

ST PETERS SURGERY

REPORT AND ACTION PLAN

PATIENT PARTICIPATION

14th March 2012

**ST PETERS SURGERY
6 OAKLANDS AVENUE
BROADSTAIRS
KENT CT10 2SQ**

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SUMMARY

This report describes how the practice set up a patient focus group, agreed priorities, performed a patient survey and provides an analysis of the results together with an agreed action plan for implementing change. The report describes how as a group we focused on the relevant information to improve patient experience. How the survey was performed, how the results were reviewed and sets out proposals to remedy the problems found. A series of recommendations are made in order to improve and develop the practice thus enhancing the service to patients.

INTRODUCTION

The Practice Profile

The St Peters surgery is located in the village of St Peters, Broadstairs on the Isle of Thanet. The single storey building comprises of a small reception area, with seating for approximately 17 patients. There are 2 doctors consulting rooms, 2 nursing rooms, and an office working area which provides space for the storage of patient medical notes.

The practice employs 16 members of staff which includes three part time practice nurses, one health care assistant and a full time practice manager. There are 8 reception staff, a prescription clerk a secretary and a cleaner.

The practice has the support of a team of attached community staff which consists of a team of district nurses of various grades ranging from H grade to health care assistants. There is one health visitor who holds clinics at the Broadstairs Health Centre and a midwife who holds regular antenatal clinics at the Queen Elizabeth Queen Mother hospital. A Counsellor holds regular sessions at the surgery on Thursdays for those patients requiring counseling.

The practice provides a wide range of services which includes cytology, chronic disease management, routine health checks, dietary and lifestyle advice, holiday vaccinations, phlebotomy clinics and smoking cessation.

The practice opens Monday to Friday 8.30 am to 6.30 pm and closes for lunch between the hours of 1pm to 2pm on those days. Offers extended hour appointments on a Monday between the hours of 07.30 to 08.30 and between 18.30 to 20.15 hours for pre-booked appointments. Out of hours cover is provided by SouthEast Health. The practice is fully computerised and is currently working towards a paper light environment.

The practice has outgrown its premises with the building not fit for purpose the practitioners are currently looking at ways of resolving these issues with the support of the Primary Care Trust.

Dr Cunard the senior partner has a special interest in Ophthalmology and up until December 2006 carried out an assistant clinical role at the Queen Elizabeth the Queen Mother Hospital. Dr Goldberg has a special interest in Cardiology and carries out Cardiac clinics for the local Primary Care Trust at the practice twice a month.

BACKGROUND

The current practice population

Total list 4576

Age	0-4	5-14	15-64	65-74	75-80	81-90	91 and over
	171	571	2652	578	247	289	68

Patient population: 26% patients over the age of 65

Patients suffering a Chronic Disease

Chronic Disease	Total Patients	Chronic Disease	Total Patients
CHD	245	Hyperthyroidism	186
Diabetes	264	Dementia	45
Asthma	229	Depression	218
COPD	143	Atrial Fibrillation	120
Hypertension	831	Obesity	527
Stroke	145	Learning Difficulties	23
Heart Failure	47	Epilepsy	34
Cancer	122	Palliative Care	12
CKD	269		

St Peters Patient focus Group

Consists of 12 group members

Age	Sex	Ethnicity
Female	65	White British
Male	66	White British
Female	65	White British
Male	78	White British
Female	72	White British
Female	73	White British
Female	74	White British
Male	80	White British
Female	68	White British
Female	68	White British
Male	78	White British
Male	66	White British

As a practice we have tried to attract patients from different age groups, young mothers, patients with disabilities as well as patients who reside in nursing homes to join the patient focus group. Our first meeting attracted one patient with learning disabilities together with her carer however sadly they decided the group was not for them. We continue advertising recruitment to ensure the patient focus group is representative of our registered patients. We are in the process of producing a questionnaire especially for younger members of the practice register to ensure their views are represented.

