**Station View Health Centre**

Patient Participation Report 2012-13

**Stage one – validate that the patient group is representative**

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| **Practice population profile** |  |  |
| Show how the practice demonstrates that the PRG is representative by providing information on the practice profile: | | |
| Age No. %  0-9 1376 10  10-19 1299 10  20-29 1524 12  30-39 1617 12  40-49 1988 15  50-59 1643 13  60-69 1680 13  70-79 1169 9  80-89 604 5  90-99 116 1  Total 13016 100 | Sex Male Female  731 645  624 675  756 768  878 739  1027 961  817 826  812 868  567 602  265 339  37 79  Totals 6514 6502 | Ethnicity  Estimated (only 96.5% classified)  White British etc 12436  Asian/As.British 450  Mixed 48  Black/Bl.British 35  Other Ethnic Gps 47  Total 13016 |
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| **PRG profile** |  |  |
| Show how the practice demonstrates that the PRG being is representative by providing information on the PRG profile | | |
| Age No. %  0-9  10-19  20-29 1 2  30-39 3 6  40-49 9 19  50-59 4 9  60-69 13 28  70-79 14 30  80-89 3 6  90-99  Total 47 100 | Sex Male Female  1  1 2  1 8  1 3  2 11  9 5  2 1  16 31 | Ethnicity  White British etc 46  Asian/As.British 1  Total 47 |
| Other |  |  |
|  |  |  |
|  |  |  |
| **Differences between the practice population and members of the PRG** |  |  |
| Please describe variations between the group and what efforts the practice has made to reach any groups not represented. | | |
| The practice has less numbers of patients under the age of 25 than the Leicestershire area and the PRG reflects this (i.e. no PRG members at all). Around 80% of the practice population is over the age of 20 and PRG membership is made up entirely from >20 age groups.  Over 95% of the practice population is made up of White British and the PRG reflects this. Ethnic minorities are slightly under-represented, as only one asian patient is a member of the group.  Letters have continued to be available at reception inviting patients particularly in their teens, twenties and thirties to join a ‘virtual’ Patient Reference Panel by providing their email address and volunteering to be consulted about practice issues no more than 3 times during the year. This has had little success.  The invitation to join the virtual Patient reference Panel was also included in a patient newsletter published last year.  The Patient Participation Group also considered canvassing support of younger patients from local colleges, but after reflection felt that if it was to be done should be tackled on a locality (ie multi-practice) basis.  Posters Continue to be available in the waiting room giving invitations to patients to join the virtual Patient Reference Panel. A message was also shown on our website during the year – [www.stationviewhealthcentre.co.uk](http://www.stationviewhealthcentre.co.uk) | | |

**Stage two – validate the survey and action plan through the local patient participation report**

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| **Survey** |  |  |
| Please describe how the priorities were set  The PPG had the confidence this year to take a survey ‘template’ and shape it specifically for the needs of Station View Health Centre’s patients. The questions therefore were of more value and related directly to real issues. For example, Question 30, related to practice opening hours, gave an option to say that ‘If it meant spending less on other services I would not want the open hours extended.’ | | |
| Describe how the questions were drawn up  The questions were taken from a national survey proforma, so many of the questions were similar to last year. However some were framed in ways which the PPG felt were most relevant to Station View. | | |
| How was the survey conducted?  Paper copies of the survey were available to patients on the reception counter when they presented for services. Reception staff also invited patients to complete a survey to encourage uptake.  The survey was again published on the front page of the practice’s website and a link was made available directly to an electronic copy of the survey which could be completed on-line. Members of the Patient Participation Group and Patient Reference Panel were invited by email to participate in the on-line survey on the practice’s website. | | |
| What were the survey results?  The survey results are shown in the spreadsheets in the Appendix ‘Patient Survey results.’  The practice scored more highly this year in patient satisfaction with the care that is provided by the surgery with 94% of patients surveyed either very satisfied or fairly satisfied.  95% of patients surveyed had confidence and trust in the doctor they saw either definitely or to some extent.  90% of patients surveyed reported that the nurse they saw treated them with care and concern which was slightly lower than last year.  Where the practice scored poorly was in patients getting through on the phone where only 33% found it very easy or fairly easy and 67% found it quite difficult to get through. These figures were slightly better than last year and may reflect the introduction of on-line appointment booking which began in the summer of 2012.  The survey results form the basis of the 14 page report published at the end of this paper. The report was once more kindly prepared by a PPG Officer, to whom the gratitude of the practice goes. | | |
| **Action plan**   1. **Promote the availability of on-line services for the booking of appointments and ordering of repeat prescriptions on the new EMIS clinical system to reduce pressure on telephone lines.** 2. **Review telephone system and appointment access criteria.** 3. **Monitor DNAs (Did Not Attends) and consider with the PPG options for further publicising the problems they cause.** 4. **To consider re-routing the queue for the reception counter to enable patients to wait in the building rather than to queue through the entrance doors at peak times.** 5. **Continue to promote the Health Awareness Room for routine self-checking of blood pressure, weight & height, and promotion of topical self-care information leaflets.** 6. **Publicise the practice website together with the PPG as a source of information to patients.** 7. **Pilot a new model for the phlebotomy service to improve patient experience.** 8. **Achieve GP Training practice status over the next year.** | | |
| How did you did you agree the action plan with the PRG?  The survey results were discussed with the elected Patient Participation Group Officers and a draft Practice Action Plan reviewed at a meeting on Wednesday 13th March 2013.  This was then discussed with the elected Patient Participation Group Committee members who approved the plan at a meeting on Tuesday 19th March 2013. | | |
| What did you disagree about?  There were very positive discussions about the survey results and wide agreement about the priorities that had been set. The PPG takes its role as a ‘critical friend’ very seriously, which is supported by the practice. | | |
| Are there any contractual considerations to the agreed actions?  There are currently no contractual considerations to the agreed actions. | | |
| Please include a copy of the agreed action plan  See end of report | | |
| **Local patient participation report** | | |
| Please describe how the report was advertised and circulated  The Action Plan is included in a Patient Newsletter issued during March 2013. It is also being published on the practice’s website. | | |
| Include a copy of the report | | |
| **Opening times** | | |
| Confirm opening times and out of hours arrangements included within the report  Opening Times:  The surgery is open from 08:30am to 6:00pm Monday to Friday. The surgery is also open every other Saturday from 08:00am to 11:00am for pre-booked appointments only with GPs (telephone calls are not taken on Saturdays).  Out of Hours Arrangements:  At night and weekends when the surgery is not open, telephone 634367/635362 and your call will automatically be transferred to our out of hours service, staffed mainly by local doctors on a rota system. You may be given advice by telephone, invited to attend the Primary Care Emergency Centre or visited as appropriate. | | |

