

TANFIELD VIEW MEDICAL GROUP

LOCAL PATIENT PARTICIPATION REPORT – MARCH 2014

The practice has had a patient reference group for several years, as we have always felt it beneficial and important to give patients a voice on matters of importance to them within the practice, and to influence key decisions made by the practice.

Our patient groups have had some success in the past, but we used to find it difficult to recruit a representative number of patients. For example, in 2006 our patient group had only seven patients, and despite posters and newsletters this did not increase for a number of years.

In 2011 we began to look at other ways of involving our patients in our practice. We advertised for a *virtual* Patient Representation Group (vPRG) to open up communication to a wider representation of our patient population, and to accommodate our patients busy lives. This meant that we could use technology to communicate with patients, and harness their views and concerns. We initially recruited for our vPRG via posters, newsletters and the jayex board in the surgery. We also collected patient email addresses, and sent out an email asking if patients would be interested in joining the group. The initial group was not as representative of our practice population as we had hoped, but we have continued to collect emails, so that we can invite more patients to join the group. We continue to opportunistically invite patients to join, including those in the younger age brackets, those who access local services, and those who frequently attend the surgery because of their medical condition. All of our staff are aware of the vPRG, and are encouraged to promote it to potential new members.

In 2011/12 the group was set up with 38 members, with an age range of 21 to 80, and was made up of 12 males and 26 females.

Now, in 2014, the group has a further 23 patients. In total there are 61 patients made up of 42 females, and 19 males. Included in the group are young parents, patients with depression and mental health problems, various chronic diseases and cancer. Also included are patients who are working, unemployed and retired.

The practice has an awareness of the practice profile, including levels of unemployment, deprivation, life expectancy, crime rates and prevalence of chronic disease, and we will continue to encourage a wider representation of these groups.

The patient group is 100% White British. The overall practice profile shows less than 0.5% as **not** White British, but we will continue to encourage representation of other ethnic groups.

The information below shows the profile of the vPRG with a total of 61 patients.

AGE	SEX	ETHNICITY
37	F	WHITE BRITISH
65	F	WHITE BRITISH
39	F	WHITE BRITISH
45	F	WHITE BRITISH
65	F	WHITE BRITISH
60	M	WHITE BRITISH
74	F	WHITE BRITISH
73	M	WHITE BRITISH
75	F	WHITE BRITISH
74	F	WHITE BRITISH
31	F	WHITE BRITISH
60	F	WHITE BRITISH
42	M	WHITE BRITISH
85	M	WHITE BRITISH
42	F	WHITE BRITISH
56	F	WHITE BRITISH
63	M	WHITE BRITISH
75	M	WHITE BRITISH
55	F	WHITE BRITISH
48	F	WHITE BRITISH
55	M	WHITE BRITISH

43	F	WHITE BRITISH
60	F	WHITE BRITISH
52	F	WHITE BRITISH
54	M	WHITE BRITISH
65	M	WHITE BRITISH
55	F	WHITE BRITISH
69	F	WHITE BRITISH
39	F	WHITE BRITISH
45	F	WHITE BRITISH
83	M	WHITE BRITISH
80	F	WHITE BRITISH
31	M	WHITE BRITISH
75	F	WHITE BRITISH
28	M	WHITE BRITISH
44	F	WHITE BRITISH
68	F	WHITE BRITISH
21	F	WHITE BRITISH
47	F	WHITE BRITISH
53	F	WHITE BRITISH
53	F	WHITE BRITISH
46	F	WHITE BRITISH
56	M	WHITE BRITISH
60	F	WHITE BRITISH
29	F	WHITE BRITISH
40	F	WHITE BRITISH

76	F	WHITE BRITISH
34	M	WHITE BRITISH
72	M	WHITE BRITISH
65	M	WHITE BRITISH
49	F	WHITE BRITISH
35	F	WHITE BRITISH
46	F	WHITE BRITISH
67	M	WHITE BRITISH
58	M	WHITE BRITISH
75	M	WHITE BRITISH
37	F	WHITE BRITISH
80	F	WHITE BRITISH
63	F	WHITE BRITISH
64	F	WHITE BRITISH
67	F	WHITE BRITISH

We obtained the views of our vPRG on the CFEP patient satisfaction survey we hoped to use. 84% of our replies indicated that patients were happy with the survey. Three key points were made though:-

One was that it was quite a long survey so patients may take it home and not bring it back.

The second point was that many patients would have email addresses and internet access these days, so it may be a good idea to produce an online survey in future.

Finally, one patient felt that the survey could be checked by a language specialist to ensure use of 'Plain English'.

Taking into account the above points and time constraints we decided to use the CFEP UK Surveys IPQ (Improving Practice Questionnaire) as we have used this previously and feedback was given in a user-friendly format. We felt that the questions on the survey were suitable for what we required, and would give us benchmark information as well as past scores for comparison purposes.

IPQ is a reliable and sensitive tool which accurately measures patient satisfaction in designated areas and is sensitive to change.

In 2014, in total we submitted 241 completed questionnaires which had been given out to patients of both sexes and all ages. These patients were all attending the surgery, and we gave out the questionnaires at various times during the working day. This ensured that we captured the views of a wider section of the practice population.

