

PARKLANDS SURGERY

PATIENT PARTICIPATION REPORT 2013/14

INTRODUCTION

This is the third year that Parklands Surgery has used a patient survey to provide information on the main concerns of patients at the Practice. Previous surveys had proved valuable in providing useful information to the management at the Practice. It was decided to once again use a survey to determine the main patient concerns then use the Patient Reference Group to focus the Practice on those areas of the Survey that they felt were a priority.

PATIENT REFERENCE GROUP

Parklands Surgery allows any interested patient to join the Patient Reference Group (PRG) in order to maximize the number of members in the group and therefore the likelihood of feedback. The PRG Comprises of 70 individuals – 56% female and 44% male.

METHODOLOGY

Following feedback from previous meetings and after discussions between the Senior Partner and a proactive member of the PRG, it was decided to conduct an Improving Practice Questionnaire for the survey this year. The survey conducted was chosen because it was a well-established questionnaire widely used in the UK, enabling practice performance to be compared with the national average. Prior to issue, the Draft Survey was forwarded to members of the PRG for their comment; of the few responses received, all were in favour of the questionnaire being issued in the format proposed.

The Questionnaire was made available in both a hard paper copy and electronically online. They were available at the Reception Desk and in both waiting rooms during all clinics. The

results of the questionnaire were compiled and reported upon independently by CFEP Surveys.

The completed report was then distributed to members of the PRG for them to identify what they saw were the patient priorities identified by the report. They were invited to provide an email response.

All members of the PRG were invited to a meeting to discuss the report and the emailed comments from the PRG in order to determine the main priorities for the improvement of the Practice, based on the feedback from other patients in the Improving Practice Questionnaire Report. The Agenda for this meeting was based upon those emailed comments from the PRG.

The priorities determined by the PRG members and the feedback given by emails and during the meeting were used to determine and action plan for the forthcoming year.

SURVEY

207 patients responded to the survey (182 on paper and 25 electronically online) which equating to a little over 2% of the Practice population.

68% of respondents were female and 26% were male (6% of respondents did not declare). 52% of patients are female, 48% are male.

3% of respondents were aged under 25, 40% aged 25-59, 53% aged 60+ (4% did not declare).

27% of patients are aged under 25, 43% aged 25-59, 30% aged 60+.

PRACTICE COMMENTS ON THE SURVEY

Overall it was pleasing to see that 82% of all patient ratings about the Practice were good, very good or excellent however the Surgery is still keen to improve on this score.

Additionally it was pleasing to see that all questions about the Surgery's Practitioners resulted in scores better than the national average for Practices of a similar size.

The low level of satisfaction with the Practice's opening hours, compared with the national average, was disappointing since the Practice runs surgeries outside normal opening hours, namely two early morning surgeries and Saturday surgeries. Parklands is the only surgery to offer out of hours cover in the Chichester area.

Additionally, the low score, compared with the national average, for seeing a practitioner within 48 hours was also surprising since the distribution of available appointments is highly biased towards on the day appointments compared with pre-bookable appointments.

Other areas of the report provided statistical support to concerns already being held by the Practice:

- The low satisfaction with the booking of appointments, namely the ability to book with a particular practitioner and satisfaction with the day and time arranged for appointments.
- The low satisfaction with Reception Confidentiality; an issue which the Practice has already made plans to address.
- The manner by which Reception staff deal with patients
- The provision of information to patients.

PRG EMAILED COMMENTS ON THE SURVEY

Many of the emailed comments received from the PRG supported those areas identified by the Practice. Emailed responses were received from 14 members of the PRG. A précis of those comments are at Appendix 1 to this report. The main areas of concern highlighted were:

- a. Surgery Fabric
 - Lack of Reception confidentiality
 - Access to the waiting room (and to a lesser extent to the surgery as a whole)
 - Lack of Parking
 - Waiting Room environment
- b. Appointments
 - Difficulty in booking Appointment at Convenient Time
 - On the Day Bookings
 - Difficulty in booking with a Specific Doctor
 - Appointment Duration
 - Methods of Booking Appointments – heavy reliance on telephone system at 8.30am
- c. Staff
 - Poor attitude of Reception Staff
- d. Miscellaneous
 - Consideration to widening Practice Services
 - Lack of Information/Education of Patients
 - Introduction of electronic Ways of Working