**Station View Health Centre, Hinckley**

**GP Patient Survey 2012/13**

**Results, Analysis and Report**

Prepared by the Deputy Chair of the PPG, Colin Newman, BSc, PhD, C.Psychol, FBPsS and Hon Life Member the British Psychological Society.

**Summary**

Responses to the 2012/13 survey of patients registered with the Station View Health Centre give the overall impression of a compassionate, caring and competent GP practice in which everyone from the doctors, nurses and receptionists to the cleaners, are held in high regard for doing their very best to meet the needs of patients within the limits of the resources available. The practice is overstretched, with the supply of services struggling to keep up with demand, this causes problems for patients trying to book appointments to see doctors who are doing their best to ensure all patient needs are met. Plans are in place to address these issues as far as viable solutions are possible with a growing and frequently elderly population of patients registered with the practice.

**Introduction**

A year ago the views of patients on the medical services provided by the Station View General Practice were surveyed using a questionnaire modelled on that used by a national polling organisation which had been contracted to the DOH. For the current survey, a shorter questionnaire was designed, initially by the Patient Participation Group and then approved by the practice, which was better suited to exploring the issues most relevant to the Station View practice. Whilst many questions were retained, an unnecessarily large number of detailed questions about a patient's own medical condition which were not amenable to analysis without computer scoring facilities were dropped. New questions were added to cover topics not explored last year (e.g. satisfaction with out of hours services) or to cover topics specific to this practice (e.g. use of the Health Promotion Room). More questions were directly interlinked so that some questions needed to be answered only by patients responding positively to the previous question. This was done to overcome what was felt to be a weakness with the 2011 questionnaire, where, for instance, patients reporting a difficulty seeing a doctor 'fairly quickly' were not directly asked to give the reason why, which was instead explored in a different general question all patients were asked to answer. This led to some ambiguities in the 2011 results (in this example, nearly everyone questioned reported seeing a doctor when in need, but on a different question, 17% reported being unable to see a doctor 'fairly quickly'.) Biographical questions about the respondent were moved to the start of the questionnaire.

Copies of the questionnaire were made available at the reception counter from early November 2012 to late January 2013 and also on the practice web site for the latter part of this period, accompanied by a letter from 'The Partners' inviting patients to complete the survey,

**The Biographical Characteristics of the Sample of Respondents**

**Section A: Responses to some Questions about You.**

106 completed questionnaires were returned 99 on paper and 7 online. Appended to this report is a copy of the questionnaire showing the total number of ticks placed in every box on the form. Not all respondents answered every question so sometimes the total score across boxes is less than 106, or does not add up to an otherwise expected total. The survey did not aim to select at random from all patients registered with the practice, but was a survey of those willing to complete a questionnaire, mostly drawn from those visiting the practice for a recent appointment with a doctor or nurse. This method of selecting respondents will inevitably concentrate on the opinions of patients who are active, current users of the services of the practice, the very people whose opinions are most relevant.

It might be anticipated that the opportunity to complete an anonymous questionnaire could provide a safe route for patients to give voice to any complaints they had about the practice and that a disproportionate number of patients with strong views might take part. Any such anticipated biases cannot be ruled out, however the results show that the sample of respondents is adequately representative of most groups of patients using the medical services provided by the practice.

The sample included 42 males and 64 females. Question 2 shows that 66% of the respondents were over 54 years of age with the largest category falling within the 65 to 75 age group. Nevertheless at least eight responses were received from all age cohorts over 24, with only teenagers and those under 24 poorly represented in the survey. Fifteen respondents reported being the parent or guardian of a child under 16 currently living at home with them. Thirteen had carer responsibilities for another person in their household with a long standing health problem or a disability.