TERMS OF REFERENCE

The purpose of this report is to describe how the patient focus group was formed how in agreement with the patient focus group a survey was performed together with an analysis of the results. To explore the current situation and make any proposals to remedy any problems found. To set priorities for the next two years by way of improving patient experience.

Aims of the Patient Focus Group

1. To provide a voice, as patients, on behalf of the population registered at St Peters Surgery.
2. To recognise the need to consult with the wider registered population at St Peters Surgery on some issues, where specific groups will need to be targeted for their views e.g. children and young people, older people, people with disabilities etc.
3. To achieve a dialogue between patient and practice so that some balance can be achieved between any conflicting aims and expectations.
4. To provide feedback for planning new services and evaluating existing ones.
5. To raise awareness of gaps in services and propose resolutions to help bridge gaps.
6. To provide a forum for trends in complaints to be discussed and proposals for resolution developed.
7. To hear reports of successes and praises the surgery and its staff receive from patients.

The aim of this report is

To measure and evaluate the patient experience by carrying patient surveys to reflect on the results and produce an action plan which

- Sets out priorities for the next two years
- Describe how the practice reports the findings to patients
- Describes the plans for achieving those priorities

Objectives

By Working Together and Understanding the Needs of the Surgery and the Patients, we aim to:

1. Learn more about our patients' experiences.
2. Make sure services are designed and adapted to respond better to our patients needs.
3. Tap into the enthusiasm and energy of our patients to make long-term improvements.
4. Develop and encourage closer relationships between staff and patients.
5. Promote patient education.
6. Improve the quality of care we provide.
7. Identify ways of meeting patient's needs more appropriately.
8. Be able to use information provided by patients to help make improvements.
9. Make sure changes make sense to those that are affected by them.

The objective of this report is to

- Undertake a patient survey each year
- Reflect on the results of the patient survey and produce an action plan in agreement with the patient focus group
- Report the findings to patients by posting them on the practice notice board and on the practice website
- Set out a list of priorities for the next two years
- Describe how the plans for achieving the priorities are going to be undertaken.
- Carry out further surveys on additional information on patient experience

METHODOLOGY

The practice with the support of the Primary Care Trust set up its first Patient Focus Group meeting on Wednesday 9th February 2011. The practice advertised the meeting in the local press as well as attaching invitations to patients repeat prescriptions and by posting a notice on the practice notice board.

The meeting was very successful and our Patient focus group was established. The group took the decision to meet every two months to discuss a number of topics. The minutes of these meetings can be found on the practice the practice website. These are also posted in the practice waiting room.

Following agreement with the patient focus group the practice carried out a patient survey utilising the approved GPAQ V3 survey. The consultation survey was handed out to patients during consultation periods by staff and a member of the patient focus group. The data collated detailing the results of the questionnaire was input into a spreadsheet by a member of the patient focus group for the production of the report.

Following the results of the survey the practice reflected on the results and in discussion with the patient focus group discussed the findings. The patient focus group took the format of a discussion around the results comparing the practice with the patient survey bench marks. All issues raised together with proposals for improvement were recorded and utilised to compile a set of priorities for change and action plan agreed.

A set of priorities have been agreed with the practitioners, the practice team and the patient focus group. An action plan has been formulated using the SMART method where priorities are Specific, Measurable, Achievable, and Realistic and are Time based.

THE FINDINGS

A review of this year patient survey took place at St Peters surgery on Thursday 16th February 2012. The meeting was attended by the practice manager, and members of the patient focus group. The meeting took the format of a discussion around the survey results together with any other issues of concern.

A number of issues were raised together with proposals for change.

Notes of the discussion

- The GPAQ V3 Survey

A general discussion was made around the format of the survey and how the survey was performed this year. The practice surveyed 100 patients, 50 patients per GP all surveys were completed by patients visiting the practice, a number of these surveys were handed out to patients by a member of the patient focus group.

The summary of results

The summary of results was discussed. A general discussion was made around the results of the survey and patients own experiences. The group explored ways in which the practice could make improvements as well as discussing what is working well.