PRG MEETING

Twelve members of the PRG attended a meeting at the Surgery with Dr Margaret Orr, the Senior Partner and Martin Jones, the General Manager. The meeting focused on those areas identified as priorities in the emailed response from PRG members. The meeting minutes are at Appendix 2 to this report. In this meeting the PRG Priorities were identified as:

- Appointments – improving the ability to book with a particular doctor and booking at a convenient time through increasing the number of pre-bookable appointments.
- Improving confidentiality in Reception by implementing the proposed refurbishment plans (then opening the door through to the waiting room to improve access and the atmosphere in Reception).
- Improving Reception Staff service skills through staff training.
- Improving information to patients through leaflets, newsletters and the Practice Website.

MO and MJ agreed to implement changes to achieve these priorities.

ACTION PLAN

MJ to implement all Actions

Issue		Action	Deadline	Outcome
1	Appointments – <ul style="list-style-type: none"> • Improve ability to book with named practitioner • Improve ability to book appointment at convenient time 	<ul style="list-style-type: none"> • Increase the number of pre-bookable appointments • Monitor situation to determine when the correct balance is reached 	31 May 14 31 Aug 14	
2	Reception Confidentiality	<ul style="list-style-type: none"> • Refurbish Reception to improve confidentiality for patients. 	30 Jun 14	
3	Poor Reception Staff Service Skills	<ul style="list-style-type: none"> • Develop and implement a Receptionist Training Programme • Enable Receptionists to conduct Level 2 courses in Customer Service where they meet the entry requirements 	31 Aug 14 31 Aug 14	

Issue		Action	Deadline	Outcome
4	Poor Provision of Information to Patients	<ul style="list-style-type: none"> • Re-commence the Practice Leaflet Quarterly • Update the Practice Website • Update and issue the Practice Booklet • Improve notices around the Practice • Develop social media as a means for providing information 	<p>30 Apr 14</p> <p>31 May 14</p> <p>31 May 14</p> <p>30 Jun 14</p> <p>31 Aug 14</p>	

APPENDIX 1 – PRG EMAILED COMMENTS ON THE SURVEY

Surgery Fabric

Reception Confidentiality

- Receptionists [...] do *need* to know the general nature of the ailment – which raises the issue of the discussion being overheard. An attempt to address this issue has been made by fitting a door to the waiting room, which serves no useful purpose – it is those people waiting to check in who overhear the discussion [...]. This door should be removed. [...] patients could be encouraged to bring a slip of paper identifying their reason for the visit [...] to hand to the receptionist.
- Confidentiality at the front desk; which seems to require more than just closing a door
- The receptionist desk is always very busy when I see it, perhaps that could be extended in some way, allowing patients to access the area, and not having to wait in the outer entrance hall.
- Closing the door from the waiting room to the reception area is not an answer and I agree with the feedback that this is not healthy, irritating and doesn't serve to answer the purpose re confidentiality. I would suggest the reception area is looked at as a whole and may require a complete reorganisation, knocking down walls, building walls if necessary to comply with patient confidentiality. It is not only other patients hearing what you have to disclose but also the whole office hearing which makes it uncomfortable for patients, I believe.
- The reception desk itself needs to be reorganized to enable conversations that give personal and medical details to be held in privacy. Not heard by the rest of the queue.
- [...] with respect for patient confidentiality ... and that includes all those telephone calls that can go on more loudly than necessary in the background

Access

- There are several things that I would like to see improved at the practice, mainly regarding the waiting area. Needing to use a walking stick for a few weeks, I can really see that your waiting room entrance is not elderly or disabled friendly. [...] much more difficult for older, disabled, or Mums with pushchairs to gain entry to the waiting area. Would it be possible for an automatic sliding door to replace the normal opening door that is there at the moment? Automatic opening on the main door would also be a good idea and make the practice much easier for the disabled and those in wheelchairs to access.
- [...] fitting a door to the waiting room, which serves no useful purpose [...] patients with physical handicaps (including those in wheelchairs) have great difficulty in overcoming the powerful spring fitted.