As can be seen in the tabulated results appended to this report, when responding to Question 5 at least someone reported having every type of long standing condition listed, apart from a learning disability, with just 28 claiming to have 'no long standing health condition'. To what extent the frequency of the conditions reported reflects the frequency with which patients present at the surgery with such conditions could only be checked against clinical records (not possible with an anonymous survey) but, intuitively, they appear representative, with three in 106 patients reporting blindness or partial sight but 46 reporting having 'a long-standing condition requiring continuing medication or treatment such as cancer, HIV, diabetes, chronic heart disease, high blood pressure or epilepsy.'

Out of all the respondents, 102 gave their ethnic group as 'White British', with one being 'any other white background', two Bangladeshi, and one not saying. This distribution mirrors the population registered with the practice and of those living in the area. 95 gave their sexual orientation as 'heterosexual', none as 'gay or lesbian', one as 'bisexual' with 9 'preferring not to say'. Numbers in minority categories were too small to check if they have similar opinions to the majority group but there were no indications that this was not the case. No member of a minority group made any 'other comment' at the end of the survey to suggest any perception of discrimination.

In conclusion, the biographical characteristics of those patients who agreed to participate in the survey seem to be typical of the patient population that are current users of the services offered by the practice.

Question 3 was included in the survey to investigate whether patients with work or full time education commitments may have different attitudes to the status quo on certain matters (e.g. surgery open hours) than those without work commitments. Responses were therefore scored separately, when relevant, for the 46 patients in the first three categories (full or part-time work or full time education) and compared with those of the 60 patients without such commitments (the retired, unemployed etc.)

Question 4 was included to see whether patients in poor health have different attitudes to those in good health on a few matters. The similar question last year asked people simply to state if they were in one of six categories of health ranging from 'excellent' to 'poor'. It became apparent that some patients rated their health in comparison with others of their same age whist others were not making such relative judgements. To avoid this ambiguity, this year the question was changed to ask respondents to rate their health in comparison with others of their age. How a person perceives their own health relative to their assumptions about what is to be expected or 'normal' at their age, though highly subjective, could be an important factor in attitudes towards health care.

Last year exactly half of the respondents rated themselves as being in 'excellent' to 'good health' as opposed to 'fair' and 'poor'. This year a higher proportion (68%) placed themselves in the 'good health' or better category when compared with others in their age group. There was some evidence that those rating themselves as in good health or better are objectively in better health than those rating their health as 'fair' or 'poor'. All but one (97%) of the later group rated themselves as having one or more of the medical conditions covered in Question 5, whereas 62 % (still the majority) of those in the former (good health) group report having one or more of these long-standing conditions.

It is salutary to discover 75% of all respondents report having one or more long standing medical problem and even a significant number of patients who regard themselves in 'good health' relative to others of their age, nevertheless report having a long term condition requiring medication. It was surprising to note that 94% of patients without work commitments (predominantly elderly) who were claiming to be in good health still had experience of ordering repeat prescriptions (see Question 31). This may reflect a pervasive, optimistic attitude among many patients about their own health relative to others of their age, linked to a belief that certain medical problems are 'inevitable' as you get older. Some chronic conditions like hypertension, once controlled by medication, may also be seen as having no adverse effect on general health. These questions about the health of respondents may therefore tell more about the health expectations of patients as they age, rather than being of much relevance to other questions in the survey.

Respondents in full or part-time work or full time education reporting good health (36 in total) or poor health (10 in total) are on average significantly younger than the respondents without work commitments reporting good health (36 in total) or poor health (24 in total), as would be expected.

**Section B: Questions about Seeing a Doctor**

From the Appendix it can be seen that using the telephone remains the most common means patients use to make appointments to see a doctor, but most (67%) report that it is 'quite difficult' to make an appointment this way. Comments made at the end of the survey, as last year, continue to refer to the difficulty getting through on the phone to see a doctor urgently when the switchboard opens at 8.30 am. Making appointments in person at the surgery or through a nurse you were seeing already are reported as 'quite easy' to make by most patients (84% and 87% respectively).

Significant changes to the way patients can make appointments have begun to be introduced in keeping with the action plan drawn up in response to the survey last year. One of these has been the introduction of the possibility of making appointments on line. However only19 respondents had used this method and of them 9 found it 'quite difficult' to make the appointment. Whilst the reasons for this were not explored in the questionnaire, they probably relate to glitches experienced with the roll out of the new technology, not with the unavailability of appointments once patients got to the online booking sheet. On occasions the 'Vision' facility has not been working or patients passwords have not been accepted, sometimes no appointment vacancies have been offered due to the patient unknowingly clicking on an unnecessary icon on the web page. Such technical teething troubles are to be expected with a new system but they will be sorted out in time. However, the practice is now in the process of transferring all its computer operations from 'Vision' to a different provider which is more compatible with those used by other clinics and hospitals in the area. The on line facility has potential benefits for patients, especially those making non-urgent appointments and the practice should be encouraged to develop this facility further and publicise its availability after any further teething troubles have been resolved.