In specific the following topics for improvement were discussed:

- Opening hours

84 % of patients say that the practice is open at convenient times. The practice opens from 8.30 to 18.30 Monday to Friday with extended hours Monday morning 7.30 to 8.00 and Monday evening 18.30 to 20.15. Having discussed the opening hours previously the patient focus group feel that it would be beneficial for the surgery to be open from 08.00 when the telephones go over for

patients to contact the surgery. This will enable patients to call into the surgery at 08.00 to make an appointment should they wish to do so. In the past staffing hours have affected the possibility of extending the opening hours from 08.00 hours however having discussed this proposal with the staff and practitioners this is something that will be put into action.

- Satisfaction with phoning through to the practice

50 % of patients said that they found it fairly easy getting through to someone at the practice on the phone however 32% said that this was not very easy and 8% said that it was not easy at all. The group felt that this was an area which still required some attention. The practice is unable to increase the telephone lines at this current time due to limited space and staff resource, however it has been agreed that the practice will be changing its telephone provider this year and will move away from the 0844 number.

The practice will continue to monitor telephone access and will make any changes where possible to alleviate problems

Change of telephone number and system

The patient focus group raised concerns about the use of the 0844 number and the extra costs incurred to patients. Following full consultation with the practitioners and the patient focus group it has been agreed that when the existing contract finishes this year in May 2012 the practice will revert back to the 01843 number.

Patients who telephone the surgery are sometimes put on hold whilst the receptionist deals with other matters or may be speaking to another patient at the desk; this was raised as a cause for concern. Occasionally patients are put on hold however the person calling is always asked if it is alright to go on hold.

Reception staff will often work together to ensure the caller is not left on hold for a long period, as this can cause frustration and prevent other callers accessing the system.

- Waiting times

55% of patients said that they have to wait more than 30 minutes for their appointment to start. Members of the group felt that the use of the call board to inform patients of their waiting times would be helpful and mentioned that it would be beneficial for patients to be either sent a text or called to let them know that the doctor has been delayed and is running late.

Patients may often need more than the allocated 10 minute slot and unless a double appointment has been booked prior to the visit the practitioner can often run late. Each patient is treated with respect and given the time they require to discuss their medical problems, with an elderly population base, many of our patients do require an extended appointment.

When the practitioner is running late often staff will inform patients of the waiting time on arrival, and often offer the patients the choice of going off and coming back later. It was agreed that the practice will continue to utilise the call board to notify patients when the practitioner is running late.

- Advanced Bookings

74% of patients felt that it is important to book appointments ahead of time, as a baseline measure generally practices have a ratio of 1/3 of pre-booked appointments however our practice adopts mainly book on the day appointments, and has not achieved the 1/3 level. 73% of patients said that they can normally get seen on the same day. Our Practice premises prevents us from increasing our clinical staff to match the demand however to alleviate problems with appointments we offer a telephone consultations,

message system where patients can leave a message for the GP, call back facility if there have been any cancellations.

Following full discussion we will continue to monitor access and pre-booked appointments and make changes where possible to alleviate the problem.

Other matters for consideration

- Practice Premises

Since 1991 our surgery has operated from the converted bungalows in the residential area of St Peters at 6- 8 Oaklands Avenue. The practice premise's is very small and does not match the needs of the patients and practitioners; it is no longer fit for purpose. The current premise's has two consulting rooms, one treatment room, one small health care assistant room, a small reception/patient waiting area, office administration staff who work in very cramped conditions. There is no rest room for staff to utilise. With very limited space the two practitioners are unable to employ the services of other health care professionals to support in the management of the 4,576 patients.

Previously there were four practitioners working at the practice, with two practitioners working part-time utilising a small room which is now occupied by the health care assistant. The practice has made efforts to overcome these deficiencies and already uses the present accommodation flexibly and to full potential, but can really do no more to improve its services within existing capacity. The Practice is actively looking for new premises in the St Peters/ Broadstairs area.

We remain committed to patient care and will continue to involve our patient focus group in the development and services the practice provides.