Parking

- I would ask if there is some way to free up the staff parking spaces and negotiate with a local organisation for staff, not on call for emergencies, to park elsewhere, eg the council offices in Westgate.
- I see from the questionnaire that several people have commented on the very small car park, one even suggesting that some of the spare land close by could be purchased to make the car park bigger. You can be quite certain that Mercer would not be interested in parting with any of its ground, as they have many staff with no parking space hence all the day time parking in Beech Ave. and Westgate. I do agree with others that car parking is problematic but see little point in complaining about it when there is clearly nothing that can be done about it!

Waiting Room Environment
<ul style="list-style-type: none"> I also think that the heating could be turned down in the waiting room, especially now the door is closed. There is very little ventilation and it must be a perfect environment for breeding germs. As most patients arrive in coats, having just left a car, or walked, they are bound to be quite warm. A window open would possibly help too.
<u>Appointments</u>
Booking Appointment at Convenient Time
<ul style="list-style-type: none"> It is clear that many people have difficulty in securing an appointment at a time that is convenient to them (taking into account their other commitments) or indeed at all, within a reasonable time frame. This seems to be a national NHS problem – too few doctor/hours available. Those at work may have difficulty [booking appointments], especially if their job is not local. Saturday opening would be very helpful to such people. Scope for altering appointment patterns?
On the Day Bookings
<ul style="list-style-type: none"> The booking system requiring you to make repeated calls from 8.30 am to hope to get an appointment that day needs to be addressed. The use of the internet as suggested by several respondents could ease the problem for some people. Also having to ring up on the very day you need to see someone is poor management and causes distress when trying to get through on the phone. Surely appointments can be made the day before. Only seem to be able to book week in advance or on the day – latter clearly used for on the day booking rather than just urgent need, Recognise and promote this, with clear triage for truly urgent
Booking with Specific Doctor
<ul style="list-style-type: none"> My disquiet is that it is almost impossible to get any continuity of treatment by seeing the same Doctor during a course of events. [...] If another partner thinks it necessary for a patient to see a particular Doctor they should be able to over-ride the system and book an appointment for that patient. [...] Continuity of treatment should mean being able to see the same Doctor until one's problem is resolved Getting an appointment with your preferred GP eg.during a consultation with your GP, he asks for you to come back to see him/her again in say, 3wks time; this is nigh on impossible, as dates and times have not been released for reception staff to book. Difficulties surrounding telephone access for same day appointments and availability of doctor of choice to maintain continuity of care especially with an ongoing specific problem. The problem regarding the ability to see the same doctor who started a particular treatment is a major concern of ours. A move towards solving this problem would greatly increase patient satisfaction. Part-time working by doctors, the shortness of surgery opening and heavy demand seem to contribute to this exasperating problem.
Appointment Duration
<ul style="list-style-type: none"> When the patient sees the doctor, the '10 minute/single ailment' rule kicks in. This probably works for many people in the younger age groups, but probably hardly ever does for more elderly people. Will it be possible for more doctors to spend more time at the surgery?

Methods of Booking Appointments

- Whilst not everybody uses a smartphone, more and more people use computers, if only for email. More use could be made of this technology, to make appointments, send appointment reminders, and, more controversially, to substitute for conversations with physicians, who could be given a print-out of the day's queries – which could either receive an answer, if practical, or offer an appointment.
- Some people think there should be an online booking system, but this would seem to exclude the elderly without computer access.
- Difficulties surrounding telephone access for same day appointments.
- Ability to make appointments on line although this prejudices those without internet access.
- Explore on-line booking and/or telephone queuing or call back system?
- To introduce a better telephone service at 8.30am if that is still the time you have to call to try for an appointment on the same day. An telephone exchange with a queuing system, which prompts to advise at least where you are in the queue.