Question 11 sought to find out if patients who wished to see a doctor 'fairly quickly' within the previous six months were able to do so, either on the same day or within the next two days when the surgery was open. Those who answered 'no' to this question were asked to indicate why this was in the linked Question 12. It turned out that 15 respondents (17% of those that tried to make an appointment) reported being unable to see a doctor 'fairly quickly'. Of these, 9 patients gave the reason as 'no appointments were available'. Three patients turned down an appointment as it was 'with a doctor I did not want to see'. One was offered an appointment with a nurse as an alternative. Two gave 'another reason'. None reported being offered a telephone consultation with a doctor to determine if an urgent face-to-face consultation was really needed, sometimes resulting in the patient being fitted in with an appointment. It could be that the patients who found there were no appointments available may not have had genuinely urgent problems or they did not give the receptionist enough information to stress why they needed an urgent appointment. Without this information the receptionist does not have enough facts to refer on to the duty doctor who needs to decide if a telephone consultation is necessary. In conclusion, there is evidence that when a patient really wants to see a doctor with an urgent need, the practice does all it can to enable them to do so. Unfortunately, demand for appointments exceeds supply. Those most desperate to see a doctor report turning up at the practice in person at 8.30am and queuing to make an appointment as soon as the surgery opens as the best alternative to finding all appointments are taken when they eventually get through on the phone. Not all patients have this option, especially any who are taken very ill the night before and some elderly or disabled patients or those without transport.

Question 13 identified 36 respondents who had attempted to book a non-urgent appointment more then two weekdays in advance. Question 14 then asked these respondents to indicate how they had attempted to make this appointment and whether or not one was offered. Of the 10 patients who had tried to make the appointment on line, 8 had success at doing so. The reason for the two failures was not explored further, it could have been due to a glitch in the on line technology as referred to earlier, rather than all appointments being already taken. In the one case where a nurse already seeing a patient referred them on to a doctor, an appointment was made successfully. Requests for non-urgent appointments made by phone were offered on many occasions (14 out of 19) and likewise when made in person (15 out of 16). At the time of the survey a year ago fewer requests for non-urgent appointments were accepted, hence the present outcome reflects the decision by the practice to offer more bookable-in-advance appointments. This is a welcome development which over time will have to be balanced against the necessity to retain enough appointments for patients needing to see a doctor within 48 hours (which remains a problem, but no worse than last year). The worry that bookable-in-advance appointments are leading to an undesirable increase in the number of patients missing appointments without cancelling them cannot easily be investigated with a self-report questionnaire. However, it remains a matter that the practice should continue to monitor during the year ahead. This is an issue taken up later in the discussion.

Question 15 showed that 69% of patients have a doctor who they prefer to see. Not surprisingly those falling into the category of being in poor health were slightly more keen to see a preferred doctor than those reporting good health (73% as opposed to 66%). Patients with chronic problems are presumably more concerned to see the same preferred doctor as this will potentially contribute to greater continuity of care and less repetition of past history. Results show 68% of those patients who expressed a preference to see a particular doctor were able to see the doctor they preferred 'always or most of the time' or 'a lot of the time'. This was however no more true of those who reported being in poor health than those in good health (most see the doctor they prefer anyway, or have no preference). Given the pressure on doctors for appointments, it is commendable that usually patients are able to see their preferred doctor. However, this result also points to another positive conclusion, it could not have occurred if there were any individual particularly unpopular doctors in the practice. Patients have their preferences for particular doctors but those preferences must be spread fairly evenly throughout all the doctors in the practice or far fewer patients would be able to see the doctor they prefer, given the overall pressure for appointments. In the free ranging comments at the end of the questionnaire, several individual doctors were explicitly commended by name but only one more than once. Only one was commented on negatively, the patient complaining that the doctor had implied she was fat and that her symptoms might get better if she lost weight! (The truth can hurt, so blame the messenger for the painful but truthful message!)

When asked in Question 17 to rate the doctor they last saw on a number of qualities such as 'giving you enough time' or 'taking your problems seriously' over 91% of all responses were in the 'good' or 'very good' category. This figure was even higher than in the survey last year. Only 3% of the respondents rated the doctor patient interaction as having gone badly as far as they were concerned. It can be concluded that all the doctors in the Station View practice have maintained a climate that reflects care and concern for their patients. Question 18 then focused slightly more on the patient's confidence in the medical judgement of the doctor by asking 'did you have confidence and trust in the doctor you last saw?' The overwhelming majority responded positively, 79% responding 'yes definitely' and 16% 'yes to some extent' with just 3% answering 'no' and 2% 'unable to say'. If as mentioned earlier, patients might be tempted to use this anonymous survey of patient opinion as a vehicle to raise complaints about the doctors in the practice; virtually none are doing so, presumably because there are no serious complaints.

