

# **LONGFLEET HOUSE SURGERY**

## **PATIENT PARTICIPATION REPORT 2011-2012**

Longfleet House Surgery decided to establish a Patient Participation Group during 2011-2012. This report outlines the way the practice approached this task and the changes that were made as a result of feedback gained from the patients.

### **Developing our Patient Participation Group**

We decided to form a virtual Patient Group initially, where patients would be contacted by email and reply with ideas and suggestions. We will consider establishing an additional group where patients can come into the practice and discuss issues if this appears to be in demand. At present we have only a couple of patients who wish to join the Patient group who do not have an email address. We will contact these patients in the future as and when we implement a non-virtual patient group.

### **Recruitment of members**

We utilised a number of general methods to try and attract patients to sign up to be part of this group. These included:

- Posters were put up in Reception inviting people to join the Patient Group
- Reception staff have endeavoured to ask all patients attending the surgery if they would like to join.
- GPs and Practice Nurses have been asking patients to join personally
- An invitation to join the group is included in the New Patient Pack for all new patients
- Information on the patient group is available on the practice website, along with how to join.

In addition we have adopted a number of methods aimed at recruiting specific groups of patients:

- Patients with Learning Disabilities have been approached in person, but all have declined to join
- Groups of patients from ethnic minority groups have been identified in an attempt to widen the membership of the group.

Patients who wanted to join the Patient Group completed a form (Appendix 1) giving us their personal details including age, ethnicity, gender, frequency of attendance and how they would like to be contacted. This form also gave them an initial opportunity to indicate which areas they felt the survey should concentrate on.

We have ensured that all patients who are recorded as being part of the Patient group are registered patients at the practice. We have tried, using the

various methods outlined above to offer the group to as many different groups of patients as we possible can.

Recruitment of members for the Patient group has been slow. In the future we plan to also use the following methods to increase the number of patients we have joining the group.

- A message asking people to volunteer for the Patient group will be added to the repeat prescriptions
- We intend to write to all those registered as carers at the practice to ask them if they would be interested in joining the group.

### **Profile of Members**

As at the end of February 2012 we have 52 members of the Patient Participation group (1.1% of total number of patients registered at practice).

Proportion of ....	Practice	Patient Group	Representative?
males	48.0%	40%	Slightly under
females	52.0%	60%	Slightly over
<u>Ethnicity</u>			
British/mixed british	88%	79%	Under represented
White other	4%	13%	Over represented
All other groups	8%	8%	Y
<u>Age</u>			
17 - 24	8.5%	3.8%	Slightly under
25 - 44	25%	36.5%	Over represented
45 – 64	27%	34.6%	Over represented
64 – 84	17%	25%	Over represented
85+	4.3%	0%	

The gender split of the Patient group, whilst not absolutely representative, does somewhat reflect the gender split of the practice as a whole. The ethnicity mix does show a representative membership from the smaller ethnic groups, with slight over representation from the 'white other' category. Considering the age demographic, when you take into account the fact that it is not really appropriate for the very young to belong to the Patient Group, and it is often practically problematic for very oldest patients to belong to the group, the age breakdown does seem reasonable.

The PRG includes members from the following groups:

- Working patients
- Those who have retired
- Young mothers
- Carers

### **Agreement of priority areas**

A welcome letter (Appendix 2) was sent to all patients who indicated a willingness to join the Patient Group. Included in this welcome letter was another opportunity for patients to indicate the areas they felt were priority issues, and areas patients wanted us to concentrate on in the survey. People were asked to select a maximum of three of the following areas:

- Clinical care
- Access by telephone
- Getting an appointment
- Prescriptions
- Reception
- Opening times
- Other

Patients ticked a varying number of issues, some one, some two and some three.

The results of this exercise identified the following priority areas:

1. Getting an appointment
2. Access by telephone
3. Prescriptions
4. Clinical care (including blood tests)

## **Patient Survey**

Once we had identified the priority areas as shown above, we then devised a questionnaire. We decided to use Survey Monkey as this gave us the ability to email a link to the questionnaire directly to the Core patient group members. Survey Monkey was recommended for this purpose by the PCT and the LMC. The questionnaire was sent the 9 Core Patient Group members via an email link and made available to all patients via copies at Reception.