Staff

Attitude of Reception Staff

- Attitude of reception staff; do they or can they undergo some kind of PR training
- [...] some front line staff have temperaments more suited to the job than others, so maybe thats an educational element that needs addressing by the surgery to support reception staff? Some sort of training in managing customer's who are often stressed themselves with the need to see a GP when they are unwell and managing busy lives.
- Reception staff - their approach and the need to know details of problem. Possibly an explanation to patients as to why this information is required would help.
- [...] lack of helpfulness that my husband received from the receptionist last year. [...]. The receptionist refused to open the door and just shouted at him over the intercom, in a very curt and unfriendly manner.
- I am quite taken aback sometimes at the abruptness of some of the receptionists - not all of them I hasten to add. Regular training, role play, competition (as to who is the most friendly is not to be sneezed at) and I do hope you will be able to implement this.
- The close questioning by reception staff when trying to make an appointment is intrusive. This telephone contact needs to be handled sensitively.
- The reception staff continue to be less than perfect.
- Receptionist staff – some not always polite/sympathetic. Run a “day in the life of your receptionists” afternoon? Run customer care skills sessions for staff
- I would support the need to display respect and simple courtesies to all patients, from a greeting at the desk with eye contact and a smile, to the discretion that goes with respect for patient confidentiality
- To appreciate that not all patients expect or wish to be questioned openly about their ailments by receptionists or by anyone other than a qualified nurse if not their doctor.

Miscellaneous

Widening Practice Services

- From time to time, mention is made by politicians of the expansion of medical/surgical activities within the confines of the practice buildings. Looking at the substantial aggregate medical and nursing skills at Parklands, it seems a pity not to develop this potential.

Informing/Educating Patients

- Possibly an explanation to patients as to why [the need to know details of problem] would help.
- Educating patients on what is and isn't possible from a practice point of view, e.g., seeing your preferred GP.
- More information about the specific care available from nurses and who is their line manager.
- Advertise nurse clinics, promoting what they can do?
- Advertise GPs days of working – to assist people in choosing day of week to opt for on the day booking?
- Health promotion/information - Run focus campaign afternoons, days, weeks
- Get newsletter going again, with key health topic each quarter

Electronic Ways of Working

- There should be the possibility of emailing your dedicated GP with a question rather than having to go through receptionists and and maybe an unnecessary appointment. I was told that this system could be abused but given the age of a lot of patients I can't imagine the take up would be that great but it would facilitate those of us who just need a quick answer.

APPENDIX 2 – PRG MEETING MINUTES

Present:

Dr Margaret Orr (MO) (Senior Partner)
 Martin Jones (MJ) (General Manager)
 12 Representatives of the PRG

No.	Item
1	<p>Welcome and introduction</p> <p>The meeting was opened by Dr Margaret Orr and the attendees thanked for coming.</p>
2	<p>Purpose of meeting</p> <p>Martin Jones, the new General Manager, introduced the purpose of the meeting to identify the PRG's main priorities for the improvement of the Practice, based on the feedback from other patients in the Improving Practice Questionnaire Report.</p>
3	<p>Key areas identified from PRG emailed returns:</p> <p>MJ outlined the key areas from the Improving Practice Questionnaire, identified from emailed comments by PRG members. The PRG comments made in the meeting are summarized as follows:</p> <p>a. Surgery Fabric</p> <ul style="list-style-type: none"> • Reception confidentiality – considered a concern by the majority present. MJ described renovation plans for Reception to improve confidentiality. The plans were liked by those present. • Access – concern was expressed over the door between Reception and the Waiting Room – many find it difficult to get through. • Parking – lack of parking is a concern especially as many patients are already stressed for their appointment. Some PRG members stated, through their own knowledge of the area, that there was nothing more the Practice could do. MO confirmed that the Practice had exhausted all options in the local area to improve the parking situation; this was accepted by the PRG members. • Waiting Room environment – conflicting views were expressed on whether music should be played in the waiting room. It was felt that the warm atmosphere in Reception would be improved once the Reception door was opened.

