

Woodbridge Road Surgery
Local Patient Participation
Report

Local Patient Participation Report

1. Setting up the Patient Participation Group (PPG)

We invited patients to become members of the Woodbridge Road Surgery PPG by:

- Poster next to the automated booking in system
- Messages on the TV screens
- Emails sent to all patients of whom we have the email addresses for
- Invitation on the practice website
- Text message to all mobile numbers

We then analysed the data we had for the respondents to identify any underrepresented groups. The main underrepresented groups were:

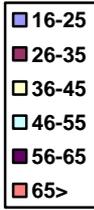
- Certain Ethnic groups, mainly patients of Bangladeshi origin
- Elderly patients
- Nursing home residents
- Patients with learning difficulties

To try to engage more patients from these underrepresented groups we asked all the doctors to identify suitable patients and personally invite them. We invited managers of the nursing homes and the homes for patients with learning difficulties to join the PPG to represent their residents.

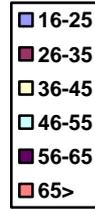
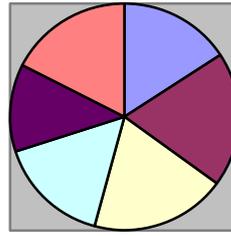
At the end of the recruitment process, there were 153 members of the PPG. We then decided that it would be most practical to initially have a virtual PPG because of the numbers.

Below is the description of the profile of our PPG and how this compares to the practice population as a whole.

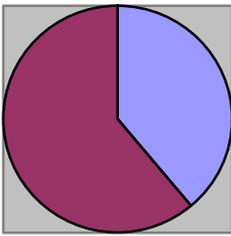
PPG Age Range



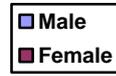
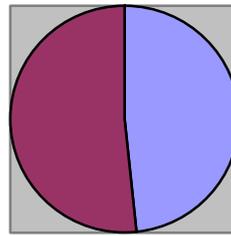
Practice Age Range



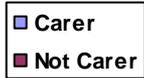
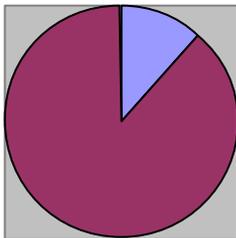
PPG Gender



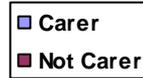
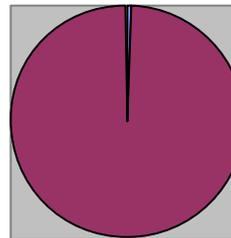
Practice Gender