Questions 19 and 20 were added to the survey this year to get patient views on the out of hours service they experience when the practice is closed and they have a sudden or urgent problem at a weekend or during the night. A total of 18 respondents had needed an out of hours consultation. How they went about getting advice or a consultation was explored in Question 20 which with the wisdom of hindsight could have been simplified a little. Respondents were asked to give 'the order' in which they had taken action such as 'phoned NHS Direct', 'phoned the out of hours service' or 'went to a GP drop in centre'. Whilst the question implied that actions such as this might be undertaken in some sort of sequence, in practice most respondents failed to indicate the order in which they had used the services available and simply ticked those actions they had taken. Hence in the results table in the appendix, simply the total number of respondents taking each form of action is given. (In future years, if this question is asked again, all reference to order of action should be omitted, and the results then scored in the same way as they have been this year, ignoring all reference to 'order'). Encouragingly, the majority of respondents (all but 2) reported a satisfactory outcome with the action they had taken. Responses to Question 20 indicate there are no major concerns about the out of hours provision of medical cover. No respondent commented on the out of hours provision in their free ranging comments at the end of the questionnaire.

Patients are unaware of the financial implications for the budget of the practice of the actions they take (e.g. does the practice get 'charged' more for an A&E visit by a patient than a visit to a GP Drop in Centre?). If certain options such as visiting the out of hours service doctor are less of a drain on the practice budget, then in these times of austerity this is an issue on which the practice might consider giving guidance to patients, possibly in conjunction with the PPG.

**Section C: Questions about Seeing a Nurse**

Question 21 asked about booking appointments to see a Practice Nurse. It can be assumed that phlebotomy appointments were included in this category though in subsequent surveys questions about phlebotomy might be separated. Probably most patients view a blood test as being done by 'a nurse' and do not realise that phlebotomists are not generically trained as nurses but have specialised training in blood testing procedures. The results table shows that all methods of making appointments were used with most respondents reporting it had been 'relatively easy' to make the appointment by the method chosen. Though judged slightly more difficult than the other methods, even making appointments over the phone created few problems for patients and those that were experienced may well have been related to getting through on the phone during a time when the lines were busy.

Question 22 asked respondents who had visited a practice nurse in the last six months (75% of the respondents) to rate them on qualities such as 'giving you enough time' to 'treating you with care and concern'. As can be seen from the results table the overwhelming majority (90%) rated the nurses as 'very good' or 'good' on the qualities they were judging. Certain qualities such as 'explaining tests and treatments' or 'involving you in decisions about your care' were judged as not to apply more frequently than the other qualities such as 'treating you with care and concern' and it was these same qualities that were also more likely to rated as 'neither good nor poor', possibly because they did not really apply. Only 5% of responses gave 'poor' or 'very poor' ratings suggesting that patients in general are very satisfied with the services offered by the nurses and phlebotomists of the practice.

**Section D: Some General Questions**

The results of the 2011 survey provided some, albeit ambiguous evidence that a few patients, especially those with full time work commitments were experiencing difficulty obtaining test results over the phone. Question 23 explored this issue directly and found that 93% of those who had needed test results reported that obtaining them was no problem. As for the five respondents who reported a problem, when asked to specify the cause it turned out to be simply a problem getting through to the practice on the phone, not with getting given the results once they had got through to a receptionist. The one exception was a patient expecting multiple results but getting only one with subsequent time spent clarifying the situation. A few respondents questioned the confidentiality of test results if they are available to receptionists (in practise the receptionist sees only the doctor's comments such as the 'results are satisfactory'.)

Question 24 showed that all respondents rated the GP surgery as 'Very Clean' (75%) or 'Clean' (25%). The cleaning staff deserve to be congratulated.

Question 25 regarding privacy in the reception desk showed similar results to last year. 64% of the respondents recognise that in the reception area they can be overheard, but 'do not mind', whereas 17% do mind, some commenting this is an issue about patient confidentiality. 12% think other patients cannot overhear (may be they take precautions at an open desk to ensure they are not overheard) and 7% 'don't know'.

Question 26 asked how helpful do you normally find the receptionists at the surgery? 66% reported 'Very' and 28% 'Fairly' with just 6% saying 'Not Very' or 'Not at all'. A small but noticeable number added some remark like 'it depends who you get, though the majority are great'. In the free comments at the end of the survey some respondents specifically mentioned the reception staff as one of the commendable things about the practice ('always helpful and cheerful'). Sadly two respondents commented on observing some other patients giving a receptionist an unacceptable level of abuse, going on to say that this should not be tolerated (no doubt the practice does have procedures in place to deal with such matters). Clearly reception staff are often under time pressures with a queue of patients at the desk, whilst also being in the front line when patients are frustrated by such things as unavailability of GP appointments at a time they want. The survey results suggest that the vast majority of patients believe the reception staff give a great service but as always with staff facing members of the public training is needed on how to handle 'difficult' or impatient people. One or two staff may be less good at doing this than the others, a situation that service managers might wish to monitor, when appropriate highlighting the oft-demonstrated commendable practice of others as the example to follow. Reception staff will always face frustrations in their work with such matters as being unable to offer routine appointments when all are booked, in such circumstances care is needed to asses if the patient concerned has a critical, urgent need that might justify referral to the duty doctor, initially for a telephone consultation.

