear them whilst they were at reception but that they didn't

mind. 12% said that they could hear but didn't like it whilst 11% thought that others couldn't hear their conversations. This question was in direct response to last year's survey where we added a 'courtesy marker' to our reception area. This encouraged patients to stand at least 4 feet behind the patient who was being served at the Reception desk. Due to the layout of the practice, it is not possible to create a totally private area, but we do offer the use of a private room for patients if they feel it is appropriate in their discussions with staff. A surprising 37% of patients were unaware that a private room was available if they felt it appropriate.

ABOUT YOUR VISIT

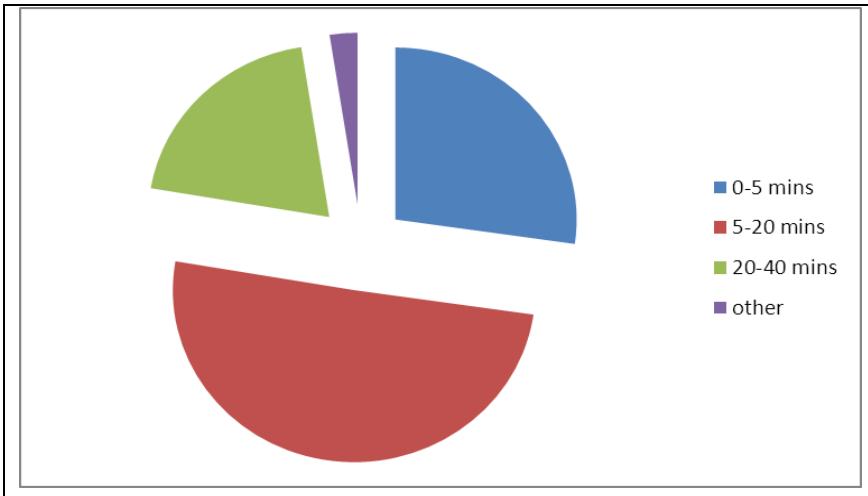
This section focussed on the patients' direct interaction with our clinical teams. One of the issues we have at Plowright is to do with patients waiting to see a clinician. This is where they have arrived for their appointment but are then caused to sit and wait for, in some cases, a considerable period of time. Apart from emergencies, which obviously do happen and require immediate attention, the cause of this is usually the clinician needing to spend more than 10 minutes with their patients to ensure a safe and comprehensive interaction. Therefore once we had ascertained who their usual doctor was, we asked patients whether they felt that the clinicians spent an adequate amount of time with them. A staggering 97% of patients confirmed that they felt that clinicians spent the appropriate time with them.

We pride ourselves on being professional but approachable at Plowright, with the emphasis on friendly and trusted. Thus we asked our patients to mark us on perceived characteristics:

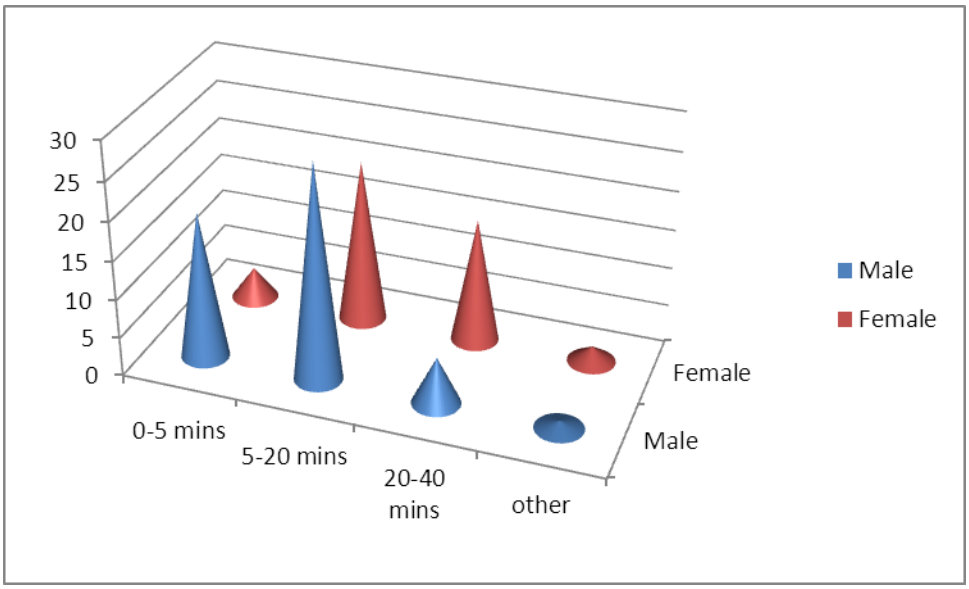


An overwhelming majority of patients marked us as Attentive, Concerned or Friendly. These are traits that are very reassuring and exactly where we hoped to position the surgery. There are an unfortunate 3% of respondees who believed their clinician was either distracted, rushed or inconsiderate which caused us to look closer at the results of those patients. Within that 3% there was a range of clinicians involved – 3 clinicians across 4 patients – which suggests that there were extenuating circumstances that may have caused that conclusion. Had there been a single clinician who had been graded as one of these 3 criteria, then internal action would have been taken to overcome that perception.

With regard waiting times for appointments once patients had arrived at the Practice, we asked patients whether they were waiting 0-5 minutes, 5 to 20 minutes, 20 to 40 minutes or longer for their appointments and whether this was perceived as an issue.

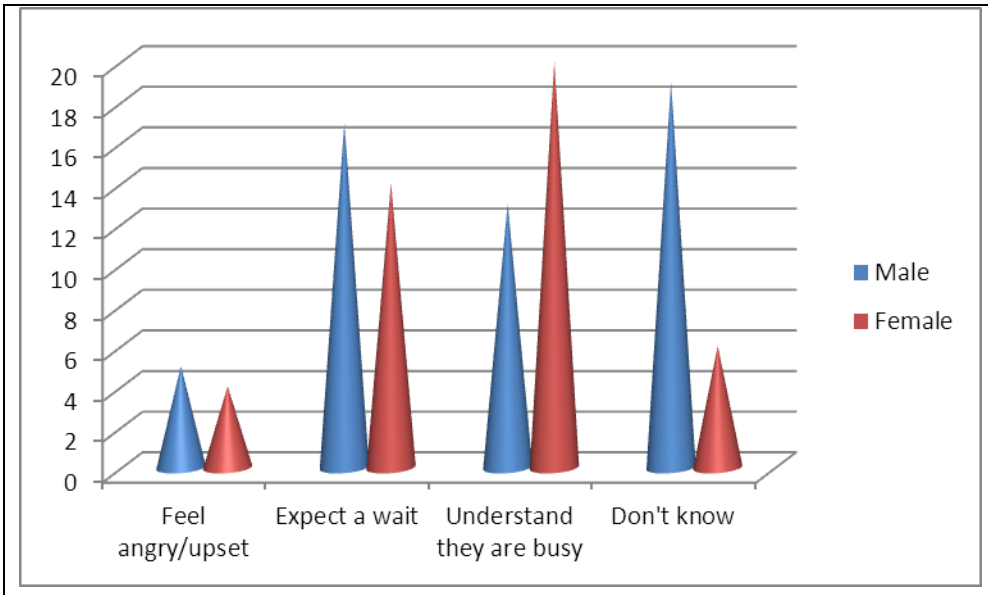


The chart above shows a worrying trend. Those patients who were seen within 5 minutes of their appointment time were only marginally more than those waiting 20-40 minutes (27% and 20%). The largest group by far were those patients waiting between 5 and 20 minutes – 50% of all patients surveyed. We know that the female GPs spend far longer with their patients than male doctors and despite adjusting clinic times and consultation lengths to account for this, they predominantly run late with their surgeries. This can be seen further when we break down the responses by gender of GP:



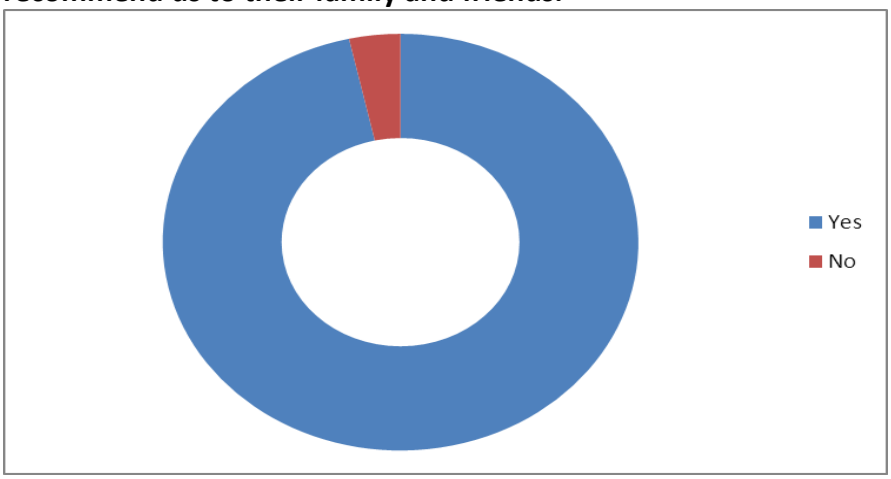
The key points of note are how few patients waiting to see female GPs are seen within 5 minutes of their appointment time and how many more are in the 20-40 minute category. In isolation this is worrying as either the female GPs are very poor time keepers or they are more thorough in their consultations with patients and look more holistically. This is an age old query that we have not, as yet, reached a conclusion on. However, to put this into more context, we also asked patients how they felt if they had to wait longer than 20 minutes:

- I feel angry / upset at being made to wait
- It does not bother me as I have come to expect a wait
- I understand they are busy
- Don't Know



These results surprised us as we expected those patients waiting to see a female GP to be significantly higher in the "expect a wait" category as these GPs are consistently late runners. However, the division between the different genders was considerably less than expected and a very few were upset. Of those upset patients, 2 out of 9 were seen within 5 minutes and 1 within 20 minutes which raises the question of expectations for those patients. Admittedly those 6 who waited for more than 20 minutes have reason to be upset and we will continue with our aim to reduce this number to zero.

Finally the one last area which we sought to investigate was the new benchmark question of "would you recommend this practice to your friends and family?". An amazing 97% said YES they would recommend us to their family and friends.



Component 4. Discussing Survey Results with the Patient Reference Group (PRG)

4.1 How were the survey results discussed with the PRG and any proposed outcomes agreed?

The survey results were sent to the PRG by email and letter (depending on their preferred communication medium). We sent a number of suggested actions that originated through the results and asked patients to vote on them to indicate which areas they felt were most important. This enabled us to ensure that all members of the PRG were consulted and given the opportunity to feed back their thoughts.

All of the actions suggested were achievable and if there were results that could not be influenced or changed these were also highlighted to enable the PRG representatives to realise that we were aware of the shortcomings even if we were limited in our opportunity to respond to them.

We also spoke directly with those members who helped undertake the survey to feedback to them direct the results and to gain their input.

Component 5. Agreeing an Action Plan with the Patient Reference Group (PRG)

5.1 What action plan was agreed and how does this relate to the survey results?

One area that the PRG wish to focussed on was ensuring that patients were aware of a private area if they wished to use it. Therefore, we have amended the courtesy sign in reception to that effect.

In the dispensary area, we have introduced a new guideline when checking and bagging drugs. If the medication has the potential to cause embarrassment to a patient, for example contraception, erectile dysfunction or similar, then the dispensary team will perform these tasks away from the dispensary hatch to prevent any patients queuing from seeing the items.

With regard patient waiting times for clinicians, we have also introduced the use of our Jayex boards which are LED display boards in the waiting room. If clinicians are running more than 20minutes late, we have set up some standard messages to inform patients of this in the hope that expectations can be managed. It also enables those patients who are unable to wait the option to move their appointment to another day if required. The reception team will continue to inform all patients who check in the number of patients waiting to be seen in front of them to enable patients' expectations to be managed.

One area of improvement is linked to patient waiting times. On occasion, individual patients have become upset as they see a patient leave a GP's room following a consultation but then experience a long wait before the next patient is sent in. At times patients have grumbled about GPs having coffee breaks, but a majority of delays are caused by either internal or external query resolution. To this end, we will be running a display in our waiting room and an article in the parish magazines which highlights all the tasks that GPs have to cover during their clinics in order to be as time efficient as possible. We will also improve our in-house training with staff to attempt to minimise the number of inappropriate interruptions – this is usually down to being unable to gauge the urgency of external requests and staff erring on the side of caution.

