

# **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. This mix is reviewed annually and has recently been discussed with the PPG.

The group meets bi-monthly and is chaired by one of the 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. Minutes are then posted on the surgery website once approved.

## **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 patient survey is commissioned every year by the practice to gain feedback on how the practice is performing. The number of questions asked in the survey is agreed with the PPG in advance and an agreed sample size is set by the professional company who provide and collate the survey for us; CFEP (for 2013/14 this was agreed at 123 as being statistically representative).

Further meetings of the PPG during 2013 have discussed these priorities and the meeting held in October 2013 reaffirmed these. The survey was carried out in November/December 2013.

The action plan from 2013 was reviewed with the group with the majority of actions having been completed as follows:

- Implementation of an On-line appointment booking system – this was implemented in July 2013 and has proved really popular with patients. So far 703 patients (12.0%) have signed up for this service.
- How to get the best out of your practice guide – this was developed with the help of PPG members for any new and existing patient in June 2013 and is available at Reception.
- Additional patient information – this is an ongoing action and we have utilised patient information much more, specifically with the Flu season campaign and in providing information to patients for our new building.
- Communications to patients – this started in Autumn 2013 with adverts in local magazines encouraging more people to join the PPG and to find out information about changes in the practice. A cheese and wine evening was held at the surgery in November 2013 where plans of the new building were available and partners were on hand to talk to patients. More events like these will be held going forwards.
- Text communication – text messaging to patients was delivered in 2013. This includes appointments bookings, appointment reminders as well as individual text for certain alerts and annual appointments (e.g. Flu vaccinations).

Actions outstanding are largely due to work related to the new premises which it is hoped we will move in to in early 2015. 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 3.6% per month over the last 18 months which is an improvement from the previous survey and patient views have increased by 2% in the period. 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 2015.

### ***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 2015.

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 2015.

## **3 Collating views through our Survey**

The practice undertook the survey from November 2013 to December 2013. 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.



Adobe Acrobat  
Document

## **4 Survey Findings**

The survey results were received in January 2014 and tabled on the Agenda for the February PPG meeting. These were discussed at the meeting on 28<sup>th</sup> February 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 Edward Clay (Secretary) at e.clay@btinternet.com.

## **5 Action Plan**

Key areas for discussion were highlighted by the PPG as:

- Telephone access
- Appointment satisfaction
- Practitioner of choice
- Waiting Time
- Consultations

### **5.1 Telephone Access**

This was discussed between the group as this is still an issue for patients. The main issue remains between 8.30am and 9.00am 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.

Calls lost have averaged at 3.4% per month over the last 18 months (a further improvement of 0.2% from 2013) 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.

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:

- 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

- Telephone numbers – it was agreed to try and keep the telephone numbers the same in the new surgery if possible and to also look at the possibility of having a dedicated line only for making an appointment
- Opening Times – the possibility of opening the phone lines at 8am was tabled and it was agreed that this would be considered for the new surgery
- Messaging – the ability for patients to leave messages was also tabled for consideration to see if this would alleviate patient frustration

**Action: Review the telephone options and longer term, the capacity when the new building is developed during 2014/15**

**Action: Review the telephone opening times for the surgery by 2Q 2014**

## 5.2 Appointment Satisfaction

The booking of appointments was discussed and it was clear amongst the group that most patients present seemed to know what was available and how to use their surgery services.

Some members of the group believed that patients generally were unaware that only one medical condition should be discussed in a 10 minute appointment, but that double appointments could be booked.

There are currently display screens in both waiting rooms which highlight all the areas discussed, however, this is still 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

There was general concern over the way in which patients can access same day appointments and accessibility to all groups (e.g. Mum's, Disabled, Workers). Dr Wells stated that it is difficult to anticipate needs and we try hard to get the right balance of appointments to meet all needs.

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.

Staff are trained to put patient's through to the On-call GP if someone feels they need to be seen and the GP will always triage these needs and contact the patient; bringing them in to the surgery or visiting them at home as necessary.

A discussion was held around the use of a GP Triage type system. Dr Wells spoke about this as this is an area he is interested in. The Charter Medical Practice trialled this and received feedback from their patients that they did not like it at all. A newer version is now available and currently being trialled with support of the CCG – we will look to gain feedback from this in due course.

Dr Wells talked about the bid that has been put forward to the Department of Health for funding available at a Brighton and Hove level. This is looking to develop a new way of engaging with general practice via more nurse triage services and better services for patients directly with pharmacies and the voluntary sector, to ease demand on general practice. The funding results for this are due in early April.

It was agreed that a number of communication methods would be useful as not all patients have access to the Internet and would therefore not be able to utilise the On-Line booking system.

There was a discussion relating to looking at new ways to solve the problem of same day appointments. One member of the PPG volunteered his services to help analyse the data to see where the actual problems lie versus the perceived issues. It was agreed to set up an initial background meeting and then to arrange a small working party to take this forwards.

In reviewing this it was agreed that we need to make sure we are taking all views into account, specifically the younger population and working people. One possible solution to this may be the use of social media and ways of communication other than a face to face meeting. The group also agreed to get direct feedback from patients actually using the service. Other areas discussed were the wording on the website and better ways to inform people (including information in Large Print).

**Action: Set up a working party to look at the actual issues with appointment availability with a view to finding new solutions – ongoing**

**Action: PPG to arrange to come in and meet with patients waiting outside in the mornings and in the waiting rooms.**

### 5.3 Practitioner of Choice

This area was raised as one the PPG would like to improve on.

The surgery currently scores above the national mean for this, however it was felt that there could be a perception issue around this.

Dr Wells informed the group that the surgery operates an open list. All GPs work a fulltime contract and we currently provide a significantly higher number of appointments per '000 of population than the other practices in our area.

One patient commented that anyone needing to see a GP on the same day should be happy to see anyone as presumably this would be for a medical emergency.

From 1<sup>st</sup> April 2014 there will be a new part of the GP contract which means that any patient over the age of 75 will have a named GP.

Dr Wells stated that this is the case now, however, we will be writing to all patients over aged 75 from 1<sup>st</sup> April informing them of who this GP is and also what this means for them. This should give these patients comfort over their care and the confidence of continuity of care. One patient stated that he felt the surgery was very good in this area and only spoke highly of the service provided.

**Action: Wish Park to notify all patients aged over 75 of their named GP by June 2014**

#### 5.4 Waiting Time

Another area for consideration raised by the PPG was that of waiting times to see a GP when you have an appointment.

The surgery currently sits in the middle 50% of practices in the country for this, however it was felt that this could be improved.

Dr Wells stated that the appointments are set at 10 minute intervals, which only just allows time to see the patient and then update any records required once the patient has left the consulting room. All GPs try to be as fast as they can, only discuss one problem with a patient, but at the same time make sure they are being thorough and safe.

There was a question about whether we could better co-ordinate appointments across a GP/Nurse/Phlebotomist – Dr Wells replied that if we did this we would have to build in more time which would ultimately lead to fewer appointments.

**Action: Wish Park to remind all clinicians of the importance of starting clinics on time and keeping to time**

#### 5.5 Consultations

The PPG commented on the very favourable results for consultations for clinicians, specifically versus other practices.

Dr Wells replied that we had been working on this and had improved enormously in the last few years. He also stated that moving to the new practice would help with this goal.

## 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 2014.