Question 27 asked how long those with appointments normally had to wait to be seen. 87% were seen within 15 minutes at the most, with many seen much faster. Eleven respondents reported 'normally' having to wait over 15 minutes and one more than 30 minutes. This is clearly not the norm and were probably one-off delays on a particular occasion when a doctor or nurse had been running late. Question 28 went on to explore patient attitudes to waiting times; 88% reporting that they 'did not normally have to wait too long' or having 'no opinion' (accepting some delays are inevitable when waiting to see a doctor whose previous patient may have presented with exceptional problems). 12 patients reported having to wait 'a bit too long' but none 'far too long'. Those in work or with other commitments, understandably more often reported 'having to wait a bit too long' compared with those who are retired or without any work constraints on their time. From the free remarks at the end of the questionnaire a few patients unfortunately reveal a me-centred attitude that expects the whole practice (and probably the whole of society) to revolve round their needs and wishes, they should never have to wait, the telephone should be answered immediately and they should be able to see the doctor of their choice the same day at a time they want, after all 'I am a busy person too'! Fortunately this attitude is rare and the survey results show there are no real problems to address about waiting times. Occasional delays are inevitable and most patients appreciate this.

In last year's survey the questions asked probably elicited preferences about opening hours more congenial to the patient, but unrealistic to expect the practice to offer. This time, a more reality-based question was asked, 'Even if it means some inconvenience and forward planning of your schedule, when necessary, are you able to visit the surgery when it is currently open?' (The current times were then given). 94% answered 'yes' to this question. Just 6 individual respondents said 'no', two giving reasons such as working in a distant town. All but one were drawn from the sample of patients in work, the exception being an elderly, chronically ill patient who relies on a lift from a working relation to get to the surgery. These patients were then asked in Question 30 to state when they would like the surgery open, two wanted before 8.30 am and three after 5.30pm. The remaining respondent ticked the box 'I would not want open hours extended if it meant spending less on other services'. As any change to the surgery open hours would have exactly this consequence, no case can be made out to press for a change to the opening hours, especially as no real problems were experienced with the out of hours provision (Question 20). It is also almost certain that any patient in employment who is sufficiently ill (probably needing to be off work any way) can get to see a doctor at the time the practice is open. Special arrangements (pre-bookable Saturday appointments) are in place for patients who cannot visit at other times for non-urgent consultations. Any spare resources would be better spent developing other services (e.g. even further increasing the number of doctor appointments within existing open hours).

Question 31 was added to the survey this year to explore the way the provision for repeat prescriptions is working. Results showed that 82% of all the respondents needed to be prescribed repeats of medicines such as regular pills for conditions like high blood pressure, etc. In Question 32, these patients were then asked to indicate how they had gone about ordering a repeat prescription (it being the patient's responsibility to ask for the regular medicines he or she needs) and then to indicate whether using that method was 'quite easy' or 'quite difficult'. Results can be seen in the table in the appendix. By ordering 'in person' or 'arranging for a pharmacist to order it for you' patients experienced the fewest difficulties. Ordering on line was a problem for some, almost certainly reflecting known problems with the technology of the on line ordering, internet-based system that have occurred during the first year the facility has been available. In general, from the patient's perspective, no enduring problems with obtaining repeat prescriptions were uncovered in the survey results. That includes ordering 'over the phone' which is however not regarded medically as 'best practice' as it can be prone to errors. Hence the practice is aiming to phase out the option of ordering repeat prescriptions by phone. When it does so, it can be anticipated that some patients will regard this development as an undesirable withdrawal of a currently-valued service. Precautions need to be taken to handle the announcement and implementation of this change sensitively, with an explanation given for the change and attention drawn to alternative ways of ordering repeat prescriptions (e.g. the new online option). Reference can also be made to the advantages of phasing out ordering by phone, it smooths the path towards the practice becoming a training practice for GP Registrars (more doctors to see patients) and will free up phone lines for making non-urgent appointments.

In May 2012 the practice opened a Health Promotion Room (subsequently re-named the 'Health Awareness Room' as the original name was perceived by some as implying a gym!) leading off the main waiting room. Question 33 asked 'have you visited the Health Promotion Room?'. Only 18 had done so who were then asked in Question 34 to indicate which facilities they had used and to indicate how useful this facility was found to be. Sixteen of those who had visited the room had checked their own blood pressure, 12 saying this was useful, one quite useful and three responding 'no'. Five patients had weighed themselves and two had read some of the literature available in the room. As yet the room has not been used to capacity, but patients are becoming more aware that it exists and some patients who need to have their blood pressure monitored can now do so themselves without having to make an appointment with a nurse, hence the facility will, over time, take pressure off nurse appointments. It is a welcome innovation and should continue to be promoted.

For many years the practice has had a web site. Question 35 asked respondents to indicate how often they visit this web site. Interestingly, only 12 respondents ticked the box 'not relevant as I do not have routine access to the internet' but 52 reported 'never or almost never' visiting the web site. (This total could include some unwilling to admit having no access to the internet). This left 38% of the respondents who at least sometimes visit the web site though the majority (26 respondents) visit it 'very occasionally'. Just 4 visit it 'at least once a month' and 9 'once every two to three months'. It has to be concluded that at present not enough patients treat the website as a place where they can get regular information about the practice for it to be relied upon as a way of giving news or topical information to patients about matters that the practice wishes to make known. To become a better channel of communication with patients it would need to be more widely promoted, it has potential when responses suggest, may be a bit optimistically, that about 90% of patients do have access to the internet.