- Car Parking

Most patients park their cars on the road outside the practice premises. Due to the congestion of traffic at peak times the patient focus group have reported that often residents of the road opposite find it difficult getting their car out of the side road. Following a discussion around the use of ambulances at the surgery; it was agreed that it would be beneficial for the practice to apply for an ambulance bay or yellow lines to be painted outside the practice premises to alleviate the issue.

Young Person Questionnaire

In order to establish the views of the younger members of the practice on the practice services we intend to devise a young persons questionnaire. In full agreement with the patient focus group, to be linked in with the family liaison of which one of the patient focus group is a member of.

Actions and Proposed changes

- Post results of this years patient survey on the patient notice boards, and on the practice website, together with the report and action plan
- Open the practice from 08.00 Monday to Friday
- Install a new telephone system and to revert to the 01843 number
- Monitor the telephone access with a review and audit on the demand with a review of capacity to meet the demand
- To keep patients informed of the waiting times using the patient call system
- Text patients reminding them of their appointments where the patient has agreed this beneficial

- Develop a patient questionnaire specific for younger members of the patient list to evaluate their experience with full agreement with the patient focus group
- Discuss and Publish the results of the young person's questionnaire on the practice notice board and website and make change where appropriate in conjunction with the patient focus group.
- Continue to look for new practice premises with the full support of the patient focus group and patients.
- Contact Thanet District Council to assess the possibility of either yellow lines or an ambulance bay outside the front of the practice premises
- Carry out a further Patient Survey to learn more about patient experiences

PLANS FOR ACHIEVING THE PRIORITIES

To ensure the practice achieve its priorities to enhance patient experience the practice will devise a project/action plan using SMART principles.

Each action will be;

- Specific and significant
- Measurable and meaningful
- Achievable and acceptable
- Realistic and relevant
- Time based and tangible

(See appendix 3)

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APPENDIX 1

GPAQ V3 SUMMARY OF THE RESULTS



**2011 GPAQ V3 Summary Report for
St Peters Surgery Broadstairs, CT10 2SQ**

Q1	98 % of patients found Receptionists helpful or fairly helpful.	
Q2 & Q3	59 % of patients found it easy or fairly easy to get through to the practice, and	31 % to speak to a doctor or nurse on the phone.
Q4	73 % of patients, if they need to see a GP urgently, say they can normally be seen on the same day	
Q5 & Q6	74 % of patients say it is important to be able to book appointments ahead of time and	28 % find it very easy or fairly easy to do so.
Q7	11 % normally book appointments in person	98 % by phone and 1 % online.
Q8	33 % prefer to book appointment in person	91 % by phone and 22 % would prefer to book online.
Q9 & Q10	74 % of patients are normally seen by their preferred GP same day or next day; and	81 % consider this good, very good or excellent.
Q11 & Q12	60 % of patients are normally seen by any GP same day or next day; and	71 % consider this good, very good or excellent.
Q13	9 % of patients wait less than 5 minutes,	13 % wait 5 to 10 minutes and 55 % wait more than 30 minutes for appointments to start.
Q14	41 % of patients consider waiting times good, very good or excellent.	
Q15	84 % of patients say the practice is open at convenient times	
Q16	8 % would like appointments before 8.30am	2 % lunchtimes 10 % after 6.30pm 7 % Saturdays 2 % Sundays
Q17 & Q18	78 % of patients prefer a particular GP and	72 % of those say they see their preferred GP always or almost always.

		Q19/25 Enough time	Q20/26 Listening	Q21/27 Explaining	Q22/28 Involving you	Q23/29 Care and Concern
GP	% Saying Good or Very Good	95	93	86	92	88
Nurse	% Saying Good or Very Good	94	95	91	84	87

Q24	95 % had confidence in their GP	Q31	87 % said their GP/Nurse helps to understand their problems very well
Q30	94 % had confidence in their Nurse	Q32	81 % said their GP/Nurse helps them cope with their health problems
		Q33	72 % said their GP/Nurse helps them keep themselves healthy
	Q34	93 % of patients say their experience of this GP surgery is good, very good or excellent	
	Q35	87 % of patients would recommend this surgery to someone who has just moved to this area.	

