LOCAL PATIENT PARTICIPATION REPORT March 2013

This report summarises development and outcomes of Dr. S.J. Godfrey & Partners Virtual Patient Reference Group (PRG) in 2012/13. It contains:-

- 1. Profile of the practice population and PRG
- 2. The process used to recruit to our PRG
- 3. The Priorities for the survey and how they were agreed
- 4. The method and results of the Patient Survey
- 5. The Action Plan that was agreed and how it was agreed
- 6. The progress made with the action plan
- 7. Confirmation of our opening times

PROFILE OF THE PRACTICE POPULATION AND VIRTUAL PRG

Practice Population Summary

Our practice is made up of 11,894 patients

This breaks down to:-

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5,909 males (49.7%)
5,985 females (50.3%)
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Approximately 29% (3,389) of our patients have been asked to confirm their ethnicity; of this number 1,041 did not provide information.

Breakdown of known ethnicity:-

White British	88%	(2074)
White Irish	0.17%	(4)
White & Black Caribbean	0.3%	(6)
White & Black African	0.21%	(5)
White & Asian	0.34%	(8)
Indian	1.49%	(35)
Pakistani	0.13%	(3)
Bangladeshi	0.03%	(7)
Black Caribbean	0.09%	(2)
Black African	0.85%	(20)
Chinese	0.68%	(16)
Other	7.15%	(168)
Breakdown of ages:-		
16 and under	16%	(1,864)
47 04	440/	(4.004)

Patient Reference Group Profile

Our PRG was established early January 2012. It currently has 184 Members; an increase of approximately 23% on last year.

This breaks down to:-

136	females
48	males

Breakdown of the known ethnicity:-

White British	94%	(173)
Asian Indian	0.5%	(1)
Black African	0.5%	(1)
Black Caribbean	0.5%	(1)
Mixed White & Black African	0.5%	(1)
Other	1.6%	(3)
Not stated	2.2%	(4)

Breakdown of ages:-

17 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 - 74 75 - 84	6% 15% 17% 12% 27% 14% 7%	(11) (28) (32) (23) (49) (26) (12)
Over 84	2%	(3)

Breakdown of visits to the surgery:-

Regularly visit	66
Occasionally visit	74
Rarely visit	41
Not Stated	3

Differences in Membership of the PRG and the practice population:-

The Group continues with a higher percentage of female members; this is despite endeavouring to encourage male patients to join so as to be truly reflective of our practice population.

Whilst recognising this shortfall and doing what we can to overcome it, our overall aim remains to encourage all interested patients to join the PRG.

Process Used to Recruit to our PRG

- Notices were put up within the surgery advertising the PRG and inviting patients to join via on line application form or hard copy application form available from reception and waiting room.
- > Information was placed on practice website inviting patients to join on line or via hard copy form from the surgery.
- During the year's fund raising events, Friends Group sought members for the PRG.
- Invitation to join the Group placed on prescription counterfoils.
- Notices to join the PRG remain up in the waiting room and application forms will continue to be available for completion at any time.
- The link inviting patients to join the PRG will remain on the surgery website www.tottonhealthcentre.co.uk

> The PRG was advertised in our autumn newsletter and will be included in the spring edition. The advertisement and information on the PRG will continue to be repeated in each subsequent newsletter.

PRIORITIES FOR THE SURVEY AND HOW THEY WERE AGREED

Areas that were considered to be included in a local survey:-

- The Patient Experience
- DNA's Patients who do not attend their appointment
- Repeat Prescriptions
- Other

Method used to identify areas to be considered; priority areas agreed with the PRG and the rationale for making the decision:-

- 1. Details were sent to the PRG on 23 November 2012 via
 - Email
 - o Post
- The survey went live on our practice website on 23 November 2012; to ensure patients were immediately aware of the survey when they clicked on the website a link appeared which had to be completed or closed.
- 3. The survey was advertised on the Waiting Room Patient Information Screen and available for completion in the surgery. It was also:-
 - Handed out by doctors;
 - Handed out by nurses;
 - Handed out by reception team;
- 4. Survey closed on 5 December 2012.

119 survey responses were received.