**Section E: Overall views**

Question 36 asked 'How satisfied are you with the care you get at the surgery?' 77 respondents were 'very satisfied' and 22 'fairly' satisfied leaving just 6% of respondents saying they were 'neither satisfied nor dissatisfied' (4 people) or 'quite dissatisfied' (2 people). Nobody reported being 'very dissatisfied' which reflects the fact that very few patients seek to leave the practice to register elsewhere in the vicinity of Hinckley.

The final Question 37 asked what is being called the 'friends and family test'; 'would you recommend the surgery to someone who had just moved to your local area?' 85% answered yes, 8% 'might'. In contrast just one respondent said 'definitely not' (the same person who complained about being called fat) and one 'probably not' with four not sure. Hence just 6% of the patient sample might not recommend the practice to friends and family. Respondents were not asked to give reasons for their replies but it was apparent that all 6% of patients who were equivocal about the practice in Questions 36 and 37 (the same patients in both questions) were drawn from the group of patients with work or educational commitments. Hence their dissatisfaction with the practice may mostly stem from the difficulty they face getting an appointment at a time they are free rather than any concern about the quality of care or the way they are treated when they do get to see a doctor.

At the end of the questionnaire respondents were invited to write about the good and bad features of the practice in their own words. About a quarter of respondents had something to add, mostly a paean of praise from the 'happy atmosphere with cheerful receptionists' and the 'always caring and compassionate staff' some of whom were mentioned very positively by name. Some comments were very specific: 'excellent care for those with diabetes', whilst some displayed a lack of awareness over which services come under the aegis of the practice, 'there is always a queue in the pharmacy' and another reported difficulty getting breast feeding advice from her health visitor. In only one case where there were criticisms (the patient who complained about being called fat) did this relate to the care given by a doctor or nurse, all the rest were about practical matters. The most frequent criticism was, as last year, the problem patients face getting through on the phone to book appointments and the sheer difficulty of getting an appointment. Some of these patients seem unaware of the huge pressure the whole practice is under, though others add comments like 'I doubt if much can be done about it, but the doctors seem overstretched'. One issue to be mentioned several times was concern about the cold temperature in the waiting room, mainly caused by the automatic doors being triggered to remain open by patients standing back whilst queuing at the reception desk. Others commented on being unaware that there was a practice web site or that the Health Promotion Room existed, thus raising the issue of how to communicate with everyone registered with the practice. The overriding sentiment was summed up by one comment; 'you are great, please don't change'.

**General Discussion**

The key aim of the regular survey of patient opinion is to identify strengths, but more importantly any perceived problems, in order to see if anything can be done to rectify them. This survey showed strengths aplenty, especially with the standard of medical care provided by the doctors and nurses at the practice. Last year the survey results highlighted what was already known to be a problem, the difficulty patients face trying to book appointments to see a doctor, especially when their health needs are acute and urgent. The problem has not gone away and at its core is the worrying fact that whatever the practice does to make available more appointments with doctors (and more have been provided this year) demand still exceeds the number available. Hence when the telephone lines to book appointments open each weekday morning at 8.30am they are all in use immediately and there is also a queue of patients at the surgery trying to book in person to see a doctor the same day. Frustration for patients is thus inevitable, especially those who are anxious to see a doctor urgently.

In response to the survey last year the practice managers have taken commendable steps to try and ease the problem of patients with an urgent need for an appointment having to compete over the phone to get through against other patients trying to book an appointment for a non-urgent issue. Such patients can now more readily make such appointments on line and more bookable-in-advance appointments are being offered. In due course a separate phone line for non-urgent appointments is being considered. All that can be recommended this year is to encourage the practice to keep going with these welcome developments. If the responses to Question 10 are compared with those to Question 21 it will be noticed that trying to book an appointment with a doctor by phone is far more difficult than booking an appointment with a nurse over the phone. This difference arises from the far greater need to book doctor appointments urgently and also from the sheer weight of demand for doctors appointments. There may be little the practice with an ageing population with increasing health needs can do to meet the demand for appointments apart from expanding the number of doctors in the practice or limiting the number of new patients registering with the practice. Practical, resource and financial issues are raised by both courses of action, but the practice is under pressure from patient numbers and is still being forced to try and squeeze a quart into a pint bottle.

Patients should support the intention for Station View to become a training practice as this will permit some GP Registrars (recently qualified doctors choosing a career in general practice rather than hospital medicine) to see patients, albeit at the cost of supervision from existing doctors in the practice.

It is worrying that the advent of more bookable-in-advance doctor appointments may be leading to more missed appointments. The practice already takes steps to 'reprove' patients who make appointments but then fail to turn up without cancelling them in advance, but appeals to the conscience of patients who miss appointments thereby depriving other patients of the opportunity to see a doctor are not always fruitful. In some cases the patients concerned live such chaotic lives that missing appointments is a symptom of their medical condition (e.g. addictions to drugs or alcohol), but in other cases making patients more aware of the costs to the practice and the negative implications for other patients of missing appointments that could have been offered to someone else in need, may prove useful. The practice should be encouraged further to monitor the issue of DNAs (Did Not Attends) and consider with the PPG options for further publicising the problems they cause and the money they waste. If the issue gets worse, the practice might look into the introduction of a system of sending patients a text message as a reminder of a pre-booked appointment, copying what a few GP practices have introduced (e.g. the South Wigston practice).