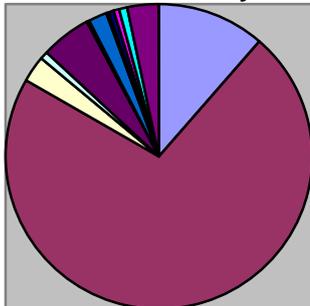
PPG Carers



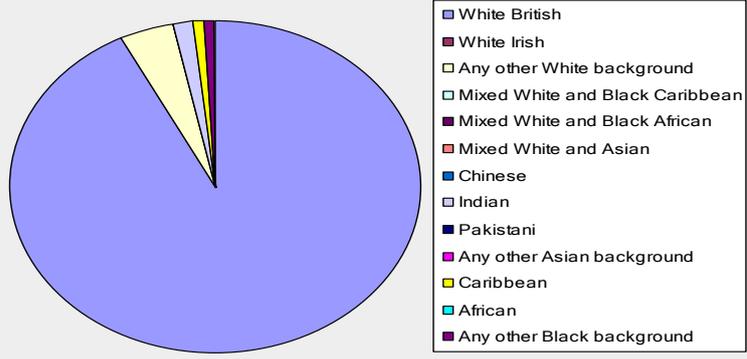
Practice Carers



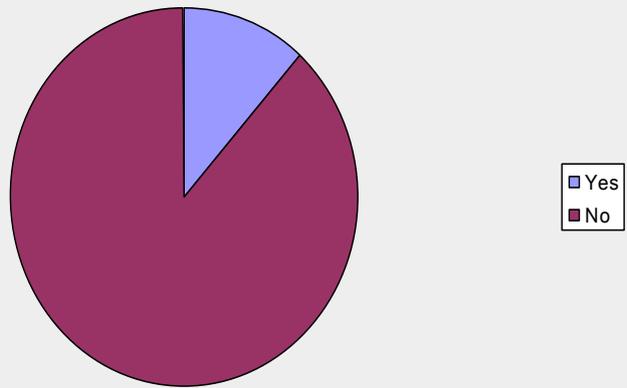
Practice Ethnicity



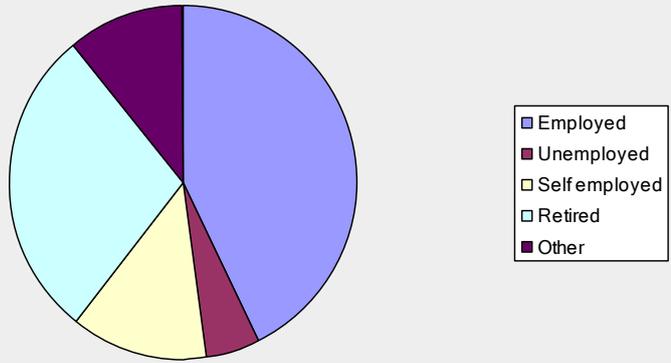
So we can make sure our Patient Participation Group is truly representative of all patients please could we ask more details about you:



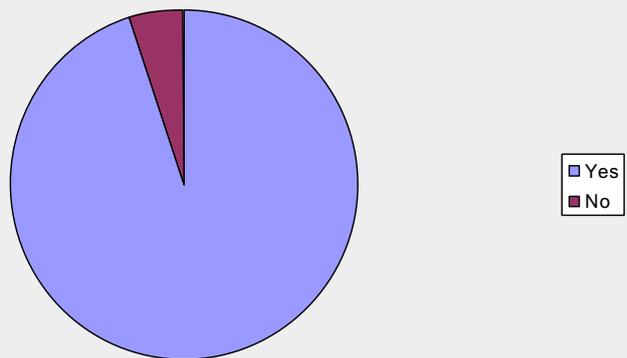
Are you a carer?



Employment status?

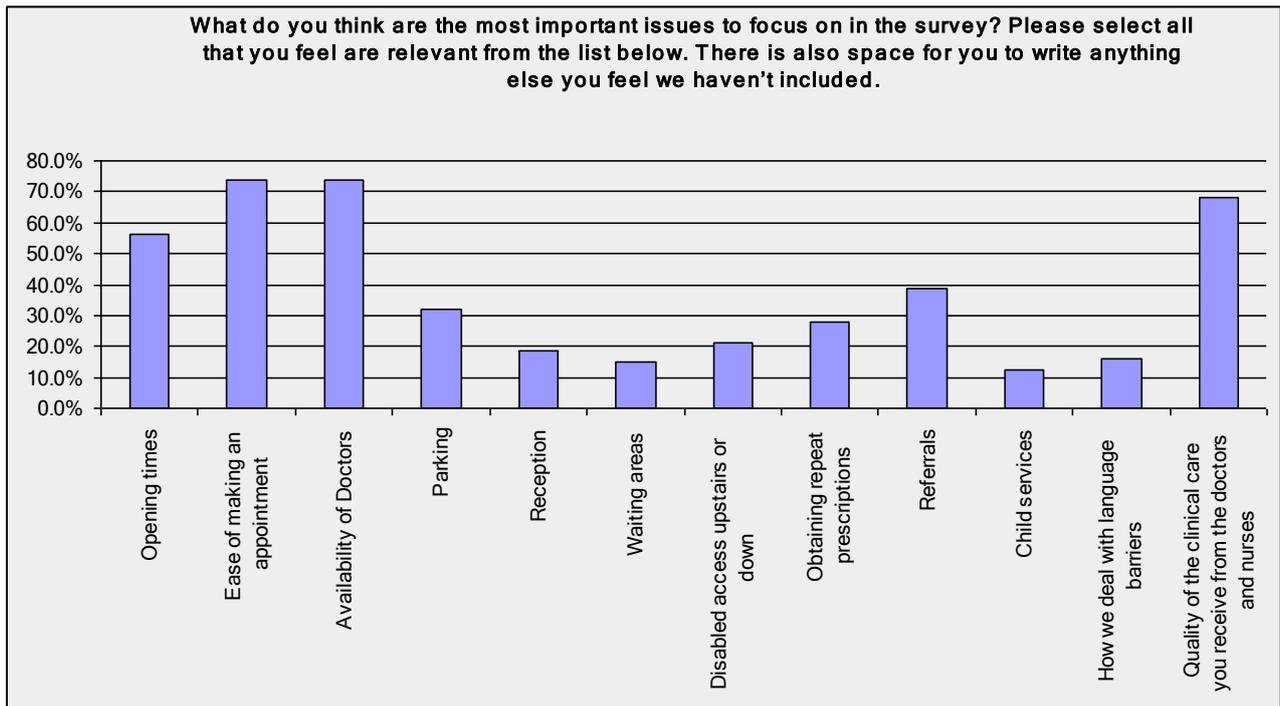


Is English your first language?



