

ST PETERS SURGERY

REPORT AND ACTION PLAN

PATIENT PARTICIPATION

28th January 2014

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 a total of 16 members of staff which includes three part time practice nurses, health care assistants and a full time practice manager. There are 8 reception staff a secretary and a cleaner.

The practice has the support of a team of attached community staff which consists of a team of community 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 8.00 am to 6.30 pm and closes for lunch between the hours of 1pm to 2pm on a Tuesday, Thursday and Friday. Offers extended hour appointments on a Monday between the hours of 07.30 to 08.00 and between 18.30 to 20.15 hours for pre-booked appointments. Out of hours cover is provided by IC24. The practice is fully computerised and is currently working towards a paper light environment.

The practice has outgrown its premises and therefore the practitioners are currently looking at ways of resolving these issues with the support of the Clinical Commissioning Group (Thanet CCG).

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 4,466

Age	0-4	5-14	15-64	65-74	75-80	81-90	91 and over
	153	558	2536	621	243	291	64

Patient population: 27% of our patients are over the age of 65

Patients suffering a Chronic Disease

Chronic Disease	Total Patients	Chronic Disease	Total Patients
CHD	226	Hyperthyroidism	177
Diabetes	270	Dementia	41
Asthma	221	Depression	341
COPD	137	Atrial Fibrillation	126
Hypertension	835	Obesity	545
Stroke	140	Learning Difficulties	25
Heart Failure	47	Epilepsy	31
Cancer	138	Palliative Care	8
CKD	299		

St Peters Patient focus Group

Consists of 11 group members

Sex	Age	Ethnicity
Female	67	White British
Male	68	White British
Female	67	White British
Male	80	White British
Female	73	White British
Female	75	White British
Female	70	White British
Male	80	White British
Male	68	White British
Male	69	White British
Male	51	White British
Female	40	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 very 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.

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 in February 2011 and has been running successfully ever since. 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 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 General Practice Assessment Questionnaire (GPAQ) V4 survey during September 2013. The General Practice Assessment Questionnaire 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 questionnaires were input into a spreadsheet by a member of the patient focus group for the production of the reports.

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 21st November 2013. 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 V4 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 Survey Report and Summary of results

The Survey Report together with 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.

A full discussion was made around some of the questions in the survey which related to specific aspects of care whilst the questions are not vague or general it was felt that some of the questions could be ambiguous and it was agreed that next year the wording of the survey would be reviewed.

Improving on the bench marks

The benefits of using a GPAQ questionnaire is that it gives the practice the opportunity to compare its results with a benchmark. Benchmarks are averages and therefore are only treated as such. Overall the group felt that the survey was positive in most aspects of the surgery and care of patients. In specific the following topics for improvement were discussed:

- Waiting times

42.7% of patients said that they have to wait more than 30 minutes for their appointment to start. 38.25 % considered waiting times to be very good or excellent. Members of the group felt that the use of the call board to inform patients of their waiting times is helpful and mentioned that it would be beneficial for patients to be either sent a text or telephoned to let them know that the doctor has been delayed and is running late.

When the practitioner is running late often staff will inform patients of the waiting time on arrival, and if the practitioner is running late will advise the patient a choice of going away and coming back later. Often patients will telephone the surgery before leaving home to see if the practitioner is running late which can save them having to wait at the practice.

It was agreed that the practice will continue to utilise the call board to notify patients when the practitioner is running late, and keep patients informed as and when appropriate.

Patients often need more than the allocated 10 minute slot and unless a double appointment has been booked prior to the consultation the practitioner can 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, although the extra time may not allocated it is important that the patient is given the time they require.

Actions - An audit will be made of patient waiting times. The results of the audit will be discussed with the patient focus group as a means of assessing patients wait times

- Time To Get Through

77.1% of patients said that they found it easy or fairly easy to get through to the practice and 61.5% of patient's said that if they need to see a GP urgently say they can normally be seen on the same day. The practice has increased the number of incoming lines into the practice by way of supporting patient's access.

- Advanced Bookings

85.1% 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 our practice adopts mainly book on the day appointments and on listening to our patients we have increased the number of pre-booked appointments. We have introduced a book online facility for patients who wish to book an appointment on line, which allows appointments to be booked in advance.

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.