The survey showed up the perennial problem of communication with all patients registered with the practice (over 13,000). Letters in the post are too expensive and not enough patients are visiting the web site for this to be used as a reliable means of distributing information or making news available. Even the presence of a new facility like the Health Awareness Room leading off the main waiting area is missed by many patients. To get messages across (like the consequences for others of missing appointments) it may be fruitful to explore giving more publicity to the practice web site as a source of information that it will benefit patients to visit. If topical, informative and interesting material could be found on the web site that patients will not wish to miss, it might increase visits and the usefulness of the internet as a relatively inexpensive channel for communication with patients, an issue which also concerns all Patient Participation Groups. Are there are any news items about health issues that could be lifted from elsewhere and placed on the website that would get patients interested enough to go and read it and thus see announcements at the same time? An extension of this idea would be to ask a partner once a month to comment on one such topical issue mentioned in the press. For example, recent media reports claim that research shows people who get migraine with aura are more prone to strokes, should such people take a precautionary small daily dose of Aspirin to thin their blood when other reported studies show there is an enhanced risk of internal bleeding from Aspirin and also an increased risk of the wet form of macula degenerative eye disease? Another example was a report that NICE has given approval for inoculation against Shingles to be made available on the NHS and no longer only privately. Is this to be offered in Leicestershire? Informed comments by a partner on a topic featured recently in the press might be interesting enough to get patients to visit the web site where currently most of the content is fairly static and factual (e.g. giving open hours). Patients might even be invited to send in questions about media reports on health issues.

Whilst not a concern to most, both this year's survey and last showed that around 17% of patients would like more privacy when talking to receptionists. A few see this as a patient confidentiality issue. If the situation were to arise where the reception desks could be made more private that would be a positive change. At the same time what some others see as a problem, draughts leading to a cold waiting room as the automatic doors stay open too long, could be improved by a changed lay out in the waiting room so as to guide patients to queue in the building rather than in the doorway as this keeps the door from shutting. Both issues might be helped by some reorganisation of seating in the waiting room to create a 'bank/post office-style' queuing area within the room by the use of movable fabric barriers set back enough from the reception desk to encourage privacy by patients who feel the need for this. In the short term, during cold weather the expedient of seating receptionists at the desk as far away from the door as possible would let more patients into the room away from the door when waiting to speak to a receptionist. The whole queue might thus get moved about two yards further into the room and away from the door. This should not be thought of as a major matter of concern, there is nothing to stop patients keeping on their overcoats when waiting in cold weather or those wanting greater privacy taking precautions to ensure they are not overheard by others or, if they have something sensitive to communicate, asking to speak at the end booth on the reception desk which is used from time to time.

The above ideas, prompted by the survey results are put forward to stimulate discussion. They are made in the spirit of responding even to minority concerns among some patients. At the same time it must be emphasised how the the survey shows that right now Station View Health Centre is doing very well and is appreciated by a big majority of patients. Most patients recognise that the practice, like the whole NHS, is facing huge pressure from patient numbers with limits on resources. As a consequence, all patients need to behave responsibly and not make unnecessary demands. The minority who fail to think of other patients whose needs are greater than their own, who miss appointments in a 'could not care less manner' might be influenced by more information on demand pressures the practice faces. A 'responsible patient guide' might be prepared by the Patient Participation Group in consultation with the practice, making information available on ways that patients can help the practice (e.g. is going to a drop in centre after hours costing the practice more than going for an out of hours appointment or visiting A&E?) and advice offered on when it is safe to self treat and not ask to see a doctor. The more patients can be encouraged to treat the surgery as a valuable but scarce community resource that it is everyone's interest to use responsibly and the less patients think in terms of their rights for this or that, the better it will be for everyone. Pigs may never fly but small incremental changes in some current unhelpful attitudes may be possible?

**Practice Action Plan in response to Patient Survey 2012**

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| --- | --- |
| **Action** | **Quarter** |
| * + **Promote the availability of on-line services for the booking of appointments and ordering of repeat prescriptions on the new EMIS clinical system to reduce pressure on telephone lines.** | **1** |
| * + **Review telephone system and appointment access criteria.** | **3-4** |
| * + **Monitor DNAs (Did Not Attends) and consider with the PPG options for further publicising the problems they cause.** | **1-2** |
| * + **To consider re-routing the queue for the reception counter to enable patients to wait in the building rather than to queue through the entrance doors at peak times.** | **1** |
| * + **Continue to promote the Health Awareness Room for routine self-checking of blood pressure, weight & height, and promotion of topical self-care information leaflets.** | **1-4** |
| * + **Publicise the practice website together with the PPG as a source of information to patients.** | **2** |
| * + **Pilot a new model for the phlebotomy service to improve patient experience.** | **1-2** |
| * + **Achieve GP Training practice status over the next year.** | **4** |

**Quarters:**

1. **April to June 2013**
2. **July to September 2013**
3. **October to December 2013**
4. **January to March 2014**