Late running GPs is always an issue and although we would not want to force a GP to end a consultation on the 10 minute mark, some of this late running is down to patients attempting to resolve too many issues in one appointment. Thus the group have suggested 2 solutions for this issue. One is adding a comment to the appointment slip to remind patients that they need to book a double appointment if they wish to discuss more than one problem. The other is to introduce self-help education sessions for patients to learn the basics about their health. These sessions would be run over the lunch period, by the nurses, and could concentrate on everything from chronic disease management through to child health and keeping well over winter. As an action, we agreed to task our Head Nurse to create an outline plan for these sessions and to commit to holding at least 2 within the next 12 months. We have limited this to 2 at present as we will need to review the initial sessions to ensure that they are worthwhile and effective.

5.2 How was the PRG consulted to agree the action plan and any changes?

On the back of the communication with regard results, we contacted the group and asked them to vote on a number of suggested actions and to recommend any additional actions they would like considered.

5.3 If there are any elements that were raised through the Survey that have not been agreed as part of the action plan what was the reason for this?

The only area that was highlighted through the survey which cannot be resolved through the action plan is that of late running GPs. Although we can look, as a practice, at providing training for the GPs on consultation and time management, we did not think it was appropriate to set an action on this as we could not guarantee a full resolution of the issue. We will however be coupling the internal training with the external education of patients on self-help.

5.4 Are any contractual changes being considered? If so please give details and confirmation that these have been discussed with the AT.

None of the actions detailed above require any contractual changes.

Step 6. Publishing the Local Patient Participation Report

6.1 Are there any further actions that have occurred from the:

2011/12 Action Plan

Nurse triage system has successfully been implemented for assessing the medical need for patients to see a same day GP. Appointments have been allocated to enable the nurses to slot into the next day with either the GP or themselves, or see the patient the same day. This has succeeded in managing patients more effectively with regard same day emergency appointments. It means we have also been able to reduce the number of same day appointments which were previously ringfenced and enable more bookable routine appointments to be released.

Leave week before appointments have also been introduced to enable those patients who need to be seen 'soon' but not urgently to be given appropriate appointments.

2012/13 Action Plan

The key action from this plan linked directly to patient education. Through a number of discussions we have been able to form links with all Parish Magazines in our catchment area. Each month we now submit an article on either the Medical Centre or health issues in general, which allows us to communicate not only with our active patients, but also those patients who are registered with us but who do not visit very often. Articles have included background on the nurse triage system; flu vaccinations; child health; keeping well in winter; testicular cancer to name but a few.

The website was also discussed at length with the PRG after the 2012/13 survey as it was felt it was under-utilised in its ability to offer up-to-date communication. As a direct result of this, we have completely revamped the website and changed providers to enable us to update the site ourselves as and when required. It is now considerably more information and interactive for both ourselves and

our patients. We have included a number of forms which previously patients had to visit the surgery to collect, such as New Patient Questionnaires, GMS1 registration form and all forms linked with travel advice. The new website has gone down well with our patients and we intend to continue to develop it over the forthcoming months.

In addition the Practice is required to provide details of Practice opening hours and how Patients can access services through core hours

6.3 What are the practices opening hours and how can patients access services during core hours (8am-6.30pm)

MAIN SITE:

Mon – Fri 08:30 – 18:30 (except Tues when closed 13:00 until 14:00)

BRANCH SITE:

Mon – Fri 08:30 – 12:00; 14:00 – 17:00 (Thurs 14:30 – 17:30)

We have a local contract with East of England Ambulance Trust Commercial Services Unit for 08:00 – 08:30 Monday to Friday which also covers the Tuesday lunchtime of 13:00 – 14:00.

Where a Practice is commissioned to provide Extended Hours the Practice is required to confirm the times at which patients can see individual health care professionals

6.4 Do you provide extended hours? If so, what are the details?

Extended hours provision is on a Thursday afternoon from 14:30 to 17:30 at our branch surgery at a time when this branch would otherwise be closed.