No.	Item
	<p data-bbox="337 226 634 260">b. Appointments</p> <ul data-bbox="435 268 1471 1033" style="list-style-type: none"> <li data-bbox="435 268 1471 697">• Booking Appointment at Convenient Time; On the Day Bookings; and Booking with a Specific Doctor – The PRG felt it was important to be able to book with a specific Doctor to enable continuity during a particular course of treatment. Also felt it important to be able to book in advance for a convenient appointment time. It was accepted that to achieve this would require an increase in the number of pre-bookable appointments at the expense of on the day appointments. MJ explained that the practice had a fine balance to work with because too few on the day appointments led to an increase in A&E attendances. One PRG member stated that one of the practice’s patients saw A&E as the first choice because he had to pass the hospital on the way to the Surgery. <li data-bbox="435 705 1409 806">• Appointment Duration – this was not considered an issue by PRG members present as double appointments could be booked if necessary <li data-bbox="435 814 1430 957">• Methods of Booking Appointments – a general consensus was that being able to book appointments online would be beneficial but the members were also keen that those who do not use the Internet should not be disadvantaged. <li data-bbox="435 966 1458 1033">• The PRG thought it was important to explain the appointment system to patients so they could understand who was available and when. <p data-bbox="337 1041 505 1075">c. Staff</p> <ul data-bbox="435 1083 1455 1293" style="list-style-type: none"> <li data-bbox="435 1083 1455 1293">• Attitude of Reception Staff – whilst there was some support for some of the Receptionists and it was recognized that they have a difficult job, the general consensus was that the attitude of Reception Staff needed improving. It was pointed out that this had been raised at previous PRG meetings. Training of Reception Staff was seen as priority. <p data-bbox="337 1302 639 1335">d. Miscellaneous</p> <ul data-bbox="435 1344 1471 1923" style="list-style-type: none"> <li data-bbox="435 1344 1471 1520">• Widening Practice Services – there was some discussion as to whether additional services could be provided. MJ explained that this was one area he will be looking at as he settles into the role however MO explained that the practice did have some constraints imposed by the structure of the building. <li data-bbox="435 1528 1471 1705">• Informing/Educating Patients – this was considered a priority by the PRG members with a number of topics covered including: explaining why Receptionists needed to ask the reason for an appointment; what the Prescribing Nurses could do; when particular clinicians were available. <li data-bbox="435 1713 1471 1923">• Electronic Ways of Working – it was queried whether there were means by which patients could communicate electronically with doctors, potentially by email. MJ explained that the practice could investigate the best way to implement electronic working if the PRG felt it was a priority but that such a scheme would probably reduce appointment availability to provide the time for Doctors to respond.

No.	Item
4	<p>Other areas PRG wish to consider.</p> <ul style="list-style-type: none"> • Whilst some individual comments were made there were no other issues raised that members had identified from the survey.
5	<p>What are the main priorities for the PRG?</p> <ul style="list-style-type: none"> • MJ listed what he had determined were the PRG's priorities from the discussions that had been conducted, namely: <ul style="list-style-type: none"> ○ Appointments – improving the ability to book with a particular doctor and booking at a convenient time through increasing the number of pre-bookable appointments. ○ Improving confidentiality in Reception by implementing the proposed refurbishment plans (then opening the door through to the waiting room to improve access and the atmosphere in Reception). ○ Improving Reception Staff service skills through staff training. ○ Improving information to patients through leaflets, newsletters and the Practice Website. ○ Investigate new ways of electronic working. • After further discussion, the PRG members concluded that the first four items were a priority and that the investigation of new ways of working should be delayed at this stage.
6	<p>Summary.</p> <ul style="list-style-type: none"> • PRG Priorities: <ul style="list-style-type: none"> ○ Appointments – improving the ability to book with a particular doctor and booking at a convenient time through increasing the number of pre-bookable appointments. ○ Improving confidentiality in Reception by implementing the proposed refurbishment plans (then opening the door through to the waiting room to improve access and the atmosphere in Reception). ○ Improving Reception Staff service skills through staff training. ○ Improving information to patients through leaflets, newsletters and the Practice Website.
7	<p>Any other business.</p> <ul style="list-style-type: none"> • None