Of the 241 patients who provided feedback 24 were aged under 25, 136 were aged between 25 and 59, and 64 were over 60. 17 did not say.

157 respondents were female, and 63 were male, with 21 not saying.

28 of the patients had been attending the practice for less than five years, 43 had been attending for between five and ten years, and **151** had been attending the practice for over ten years. 19 did not say.

Finally 88 patients said that they were seeing their usual practitioner, with 115 saying that they were not. 38 did not say.

The results of the survey, including patient demographics, and patient comments can be seen on the practice website (www.tanfieldviewmedicalgroup.co.uk) or by following these links:-



Poster 2014.pdf



IPQ - Tanfield View
Medical Group - 3980

These results were sent out to the members of the vPRG. We asked patients to comment on these results and also to let us know their thoughts about the areas for improvement.

Practice staff also met to discuss the results.

As in 2013, the same four areas were scored the lowest. (The scores given are the mean percentage.) These were:

Telephone Access (33)

Waiting times (37)

Seeing a practitioner of your choice (36)

Seeing a practitioner within 48 hours (37)

However, all of these four areas had scored higher than in the previous years.

The areas where scores had fallen were in the questions 'About the Practitioner'. While these results were scored in the 70s, these had fallen since last year.

Telephone Access

Telephone access continues to be perceived as a problem, and we are striving to address this. During the last year we have installed a new telephone system to help us to monitor and control calls. We can also listen to call recordings to help us to identify where calls are 'clogging' the system, and how they can be diverted. We have four staff on four dedicated incoming lines. We have also held staff training on handling calls which we hope will mean improvements for our patients. This year we are planning to install a call management system, as this has been suggested by our patients. We are currently developing a system to allow patients to book appointments online, as well as requesting repeat prescriptions. Hopefully this will relieve some of the pressure on the telephones.

Waiting Times

The practice is aware of the problems with waiting times for some practitioners. Sometimes running late is unavoidable due to complicated consultations, or patients presenting with more than one problem. However, we have looked at our appointment system during the last year, and have built in some 'catch up' slots, and altered start and finish times to alleviate these problems. We also inform patients of how late the doctor or nurse is running, both at check-in and by the jayex board in the waiting room to give updates. Patients are asked to only see the doctor for one problem, or to book a double appointment. We are continuing to work on our appointments system as part of the Productive General Practice programme.

Seeing a practitioner of choice

The score in this area has improved, but it is seen as a problem by patients particularly in a large practice like Tanfield View. Over the last eighteen months we have seen the retirement of two senior partners. A third partner has been on long term sickleave, and is now about to retire also. A further GP partner has left the practice and another has been on maternity leave, and is not returning. This has of course caused problems for patient access to a GP, and particularly a practitioner of choice. Due to a recruitment problem the practice has been working with two full time and two part time GPs. This means that we have been employing a lot of locum doctors, which has an impact on continuity of care, and in seeing a doctor of choice.

With regard to nursing staff, we have nine nurses all with different skills. So depending on why a patient needs to be seen they will be given an appointment with the most appropriate nurse for that reason. This may not always be the nurse of your choice.

The good news is that we have now recruited two new GPs who are joining the practice in April and May. We will continue to publicise on our website and in our practice booklets the different doctors we have available. If we do need to continue to use locums we will try to employ regular locums to encourage continuity. We will promote the fact that a patient's medical record is accessible by all clinicians, so there should still be a continuity of care even when seeing a different doctor. We will also publicise our nurse skill mix, and why different nurses offer different types of appointments.

Seeing a practitioner within 48 hours

Our system does allow all patients for whom there is a clinical need to be seen on the same day, are seen that day. We can usually offer appointments within 48 hours, but it is not always with the practitioner of choice. Our receptionists are told to ask patients the reason why they need to be seen, so that they can be given the most appropriate type of appointment with the most suitable person. Comments on the patient survey show that some patients do not like the receptionist to ask the reason for the appointment, so we do give them the option of the reason being private.

We also have a lot of wasted appointments, and we now operate a successful texting reminder service for appointments.

We have also added weekend opening to our working week to offer more appointments to be booked. We are hoping to continue to offer this service.

Questions 'About the Practitioner'

Questions 9 – 21 are the questions about the practitioner.

All of our GP partners received individual feedback from the patient survey for their own development. However, some of the patients who responded were seen by locums, and it may be the lack of continuity or not seeing a regular doctor which has resulted in the (small) drop in scores in this area.

OVERALL 77% OF ALL PATIENT RATINGS ABOUT THIS PRACTICE WERE GOOD, VERY GOOD OR EXCELLENT.

Action Plan 2014/15

- Continue staff development and training on telephone techniques and customer care skills.
- Install and configure a new call handling system
- Consolidate our Productive General Practice programme and involve patients in the planned changes.

- Two new GPs to start early in the year, and to continue to endeavour to recruit more GPs
- Improve patient communication. In particular, explain about the medical record being accessible by all clinicians, the nurse skill mix and range of appointments available, and why the receptionists need to ask the reason for the appointment.
- Continue to text reminders for appointments, but also text patients who have missed appointments.

Tanfield View Medical Group – March 2014