We received 6 responses (66.7% response rate) via Survey Monkey and collated these responses into a report which was then sent to the members of the patient group, giving them an opportunity to elaborate on the areas identified (Appendix 3).

## **Discussion of survey results**

As you can see from Appendix 3 we received a number of very helpful and detailed suggestions from patients on the priority areas that had been identified. In total 7 patients responded to the results of the survey and gave full and detailed responses. You can read these in full in Appendix 3.

From these responses a number of areas were drawn out to form the basis of the Action Plan for the practice. These areas are:

<b>Area/issue</b>	<b>Proportion of respondents mentioning</b>
Redevelopment of Reception	100%
Review of Appointment times	80%
Telephone system issues	43%
Text messaging system	40%

### **Action Plan**

From the analysis of the responses and the comments made the following Action Plan was drawn up by the Practice. This Action Plan was then sent out to the Patient Group by email to enable them to make any further comments or suggestions.

The final Action Plan is below:

<b>You said...</b>	<b>What we're doing ....</b>
<b>Reception could do with improvement - lots of helpful suggestion back from the Patient Survey</b>	We intend to focus on looking at the redevelopment of Reception in the next 6 - 12 months.
<b>Issues with the telephone system</b>	We understand the dissatisfaction with the telephone system. We are tied into a contract for the next couple of years but will be re-evaluating the issue in the light of patient feedback as our contract comes to an end.
<b>Implement a text messaging system to remind people of appointments</b>	We are initiating a trial of the text messaging system, which should start in April 2012. We will then review how helpful patients find the system.
<b>Review of the appointment system -</b>	We will be conducting a review of the current appointment system in the next few months, and may be asking for further

<p><b>Telephone triage? Appointment length? Times of surgeries?</b></p>	<p>feedback on this area.</p>
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**Myth Busting!**

<p><b>It would be helpful if we could Email repeat prescription requests</b></p>	<p><b>You can send your repeat prescription requests to <a href="mailto:longfleethouse.surgery@dorset.nhs.uk">longfleethouse.surgery@dorset.nhs.uk</a></b></p>
<p><b>Later appointments would be useful for people who work</b></p>	<p><b>There are three late surgeries a week from 6.30- 7.30pm. Please ask at reception for details.</b></p>

**Opening Hours**

The surgery is open from 8.00am to 6.30pm Monday to Friday. A receptionist is available to speak to you on the telephone or in person at the surgery within these times.

The doctors hold surgeries at the following times:

	Dr Williams	Dr Smith	Dr Jones
Monday	am, pm and evening	am and pm	am, pm and evening
Tuesday	am and pm	am	
Wednesday	am and alternate pm	am, pm and evening	
Thursday	am and alternate pm	pm	am
Friday	am and alternate pm		am and pm

For further details of specific surgery times please contact reception.

**Conclusion**

If you have any comments on the Action Plan, or on any other area covered in this report please email the practice on [longfleethouse.ppg@dorset.nhs.uk](mailto:longfleethouse.ppg@dorset.nhs.uk) or contact the Practice Manager.

We see the development of our Patient Group as a developmental process and will continue to work on increasing the number of patients and the involvement of the group within the practice throughout the coming year.

# Appendix 1

## LONGFLEET HOUSE SURGERY

### Patient Participation Group

Dear Patient,

We are encouraging patients to give us their views about the practice. We would like to be able to find out the opinions of as many patients as possible and are therefore asking if you would provide us with your email address so that we can contact you every now and again to ask you a question or two.

If you are happy for us to contact you periodically, please fill in this form and hand it back to reception. We will then add your email address to our contact list. Your contact details will only be used for this purpose and will be kept safely and solely for this purpose.

Name.....  
.....

Email  
address.....  
.....