2. Seeking the views of the PPG

In order to identify which issues the PPG thought would be important to address in our patient survey, we compiled an initial short questionnaire using the online survey website www.surveymonkey.com. We then emailed all members of the PPG with the link so they could complete the questionnaire. We also asked them more questions about themselves, such as if they were a carer or a parent of a child under 16, their ethnicity, their employment status and whether English was their first language. We then had more details of the characteristics of the PPG and these details were included in the graphs in section 1. The results of this initial questionnaire are shown below.



After looking at the results, we decided that the main issues we needed to address were:

- Clinical Care
- Ease of making appointments
- Availability of doctors

The patient survey focussed on these areas.

3. The Patient Survey

The patient survey was also compiled using www.surveymonkey.com and the link was sent by email to all patients for whom we have email addresses, including members of the PPG. The receptionists also gave patients paper surveys to fill in before their appointments over a 2 week period. In total, we had 500 completed surveys which we feel was a representative number of our list of approximately 12,000 patients.

4. Providing an opportunity for the PPG to view and comment on the results

The results of the patient survey in graph form were emailed to the members of the PPG along with a written summary and they were asked to send any comments to us by return email. The results and summary sent to the PPG are shown on the next few pages.

Summary of the results of the patient survey 2012

Questions about routine appointments

Only 5% patients thought making an appointment was difficult. Of these patients most said that they had to wait too long to see their preferred doctor, the available times did not fit in with their work and they did not like phoning in at 8 am to get an on the day appointment

70% patients thought that the wait to see a doctor for a routine appointment should be under 4 days.

Evening and Early morning appointments are popular with patients

25% patients found it difficult to attend the surgery during their working day

60% patients did not have a preference for which doctor they see

38% patients were not aware they could book a telephone appointment with a doctor or nurse

Questions about Urgent appointments

Of those patients who had needed an urgent appointment, 71% were offered an appointment by reception straight away, 29% were called back by the duty doctor

Patients who were offered an appointment straight away:

- 95% had under 30 min wait once they had arrived for their appointment
- 93% thought the wait was reasonable
- 97% were satisfied or very satisfied with the way we dealt with their urgent problem
- (64% very satisfied)

Patients who were called back by the duty doctor:

- 85% were called back within 1 hour
- 90% thought the wait to be called back was reasonable
- When the doctor rang back, 33% were given advice over the phone, 20% were given a prescription without seeing the doctor, 36% were given an on the day appointment, 3% had a home visit, 1% were given an appointment on another day (7% other)
- 96% were satisfied with the way we dealt with their urgent problem (50% very satisfied)

Questions about Clinical care

The majority of patients thought the doctor or nurse who they had seen had been either very good or good when we asked about different aspects of clinical care such as giving you enough time, asking about your symptoms and listening to you.

5. Formulating an action plan

We looked at the results of the survey and the comments received by email from the PPG and concluded that we needed to improve access to doctors' appointments and reduce the time patients have to wait to see their chosen doctor to less than 4 days. The doctors and the practice manager had a meeting to discuss ways in which we could work more efficiently to achieve this and we came up with the following proposal.

Currently, patients are able to book routine appointments on a first come first serve basis. We have some appointments embargoed each day which are released early in the morning. If a patient has a relatively urgent problem and would like an on the day appointment, they phone first thing in the morning to book one of these slots. If there are no embargoed slots left, the patient is referred to the duty doctor who phones them back to discuss the problem. The duty doctor then sees the patient if necessary. The disadvantages of this system are that patients are often frustrated by not being able to get through early in the morning and some patients take the on the day appointments for non urgent problems.

Studies have shown that only 1 in 3 patients who attend for a routine appointment with a doctor actually need to be seen face to face by the doctor. The remaining 2 in 3 can be safely dealt with over the phone e.g. by arranging tests, making a referral, writing a prescription, or giving advice. If doctors spoke to more patients over the phone initially, we anticipate that we could provide a much more efficient service and reduce the waiting time for those who need to be seen.

