Local Patient Participation Report – Wish Park Surgery

1. Introduction and Purpose

Wish Park Surgery created a Patient Participation Group in the summer of 2011 to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by our practice.

This includes patients being involved in decisions that lead to changes to the services we provide or commission, either directly or in its capacity as gatekeeper to other services.

Through the use of effective communication we seek views from practice patients through the use of our local practice survey. The outcomes of the engagement and the views of patients will be published annually on the practice website.

To ensure that this group works for all patients, we ensured it represented the mix of patients we have registered with us. This was done via profiling of patients across age bands, gender and ethnicity. Patients were then invited to apply to sit on the PPG and a process is in place, should a member resign their post, to ensure any new members maintain the appropriate mix of patients going forwards.

The group has a mix of patients across all ages, includes carers, disabled patients and patients across ethnic groups.

The group meets every month and is chaired by one of patients. Minutes of meetings are taken and actions agreed at the meeting between the PPG and the practice. The practice is normally represented by the Practice Services Manager who has full delegated authority on behalf of the practice.

2. Priority Areas

Priority areas were agreed with the PPG at an early stage.

These were discussed at meetings in July and October 2011 and initially viewed as:

a. Ability to get through on the telephone

b. Patient Privacy

c. How Patient's are treated

These were minuted in the PPG minutes of those meetings and held by the Wish Park PPG Secretary.

As a result of this a separate sheet of questions was commissioned with the survey company used (CFEP) to go alongside the normal practice questions for a patient survey.

The number of questions asked in the survey was agreed with the PPG and an agreed sample size was decided at 150 as being statistically representative – this was approved by CFEP.

3. Collating views through our Survey

The practice undertook the survey from December 2011 to January 2012. The survey was available to all patients attending the surgery throughout this period. In addition the survey was also issued to all nursing homes represented by the surgery to gain feedback from them as a significant user of our services.

In addition to this, an exercise to gain access to harder to reach patients was also run at the same time, with specific focus on patient satisfaction and increasing the number of health checks for patients in this group. Special clinics were set up for a 3 month period and over 220 patients were invited. Of these, clinics were booked for over 170 patients. The survey was carried out during 1 month of this 3 month period, capturing up to 60+ patients of whom about 50% completed the survey. We believe this is statistically significant, whilst at the same time not allowing including these groups to skew the results of the main patient population.

The survey was collated professionally using CFEP and all results were verified as statistically sound.

4. Survey Findings

The survey results were received in mid February 2012 and tabled on the Agenda for the March PPG meeting. These were discussed at the meeting on 14th March 2012 with representation from the practice and the actions identified are highlighted in Section 5 below. Full minutes of the meeting are available from Mr John Kapp (Secretary) at johnkapp@ btinternet.com.

5. Action Plan

Key areas for discussion were highlighted by the PPG as:

- Telephone access
- Seeing a practitioner of choice
- Comfort of waiting room and waiting times
- Reception staff and information
- Respect for privacy / confidentiality
- Disability access

5.1 Telephone Access

This was discussed between the group. The main issue is between 8.30am and 9.30am in the morning where patients call in for 'same day' appointments and there is also an influx of calls from people before they start work or do the school run. This creates a bottleneck with the capacity of the lines coming in to the practice.

The telephone system was upgraded in 2010 with lines increasing from 2 to 6 which is the maximum capacity for the current building due to desk space.

Calls lost have averaged at 3.8% per month over the last 18 months which is a significant improvement from the previous survey and is now above the National mean score. It was agreed that this may be more of a perception problem for when patients cannot get through when they call.

Action: To be revisited with the PPG when the new building is developed in early 2014.

5.2 Seeing a practitioner of choice

This area was discussed at length and there was great understanding of the tensions between advance bookings and urgent acute requirements.

The use of locums was also discussed and the continuity of seeing a group of the same GPs. The practice had tried to improve this area by employing a salaried doctor, but unfortunately she has recently returned to her home in London.

Wish Park is also a training practice as we believe that by training new doctors, this enhances the NHS and ensures it has the skills for the future generations – this, however, may not give continuity for patients.

Wish Park is currently looking to replace the salaried doctor with a partner, which should provide the continuity required for patients.

Action: Recruitment of Partner by Wish Park by mid 2012.

5.3 Comfort of waiting room and waiting times

This was discussed and agreed that the waiting room issue related to the downstairs area only. The upstairs waiting room was rebuilt in 1Q2010 and this is now viewed as much improved.

The size of the waiting room is fixed and will be addressed by the new building.

The option to have music in the waiting room was discussed and this will be investigated (see also 5.5 below).

Waiting times to see a doctor were also reviewed. This is an area the practice had already picked up and a new system to ensure surgeries start on time has been instigated in March 2012.

It was also felt that patients may not be aware of how long an appointment slot is and that some may need to book a double appointment to limit clinic over-run times.

Actions: Wish Park to involve patients in the design of the waiting room for the new building for early 2014.

Wish Park to investigate option to have a Radio Licence in the downstairs waiting area by mid 2012.

Wish Park to maintain procedures to start clinics on time – ongoing.

Wish Park to get reception staff to inform patients that their appointments are only for 10 minutes and that if they need longer to request a double appointment – immediate.

5.4 Reception staff and information

The role of the reception team was discussed. Dr Evans stated that the role is not always easy and that in them not always being able to grant an appointment of the patients first choice may influence their perception.

It was acknowledged that some members of staff may not have all the customer service skills that are required in today's culture and this is already being looked at. The plan is to roll out specialised training and to start using 360 degree feedback for all staff.

In addition to this the information provided to patients was reviewed – it was felt that there was too much information on the TV screens and that this could be improved.

Actions: Wish Park to investigate specialised training for the Reception team on customer service within a GP setting by mid 2012.

Wish Park to start using 360 degree feedback at the next annual appraisals.

PPG to review the content of the TV screens and provide amendments by mid 2012.

5.5 Respect for privacy / confidentiality

This was discussed with the group.

It was felt that the building layout accounted for most of this and would be fixed by the move to a new building.

The option to have music in the waiting room was also discussed as a short term solution.

Actions: Wish Park to involve patients in the design of the waiting room for the new building for early 2014.

Wish Park to investigate option to have a Radio Licence in the downstairs waiting area by mid 2012.

5.6 Disability Access

This was discussed with the group as it was felt that the number of responses indicated this was a significant issue for patients with access issues.

Dr Evans stated that this had been an issue more recently and that staff had been reminded to try and book patients in to a downstairs clinic to avoid the issue. Longer term this would be addressed by the new building.

It was agreed that getting this groups of patients and also parents with young children involved in the layout of parts of the new surgery would be advantageous.

Action: Wish Park to involve patients in the design of the waiting room and consulting areas for the new building for early 2014.