The additional information below will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

Are you? Male  Female

Age group? 19 or under  20-29  30-39  40-49  50-59   
60-69  70-79  80 or over

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

White: British  Irish  White Other

Mixed: White & Black Caribbean  White & Black African   
White & Asian

Asian or Asian British: Indian  Pakistani  Bangladeshi

Black or Black British: Caribbean  African

Chinese: Chinese

Other Ethnic Group: Any Other  **(Please turn over)**

How would you describe how often you come to the practice?

Regularly  (6+ visits per year)      Occasionally  (3-6 visits per year)      Very rarely  (Less than 2 visits per year)

We are planning our next survey and to ensure that we ask the right questions, we would like to know what you think should be our key priorities when it comes to looking at the services we provide to you and others in the practice.

What do you think are the most important issues on which we should consult our patients? For example, which of the following do you think we should focus on?

Please select a maximum of 3 areas.

- Clinical care
- Access by telephone
- Getting an appointment
- Prescriptions
- Reception
- Opening times
- Other

.....

Thank you.

Please note that no medical information or questions will be responded to.

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.



## Appendix 2

Dear Patient,

Thank you for agreeing to join our Patient Participation Group and supplying your email address.

When we plan our next annual survey we want to ensure that we ask the right questions and would like to know what you think should be our key priorities when it comes to looking at the services we provide to you and others in the practice.

What do you think are the important issues on which we should consult our patients? For example, which of the following do you think we should focus on?

Clinical Care  
Getting an appointment  
Receptions issues  
Opening times  
Surgery improvements

We would be grateful for your electronic reply to [longfleethouse.ppg@dorset.nhs.uk](mailto:longfleethouse.ppg@dorset.nhs.uk)

Many thanks for your help.

Kind regards,

The Longfleet House Surgery Team

## Appendix 3

### **SUMMARY OF RESULTS FROM PATIENT QUESTIONNAIRE**

<b>Q1. How would you change the appointment system?</b>	
a. Shorter appointments	60%
<b>b. Change of surgery times</b>	<b>80%</b>
c. Triage	40%
d. Telephone access to a nurse	40%
<b>e. Telephone access to a doctor</b>	<b>80%</b>
<p>The top answers are 'change of surgery times' and 'telephone access to a doctor'</p> <p>Do you have any thoughts on these suggestions? How could they work in practice?</p> <p><i>A telephone triage service would be great and possibly cut down on the number of people making appointments as advice could be given over the phone.</i></p> <p><i>Agreement with wanting more telephone access to a doctor</i></p> <p><i>Telephone access to a doctor or nurse at set times may free up some surgery appointments</i></p> <p><i>I think the appointment system is very good. The fact that we can phone in the morning and get an appointment to see a doctor that day is so good especially if you are feeling really unwell.</i></p> <p><i>I can understand people wanting a change of surgery times if they are employed because of work commitments. Maybe prioritise appointments at the appropriate times of day to cater for employed people? Otherwise you could be looking at extending your opening times?</i></p> <p><i>I am not sure how giving telephone access to a doctor would work. Obviously doctors cannot be available on demand because of surgery commitments and visiting etc. This could prove to be a rod for your own backs causing more dissatisfaction not less. Email access might be a better idea – I would be happy to send in prescription renewal requests by email and subsequently print out the prescription form like I do airline tickets etc.</i></p> <p><i>It would be good to have an advertised slot available at the beginning or end of surgery for phone consultation and so save surgery time.</i></p> <p><i>To be open later in the evening would be VERY helpful! Access to a doctor at the practice would save time waiting for NHS Direct and would be more direct and reassuring.</i></p>	

**Q2. Which aspects of clinical care would you like us to improve on?**

a. Provision of written information	0%
<b>b. Consultation time</b>	<b>60%</b>
c. Increased range of in-house services – please specify	20%
d. Other – please specify	20%

The most popular choice was consultation time. What are your thoughts?...