The outcome of the survey showed that both the Patient Experience and DNA's were considered priority areas. The vote was so equally split between them (52 & 51 votes respectively) it was suggested we include both in our survey document. This information was sent to the PRG on 20 December 2012.

METHOD AND RESULTS OF THE LOCAL PATIENT GROUP SURVEY

A draft survey was prepared and sent to the PRG via email and post on 20 December 2012 in order to discuss/gain their views and comments on the proposed survey questions. Feedback window closed on 2 January 2013.

The survey was finalised taking into consideration the views and comments made by the PRG, with one responder putting the document into a very useful table format.

- The final survey went live for completion on the practice website on 11 January 2013; as before, to ensure patients were immediately aware of the survey when they clicked on the website a link appeared which had to be completed or closed.
- 2. Details were sent to the PRG on 11 January 2013 via
 - o Email
 - o Post
- 3. The survey was advertised on the Waiting Room Patient Information Screen and available for completion in the surgery.

It was also:-

- Handed out by doctors;
- Handed out by nurses;
- Handed out by reception team;

The survey closed on 31 January 2013.

After analysis, a letter dated 13th February 2013 was sent to the PRG via email and post on 14 February 2013 providing full details of the survey results. A copy of this letter follows:-

Dear Patient Group Members,

Thank you to all those who completed our survey; in total we received 198 responses.

The actual survey results are attached for information.

We were naturally pleased that the majority of survey responses were positive and that the feedback comments (good and bad!) were once again helpful and informative. Whilst positive comments are always good to receive, constructive criticism is welcome too, as it does help to focus our thoughts on where we need to improve our service.

Starting with what we feel is very positive news ...

Over 95% of survey respondents were satisfied with their care and overall experience at the surgery and would recommend the practice to others.

We will be looking at the written feedback from those people who were dissatisfied with our service to see how we could have done better.

The first part of the 2012/13 survey reviewed the projects from the 2011/12 PRG survey; results showed that our telephone lines continue to be busy, particularly first thing in the morning. However, thankfully, 54% of you felt that with the changes we've made, it is now easier to contact the surgery in the morning; hopefully this figure will improve further once we go live with our online appointment booking service. In respect of online booking, it was pleasing to see that 83% of respondents confirmed they would use this service once available (and it will be going live very soon!).

The survey results showed that 95% of you have not missed an appointment (DNA). Regarding the remaining 5% - thank you to those who shared their reasons why they were unable to inform us about missing their appointment; this is valuable information and we will endeavour to take the comments into account when looking at our systems during the coming year.

A number of the comments received regarding "improvement areas" we need to focus on, were about the availability of appointments. In this respect, it's worth noting that DNA figures for the last 6 months show that, on average, 200 appointments are missed each month – this equates to a minimum of 34 hours of GP and Nurse time. 34 hours is, in fact, a very conservative estimate as nurse appointments will often be for 20 minutes! Clearly, if we can reduce the number of DNA's then this huge amount of time can be utilised for appointments for others to use.

The Patient Check-in Screen is used by 64% of respondents; however, 24% did not know about the screen or did not know how to use it!

We recognise the current Check-in System is old. It has become unreliable and needs updating. Watch this space; a new and much more user friendly version will be arriving in the surgery during the next few months! When it does arrive, members of the practice team will be on hand to show patients how to use it but, either then, or

at any time in the future, please don't be afraid to ask if you are unsure about what to do!

Whilst 67% of respondents did not mind waiting a little while for their appointment, some comments indicated it would be useful to know approximate waiting times when checking in. It was pleasing to see that over 90% of patients are seen by the nursing team within 15 minutes of their appointment time and within 30 minutes by the Doctors.

Taking into account the outcome of the survey, our perception is that the majority consider the most important issues to focus on are:-

- How to reduce the number of missed appointments (DNA's)
- Reception Flow (addressing issues such as checking in, reception queue, availability of information on waiting times etc)

We hope you consider the above areas will be good projects to concentrate our efforts on this year; not forgetting, of course, closing out the projects for last year!