APPENDIX 2

Action Plan and Information of Actions

PATIENT PARTICIPATION ACTION PLAN 02/ 2011 – 31/03/2013 Summary of Goals and Objectives to be achieved

Area of work to be examined	Tasks to be undertaken	Lead person	Interim measurement	“Finished by” date	completion
Patient Experience	Under take a patient survey each year	Practice Manager	Ensure the patient focus group are involved with the questionnaire and are happy with the contents	Oct 2011	√
	In agreement with the Patient Focus Group		Ensure the staff are aware of the survey and forms are posted/handed out to patients at the appropriate time	And again Oct 2012 To be Completed by 10/2012	
	Report on the findings of the patient survey to the practice team and patient focus group	Practice Manager		02/2012	Following year by

02/2013					
	Complete a report on the findings and add those areas which needed addressing and agree actions, add to the action plan and post on the practice notice board and website	Practice Manager		Before the 31/03/2012 And following year by 31/03/2013	√
	Post the results of the patient survey and action plan onto the patient notice boards and website	Practice Manager		Before 31/03/2012 And again by 31/03/2013	√
Monitor patient waiting times	Through patient suggestions/complaints and appointment system	Practice staff	Continuous monitoring	31/03/2012 and again in 2013	
Monitor telephone access and consider extra telephone line	Explore areas where improvements can be made to achieve better telephone access		Continuous monitoring	31/05/2012	
Installation of a new telephone system and revert to 01843 number	In full discussion with the Practitioners, staff and patient focus group		Telephone suppliers	30/04/2012	

Monitor appointment system	To try to match capacity meeting demand	Office Manager Practice Manager		09/2011 And again by 09/2012	√
Consider increasing pre-booked appointments	To match demand	In full agreement with practitioners, staff and patient focus group		31/05/2012	
Collect additional information on patient experience younger persons	Devise questionnaires in agreement with the patient focus group	Practice Manager Patient focus group	Research/utilise questionnaires already devised by others to help develop our own questionnaires	31/05/2012	
	Collate the results of the surveys and consult with a patient group on the findings	Senior Practice nurse Maggie Seager Michelle Gossett	Set up spread sheets ready to report data	31/03/2011	Staff
	Address any areas of weakness add to actions	Clinical team		31/03/2011	stationery

**Explore possibility
New Practice
Premises**

Work with the PCT,
Commissioning Group
Local Council and
Developers to find an
appropriate site

Practice Manager

Partners, Staff and
Patient focus
group, Patients

And ongoing
until premises
found

**Explore the
possibility of having
yellow lines/or
ambulance bay
outside of practice
premises**

Through discussion with
Local Council,
Practitioners, staff, patient
focus group, patients,
local residents

Practice Manager

09/2012

**Information of
Actions**

**As at
14/03/2012**

YOU SAID

WE DID

THE OUTCOME WAS

You wanted the practice telephone number to revert back to a local 01843 number

Listened to your request

We are going to revert to the 01843 telephone when we change our telephone supplier in May 2012

You wanted the practice from 08.00 am

Listened to your request

As from the 1st April the practice will open from to open from 08.00 am

You wanted us to utilise The patient call board To inform patients if The Practitioners is Running late

Listened to your request

We utilise the patient call board to notify patients if the practitioner is running late

You wanted us to text Patients informing them if There is a delay in Appointment times

We listened to your request

This is something that we have considered but have found it to be unmanageable, however we do send reminders about appointments via the text messaging system

You wanted us to consider
Increasing the amount of
Pre-booked appointments

We listened to your request

We are going to monitor and evaluate
appointment system again to see if
there is a possibility of increasing
the amount of pre-booked appointments

You wanted us to consider
Having yellow lines outside
The practice premise

We listened to your request

We are going to explore the possibility
with the local council