*Consultation time usually ok – option to book a double appointment if necessary*

*I have never felt short changed on consultation times.*

*It might be of benefit to have variable consultation times according to need.*

*Longer appointments would be more helpful, that way people could ask the doctor everything rather than having to make further appointments.*

**Q3. Reception issues**

<b>a. how can we improve on Reception/front of house service – please specify</b>	<b>80%</b>
b. improved layout – please specify	40%
c. improved appearance – please specify	40%
d. staff training – please specify	20%

Some comments on answer (a) included:

- Dislike of phone system
- More entertainment on the TV
- A sign in screen rather than disturbing reception staff
- Receptionists can't always see you waiting

Have you any thoughts?

*Agreement with dislike of the phone system*

*I do dislike the phone system and it is more expensive. I never watch the TV and find it annoying. Sign in screen may be confusing for the elderly – I prefer to deal with a human. I've never had a problem attracting the attention of a receptionist. I think they are patient and do a good job.*

*I have nothing serious to say about the phone system – I sometimes need to wait but then that would also be true if I was standing in line at the reception desk.*

*It would be nice if the TV showed something other than medically related propaganda. However you would probably need a licence to play music. My dentist has the television in her waiting room set permanently to BBC World News.*

*Sign in screens are ok but I have seen the touch type criticised for their potential to transmit infection unless sterilising wipes are provided.*

*The only thing I am not comfortable with in reception is the feeling that I will not be seen 'round the corner' by the doctor. In fact this feeling has never been realised and I have never missed an appointment yet due to not being seen.*

*The phone system, like so many others, does seem to maximise cost to the patient.*

*A sign in screen would be the best thing instead of disturbing the reception staff.*

<b>Q4. Improved Access</b>	
a. <b>Alter opening times</b> b. Increase use of internet resources c. <b>Text message reminders for appointments and recalls</b> d. Other – please specify	60% 20% 40% 20%
<p>The top two suggestions are 'alter surgery times' and for the surgery to utilise a text reminder service. What do you think? How could the opening times be altered?</p> <p><i>The biggest bugbear is that if you call after 8:05am you are unlikely to get an appointment that day. A second chance for an emergency same-day appointment at about 2pm would be great.</i></p> <p><i>Access to doctors on a Saturday morning</i>  <i>I think text reminders are a waste of resources. If the appointment is important to you then you will remember it. If it isn't important it should be cancelled.</i></p> <p><i>I can understand some people wanting a change of surgery times if they are employed. Maybe prioritise appointments are appropriate times of day to cater for employed people.</i>  <i>I would need more evidence regarding the cost and benefits of setting up a text messaging system. Another option would be to fine people who miss appointments as my dentist does. The money goes to a local charity so no-one can say it's just another way of lining the dentist's</i></p>	

*pocket.*

*Later appointments and perhaps longer surgeries in the morning, but the afternoon times could be cut down.*

**Q5. Which area do you feel we should focus on improving our premises?**

$\alpha$ . Outside	66.7%
$\beta$ . <b>Reception</b>	<b>100%</b>
$\chi$ . Clinical rooms	33%
$\delta$ . Other – please specify	0%

The top answer in this section was emphatic! Suggestions for the Reception area included:

- A lower section of the desk for patients in wheelchairs
- Is there space wasted behind Reception?
- Face to face contact and better seating (not bench seats)

What are your suggestions on improvements for the reception area?

*Much as the computerisation has made some space in the Receptionists area, I think you should balance staff 'comfort' against the waiting area (I have never had trouble getting a seat) and give your staff a comfortable area to work in, though it would be useful if their desks faced the waiting room, though this is probably distracting. Lowered area for less able would be a great idea.*

*Extend waiting room by reducing wasted office space*

*There's nothing wrong with the seating. However elderly people (& those with pushchairs) do struggle with the double door entry.*

*I would support anything that accommodates the needs of people with a disability. There does seem to be a lot of free space behind reception. I suppose one could shift reception across to the opposite side where the seating is now. Then open up what is currently the reception for seating. I am not taken with face to face seating, especially as the person I would be facing might end up coughing all over me.*

*I agree with lowering the desk height, not sure the area behind the desk could easily be incorporated. Bench seating does maximise seating capacity.*

**Thank you for your help in identifying areas we should address to improve the service we give as a surgery.**

**Once we have received all the replies we will put together an action plan, and send this out to you so you can see what we propose to do.**