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

We will alert patients to this telephone consultation facility on the practice website.

- Ability to speak to the doctor or nurse on the phone

25.5 % of patients who completed the survey said that they had found it very easy or fairly easy to speak to a doctor or Nurse on the phone.

The patient focus group felt this facility could be improved. Ways of improving this will be explored in agreement with the practitioners and nursing staff.

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 premises are very small and do not match the needs of the patients and practitioners; it is no longer fit for purpose. The current premises 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 4,466 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 yellow lines to be painted outside the practice premises to alleviate the issue. Unfortunately this was turned down by the local council. However the practitioners are considering converting the front garden to hard standing which would allow the practitioners and some staff to park their cars, thus freeing up the area outside the premises.

- Baby Changing facilities

The practice does not offer baby changing facilities. Baby changing facilities will be explored and installed in the patients' disabled toilet once health and safety issues have been checked.

Actions and Proposed changes for years 1/04/2013 to 31/03/2015

- Post results of this years patient survey on the patient notice boards, and on the practice website, together with the report and action plan
- 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 and practice website
- To look at ways of improving waiting times
- Text patients reminding them of the their appointments where the patient has agreed this beneficial
- To explore ways of improving the ability for patients to speak to the doctor or nurse over the telephone – consider telephone triage
- Continue to look for new practice premises with the full support of the patient focus group and patients.
- Consider paving the front of the premises for doctors/staff parking
- Install baby changing facility
- Carry out further Patient Surveys 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 Appendix2)

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APPENDIX 1

GPAQ V3 SUMMARY OF THE RESULTS



General Practice Assessment Questionnaire

2013 GPAQ-R Summary Report for
St Peters Surgery Broadstairs, CT10 2SQ

From 100 Questionnaires

- Q12** 100.0 % of patients found Receptionists helpful or fairly helpful.
- Q13 & Q14** 77.1 % of patients found it easy or fairly easy to get through to the practice, and 25.5 % to speak to a doctor or nurse on the phone.
- Q15** 61.5 % of patients, if they need to see a GP urgently, say they can normally be seen on the same day
- Q16 & Q17** 85.1 % of patients say it is important to be able to book appointments ahead of time and 41.1 % find it very easy or fairly easy to do so.
- Q18** 15.0 % normally book appointments in person 89.0 % by phone and 10.0 % online.
- Q19** 16.0 % prefer to book appointments in person 81.0 % by phone and 31.0 % would prefer to book online.
- Q20 & Q21** 72.3 % of patients are normally seen by their preferred GP same day or next day; and 72.5 % consider this good, very good or excellent.
- Q22 & Q23** 57.6 % of patients are normally seen by any GP same day or next day; and 62.7 % consider this good, very good or excellent.
- Q24** 5.6 % of patients wait less than 5 minutes, 15.7 % wait 6 to 10 minutes and 10.1 % wait more than 30 minutes for appointments to start.
- Q25** 38.2 % of patients consider waiting times good, very good or excellent.
- Q26** 86.2 % of patients say the practice is open at convenient times - **Q27** gives results for those for whom the practice is not open at convenient times
- Q27** 3.0 % would like appointments before 8.30am 2.0 % lunchtimes 7.0 % after 6.30pm 10.0 % Saturdays 3.0 % Sundays
- Q28 & Q29** 87.2 % of patients prefer a particular GP and 93.2 % of those say they see their preferred GP always or almost always.

		Q1 / Q20 Poling you at ease	Q2 / Q21 Being Polite and considerate	Q3 / Q22 Listening	Q4 / Q23 Giving enough time	Q5 / Q24 Assessing your medical condition	Q6 / Q25 Explaining your condition and treatment	Q7 / Q26 Involving you in decisions	Q8 / Q27 Providing and arranging treatment	Q11 / Q28 Comfortably happy to see again
GP	% Saying Very Good or Good	92.9	95.9	95.9	96.9	92.9	89.6	89.4	92.5	100.0
Nurse	% Saying Very Good or Good	98.7	N/A	100.0	100.0	N/A	97.3	89.3	85.3	100.0

- Q9** 100.0 % had confidence the GP is honest & trustworthy
- Q10** 95.9 % had confidence the GP keeps information confidential
- Q37** 89.5 % said their GP/Nurse helps to understand their problems very well
- Q38** 90.3 % said their GP/Nurse helps them cope with their health problems
- Q39** 78.5 % said their GP/Nurse helps them keep themselves healthy
- Q40** 93.8 % of patients say their experience of this GP surgery is good, very good or excellent
- Q41** 92.6 % of patients would recommend this surgery to someone who has just moved to this area.