If you have any concerns with the above proposals, please do not hesitate to contact me via the Patient Reference Group email link – hamp.pct.Dr.GodfreyPRG@nhs.net

In order for us to move forward, can I please request that any concerns are forwarded to me by Wednesday, 27^{th} February, 2013.

Thank you once again for your continued support.

Kind regards. Iris Pilgrim (Mrs) On behalf of Dr. S.J. Godfrey & Partners

Important Note:

If you no longer wish to participate in the Patient Reference Group, please notify us by one of the following methods:-

Post: PRG Administrator, Dr. S.J. Godfrey & Partners, Totton Health

Sentre

E-mail: <u>hamp-pct.Dr.GodfreyPRG@nhs.net</u>

Telephone: 02380 865051

Thank you.

Dr Godfrey & Partners Totton Health Centre Questionnaire

1. Making y	our ap	oointme	ents On	-Line.					
When the on-line	booking s	ervice is av	vailable wil	l you be ab			Yes 8	33%	No 17%
If No: Is this be	ecause you	are unable	e to access	the interne	et?		Yes 8	34%	No 16%
2. Did Not	Attend (DNAs)							
Have you ever m beforehand?	nissed an a	ppointmen	t and not b	een able to	tell us		Yes	5%	No 95%
3. Telephor									
As a result of our							Ye	s 54%	No 15%
telephone in the	morning. Ir	n your opin	ion has this	s made it e	asier to cont	act		Not	sure 24%
the surgery?							No	ot appl	icable 6%
4. Please ra	_	_	ence w	hen ma	king the	;		_	
following b							Easy-Ave		
	On the day						39% - 3		
	a few days						26% - 4		
	a few wee				<u> </u>		55% - 3		
	·			ommitment	.S.		31% - 4		
Booking	to see a pa	articular Do	octor				22% - 4	6% - 3	32%
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You sometimes discuss.					natters to			76%	
	Very 84% Very 86%	Fairly 1	5% No 3% No	aff at the tvery 1% tvery 1% tvery 6%	Not at all 0 Not at all 0	% %			
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A	Time	mins	mins	Mins	mins	re	ecall.		
Appointment	3%	9%	49%	34%	3%		3%		
Nursing	On-	0 < 5	5 < 15	15 < 30	Over 30	1	don't		
Team	Time	mins	mins	Mins	mins		ecall.		
Appointment	33%	30%	31%	2%	0%		4%		
Blood Test	On-	0 < 5	5 < 15	15 < 30	Over 30		don't		
	Time	mins	mins	Mins	mins		ecall.		
Appointment	32%	18%	17%	1%	0%	;	32%		

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	nes have to wait a litt				25%
	nes have to wait far t	•			6%
I have no	opinion / It does not	t apply to me.			2%
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b. Listen			ree 97% ree 92%		% Does not apply 1%
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Yes defin	(e to? itely 83% Yes to	some extent 16%	Not at	all 1% Do	n't know 0%
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ACTION PLAN AGREED WITH THE PRG AND METHOD OF AGREEMENT

An Action Plan was sent to the PRG on 14 February 2013 (see above copy letter dated 13th February); the Action Plan was included at the same time as the PRG were provided with results of the survey.

Perception from the survey was that the following two areas were considered the most important issues to focus on:-

Project 1

How to reduce the number of missed appointments (DNA's)

Project 2

Reception Flow (addressing issues such as checking in, reception issues, availability of waiting times etc)

The PRG were asked to consider the merit of these two projects and notify the practice by midnight on 27 February 2013 if they had concerns with the proposals.

No objections to the proposals were received.

No suggestions re alternative projects were received.

Therefore, the agreed Action Plan will be to undertake projects (1) and (2) above during the course of 2013.

The PRG were formally notified of the above via email and post on 6th March, 2013.

Progress on the Action Plan will reported to the PRG at four monthly intervals.

PRACTICE OPENING TIMES

Monday 8.20 a.m. to 8 p.m.

Monday Closed for staff training between 1p.m. and 2 p.m.

Tuesday 8.20 a.m. to 8 p.m. Wednesday to Friday 8.20 a.m. to 6 p.m. Saturday 8 a.m. to 11 a.m.

(one Saturday in four)