

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 bi-monthly 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. In addition to this the partners attend meetings by invitation and also hold an annual meeting to discuss the patient survey.

2 Priority Areas

Priority areas were agreed with the PPG at an early stage and are reviewed on a regular basis.

The current priorities were discussed at the annual meeting in March 2013 and are viewed as:

- a. Ability to get through on the telephone
- b. Patient Privacy
- c. Patient awareness and education on how to get the best from their surgery

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

A separate sheet of questions is commissioned each year relating to specific areas of concern for the PPG. These questions go alongside the normal practice questions for a patient survey carried out by our professional survey company (CFEP).

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.

Further meetings of the PPG have discussed these issues and the meeting held in September 2012 reaffirmed the priorities above. In addition to this it was felt that further feedback on the turnaround time for repeat prescriptions would be helpful – this was added to the November 2012 CFEP survey.

The action plan from 2012 was reviewed with the group with the majority of actions having been completed as follows:

- Seeing a Practitioner of Choice – we now have a third partner, Dr Rafia Hamid who is full-time and works alongside Drs Evans and Wells which should provide the continuity required for patients.
- Radio Licence – this was investigated and a decision made to acquire this with the new building. A radio in the current building creates too much background noise for our phone system and interferes with patient calls.
- 10 Minute Appointments – Reception staff now inform patients that they only get a 10 minute slot and that only one problem should be discussed. Further work on patient education is ongoing (see actions below).
- Customer Service training – specialist training was delivered by an external company to all staff during 2012.
- Appraisals – all staff now have 360 degree feedback as part of their annual appraisal.
- TV Screens – these are updated regularly with any relevant content which includes feedback from the PPG.

Actions outstanding are largely due to work related to the new premises which it is hoped we will move in to in early 2014. These actions are summarised as follows:

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.

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.

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 for the new building for early 2014.

3 Collating views through our Survey

The practice undertook the survey from November 2012 to December 2012. The survey was available to all patients attending the surgery throughout this period.

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

4 Survey Findings

The survey results were received in late January 2013 and tabled on the Agenda for the March PPG meeting. These were discussed at the meeting on 7th March 2013 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
- Appointment satisfaction
- Reception staff and information

5.1 Telephone Access

This was discussed between the group as this is still an issue for patients. 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 3.6% per month over the last 18 months (an improvement of 0.2% from 2012) which is below the national standard set for call centres of 5.0%. It was felt that some patients could ring later as they were not ringing for 'same day' appointments and that many patients did not know how best to use the surgery services.

Another issue discussed was the length of each phone call.

There are often pieces of information that the surgery require to check from time to time (e.g. correct contact numbers) and this, although small, will add to the length of the call. This in turn will decrease the number of calls that can be handled simultaneously.

A number of different solutions were discussed to help move this forwards and the following areas were agreed to be investigated further to help guide patients through the system and enhance their awareness of what is available:

- On-line appointments – these are now possible with the new surgery system, along with the ability to request repeat prescriptions
- Patient awareness – there were a number of areas where this was discussed and agreed that if patients knew what services were available and when, they would start to interact with the surgery in a different way – some of this would help alleviate calls at the busy times, thereby freeing up phone lines for patients requiring an urgent appointment
- Telephone capacity – longer term, once the surgery is relocated, more capacity will be available in the system which should help this issue – in the shorter term, look to use smart ways within the telephone options to guide patients to the correct place, first time

- Mailshots – when the surgery moves to its' new premises it will need to contact all patients to inform them of this – this opportunity can be used to obtain some information needed by the practice at that point in time

Action: Look to implement On-line appointment booking by 2Q 2013

Action: PPG and Wish Park to jointly create a simple guide on 'How to get the best out of your practice' by 2Q 2013

Action: Review the telephone options and longer term, the capacity when the new building is developed during 2014

Action: Look to obtain additional information from patients on any mailshots going out as an on-going theme

5.2 Appointment Satisfaction

The booking of appointments was discussed and it was clear amongst the group that patients had different levels of understanding of what was available and how best to use their surgery services.

Some members of the group were unaware that only one medical condition should be discussed in a 10 minute appointment, but that double appointments could be booked. Others were unaware that telephone appointments could be booked and there were other examples.

There are currently display screens in both waiting rooms which highlight all the areas discussed, however, this is not reaching out to all patients.

Appointment times detailed on all services are as follows:

SURGERY HOURS

Monday:	8.30 am to 7.30pm
Tuesday:	8.30 am to 6.00pm
Wednesday:	8.30 am to 6.00pm
Thursday:	8.30 am to 6.00pm
Friday:	8.30 am to 6.00pm

CONSULTATION TIMES

Monday:	8:40am to 12.00pm and 4.00pm to 7.30pm
Tuesday:	8:40am to 12.00pm and 4.00pm to 6.00pm
Wednesday:	8:40am to 12.00pm and 4.00pm to 6.00pm
Thursday:	8:40am to 12.00pm and 4.00pm to 6.00pm
Friday:	8:40am to 12.00pm and 4.00pm to 6.00pm

It was agreed that a number of communication methods would be useful and that this would be on on-going exercise as different people respond better to a number of methods e.g. display screens, leaflets, websites etc..

The number of available appointments and the mix of pre-bookable and same day appointments is continually reviewed to maximise capacity within the system. The current restricting factor is NHS funding and also building capacity, both of which are being addressed by the relocation to purpose built premises.

The other key area of discussion was around the use of text messaging which is now available within the surgery computer system.

It was felt that more use could be made of this if more patients' mobile numbers were available – a campaign to get phone numbers would help with this.

One member of the group stated that he had not been receiving text reminders for appointments. This should be happening and will be raised as a technical issue with the system provider.

Action: Look to implement On-line appointment booking by 2Q 2013

Action: PPG/Surgery to develop a series of communications to patients covering key areas on how best to use the surgery services – ongoing

Action: Review use of texts and increase the number of patients receiving these services - ongoing

5.3 Reception staff and information

The group discussed the comments made about reception staff and what had happened to improve this area.

Staff have recently been on a specialised customer care course designed for GP surgeries and comments in the patient survey had been much improved from previous years.

There was, however, a discrepancy between the surgery survey (66%) and the national MORI survey (84%) of satisfaction with reception staff. Comments in the surgery survey supported the higher value, which was devolved from a much higher sample size and places the surgery above other local surgeries in the local Hove area.

This is a continual objective, however, and all staff are now appraised using performance management techniques to help support and develop skills in this area.

6 Further Reviews

The review of the practice using independent surveys is an annual process and something which the partners and surgery staff find invaluable in helping to shape the services that patients need and value.

The next survey is scheduled for late 2013.