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APPENDIX 2

Action Plan and Information of Actions

PATIENT PARTICIPATION ACTION PLAN 01/04/2013 – 31/03/2015 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	08/08/2013 And again July 2014	√
	In agreement with the Patient Focus Group		Ensure the staff are aware of the survey and forms are handed out to patients at the appropriate time	To be Completed By 09/2013 And again 09/2014	√
	Report on the findings of the patient survey to the practice team and patient focus group	Practice Manager		10/2013	√

				Following year by 10/2014 ✓
	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 31/03/2014 And following year by 31/03/2015
	Post the results of the patient survey and action plan onto the patient notice boards and website	Practice Manager		Before 31/03/2014 And again by 31/03/2015
Monitor patient waiting times	Carry out an audit of patient waiting times	Practice Manager and Practice staff	Discussion with practitioners practice staff and patient focus group	28/02/2014 and again in 2015

Monitor appointment system	To try to match capacity meeting demand	Office Manager Practice Manager	Continuous monitoring	01/04/2014 to 30/04/2014
Consider increasing pre-booked appointments	To match demand	In full agreement with practitioners, staff and patient focus group		
Explore additional Appointment times for patients to talk to the practitioners and nurses over the telephone	To match demand	Clinical team	Address any areas of weakness add to actions	31/03/2014
Explore possibility Of telephone triage appointments	Explore ways of enhancing this service	In full agreement with the practitioners nursing staff, practice staff	Training and risk assessment	
New Practice Premises	Work with Thanet Commissioning Group Local Council and Developers to find an	Practice Manager Partners, Staff and Patient focus		And ongoing until premises found

	appropriate site	group, Patients		
Explore the possibility of paving the front of the premises	Through discussion with Practitioners, staff, patient focus group, patients, local residents	Practice Manager Practitioners	In discussion with the neighbours and TDC	31/03/2015
Installation of baby changing facility	By way of support to patients with babies/ young infants	Practice Manager	Health and safety risk assessment	31/03/2014
Simplify the practice website, improving communication and services available	To improve communication and information for patients	Practice/Office Manager	In Discussion with the publishers	31/03/2014
Service	Continue to work with the	Practice Manager	In conjunction with	Ongoing

development

patient focus group to
develop and improve
services

Thanet CCG and
Practitioners

INFORMATION OF ACTIONS

YOU SAID

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

You wanted us to improve Access to appointments

You wanted the practice To open from 08.00

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

You wanted us to look at ways of improving waiting times to see the doctor

WE DID

Listened to your request

THE OUTCOME WAS

We have reverted our telephone line back to 01843

We have installed another telephone line for ease of access and introduced the online appointment booking facility For patients to book the appointments on line

Since the 1st April 2012 the practice has opened from 08.00 am

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

We are exploring ways of improving our patients wait times

<p>You wanted us to text Patients informing them if There is a delay in Appointment times</p>	<p>We listened to your request</p>	<p>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</p>
<p>You wanted us to consider Increasing the amount of Pre-booked appointments</p>	<p>We listened to your request</p>	<p>We have increased the amount of pre booked appointments and have introduced the facility for patients to book their appointments on line</p>
<p>You wanted us to consider Yellow lines outside The practice premise</p>	<p>We listened to your request</p>	<p>We have explored this with the local council but unfortunately this has been turned down We are however considering paving the front For staff parking to alleviate the parking congestion</p>
<p>You wanted us to improve The ability for patients to speak To the doctor or nurse over the Telephone</p>	<p>We listened to your request</p>	<p>We are exploring ways of improving this facility and consideration for telephone triage</p>
<p>You would like baby changing</p>	<p>We have listed to your request</p>	<p>We are exploring ways of putting in these facilities</p>
<p>You would like us to simplify The practice website</p>	<p>We have listed to your request</p>	<p>We are looking at ways of making the practice website more user friendly and informative</p>