There will still be an adequate number of bookable doctor's appointments each day for those patients who prefer to book an appointment in advance. These appointments will also cater for those who are unable to use the phone such as deaf patients and those who do not speak English. Patients will be able to book these appointments, as well as nurse and health care assistant appointments in the normal manner.

There will still be a duty doctor to see patients if there is an emergency or to speak to them if they would like a home visit that day.

Ordering repeat prescriptions will be unchanged

If a patient has a non – urgent problem and phones the surgery and all the appointments for that day are booked, they will be offered a telephone consultation with a doctor. The doctor will then phone the patient back as soon as possible (that morning or that afternoon) and assess whether or not they need to be seen, or indeed, if their query can be answered without coming in. If the patient needs to see the doctor, they will be offered an appointment with the doctor they have spoken to at a time that is mutually convenient later that day.

We then emailed the PPG with the details of this action plan and asked them if they thought a trial of the above system would be acceptable. Again using www.surveymonkey.com we asked the PPG to respond "agree" or "disagree" and if they disagreed, to tell us the reasons.

72 members of the PPG responded. Of whom, 68 (94%) agreed and 4 (6%) disagreed. The patients who disagreed were concerned about misdiagnosis over the phone, problems for patients who cannot speak English, how they were going to be dealt with by reception if they felt a problem was urgent and possibility of longer to wait for a pre-bookable appointment. We have tried to address these concerns by replying individually to those PPG members.

From this we concluded that most PPG members thought a trial of the new system would be a good idea. We are therefore going ahead with the arrangements and it should be up and running within the next few months. Once the system has been in place for a few months, we

will consult the PPG again to ask their opinions on how it is working and if there have been any problems.

6. Opening hours and access to appointments

SURGERY HOURS

The premises are open from 8.00am until 6.30pm Monday to Friday, except for Public Holidays. In addition, we offer a late evening surgery on Tuesday between 6.30pm - 8.00pm we also offer early morning appointments with our nurses and Dr Steiner starting at 7:30am. Please note that these appointments must be booked in advance, and ideally they are suited to patients who cannot normally access their doctor during the day.

Doctor	Monday	Tuesday	Wednesday	Thursday	Friday
	Morning	Morning	Morning	Morning	Morning
N Gibbons	08:00 – 10:30	08:00 – 10:30	08:00 – 10:30		08:00 – 10:30
A Laukens	08:30 – 12:30	08:30 – 11:00	08:30 – 10:40		
R Steiner	07:30 – 10:30	07:30 – 10:30	07:30 – 10:30		07:30 – 10:30
P Burn	08:00 – 13:00	08:00 – 10:30	08:30 – 10:30	08:30 – 10:30	08:30 – 13:00
S McCarthy	08:10 – 10:50	08:00 – 09:00	08:10 – 10:50	08:10 – 11:00	08:10 – 11:00
K Smith	08:30 – 12:00	08:30 – 12:00		08:30 – 12:00	
B Anglim	08:00 – 10:30	08:00 – 10:30		08:00 – 10:30	08:00 – 10:30
Nurse Mary	Day Off	07:30 – 09:00	07:30 – 12:10		
Nurse Gill	07:30 – 12:30	08:00 – 11:30	Day off	09:00 – 12:35	07:30 – 12:30
HCA Louise	09:00 – 12:00	09:00 – 12:00		09:00 – 12:00	09:00 – 12:00
HCA Claire	09:00 – 12:00		09:00 – 12:00		
	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
N Gibbons	16:30 – 18:00	16:00 – 18:30		16:00 – 18:00	14:00 – 18:00
A Laukens	15:30 – 18:00	14:00 – 17:30		14:50 – 18:00	
R Steiner	16:00 – 17:30		16:30 – 18:00	16:30 – 18:00	16:30 – 18:00
P Burn	16:00 – 18:30	18:30 – 20:00	No Sessions	16:00 – 18:30	16:00 – 18:30
S McCarthy	14:00 – 17:20	16:00 – 19:00	14:30 – 18:00		14:00 – 18:00
K Smith	14:00 – 16:50				
B Anglim	14:30 – 17:00	14:00 – 19:30	14:00 – 17:30	15:00 – 17:30	
Nurse Mary		13:00 – 16:30	13:00 – 16:15	13:00 – 15:30	
Nurse Gill	13:30 – 16:30			13:30 – 18:00	13:30 – 15:30
HCA Louise	12:30 – 14:00	12:30 – 14:00		12:30 – 14:00	12:30 – 14:00
HCA Claire	12:30 – 14:00		12:30 – 14:00		