

ST PETERS SURGERY

REPORT AND ACTION PLAN

PATIENT PARTICIPATION

12th March 2013

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 14 members of staff which includes three part time practice nurses, one health care assistant and a full time practice manager. There are 7 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 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 4,497

Age	0-4	5-14	15-64	65-74	75-80	81-90	91 and over
	158	569	2575	610	241	285	59

Patient population: 26% of our patients are over the age of 65

Patients suffering a Chronic Disease

Chronic Disease	Total Patients	Chronic Disease	Total Patients
CHD	234	Hyperthyroidism	176
Diabetes	264	Dementia	44
Asthma	232	Depression	309
COPD	138	Atrial Fibrillation	116
Hypertension	809	Obesity	513
Stroke	128	Learning Difficulties	23
Heart Failure	46	Epilepsy	29
Cancer	129	Palliative Care	11
CKD	280		

St Peters Patient focus Group

Consists of 13 group members

Sex	Age	Ethnicity
Female	66	White British
Male	67	White British
Female	66	White British
Male	79	White British
Female	73	White British
Female	74	White British
Male	81	White British
Female	69	White British
Female	69	White British
Male	79	White British
Male	67	White British
Male	69	White British
Female	45	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. We have devised a questionnaire especially for younger members of the practice who are registered to ensure their views are represented; the survey is awaiting completion.

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 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 GPAQ V3 survey during years 2011 and 2012. 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 questionnaires was 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 6th December 2012 and on Thursday 21st February 2013. The meetings were attended by the practice manager, and members of the patient focus group. The meetings 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

78 % of patients say that the practice is open at convenient times. The practice has extended its opening times and now opens from 8.00 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 felt 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 has enabled patients to call into the surgery at 08.00 to make an appointment should they wish to do so. In the past staffing hours had affected the possibility of extending the opening hours from 08.00 hours however with agreement from staff this has been implemented.

- Satisfaction with phoning through to the practice

38 % of patients said that they found it fairly easy getting through to someone at the practice on the phone however 14% said that this was not very easy and 8% said that it was not easy at all. The group felt previously that this was an area which still required some attention. The practice has recently increased the telephone lines in agreement with the practitioner's staff and patient focus group. *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 and with a change in telephone provider the practice has reverted our telephone number back to the local 01843 as part of our action plan and agreement .

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

47% 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.

It was felt that this is an area for improvement and is to be discussed with the practitioners at the next patient focus group meeting.

- Advanced Bookings

73% 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 which just falls below the 1/3 level. 69% 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.

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

Only 13 % of patients who completed the survey said that they had found it fairly easy to speak to a doctor or Nurse on the phone with 60% of patients saying they haven't tried. 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 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. 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.

Young Person Questionnaire

In order to establish the views of the younger members of the practice on the practice services we have devised a young persons questionnaire. This has been in full agreement with the patient focus group and is to be linked in with the family liaison of which one of the patient focus group is a member of.

Actions and Proposed changes for years 1/04/2011 to 31/03/2013

- 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
- To look at ways of improving waiting times
- Text patients reminding them of the their appointments where the patient has agreed this beneficial
- Devise a patient questionnaire specific for younger members of the patient list to evaluate their experience with full agreement with the patient focus group
- To explore ways of improving the ability for patients to speak to the doctor or nurse over the telephone
- 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
- Consider paving the front of the premises for doctors/staff parking
- 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 appendix 3)

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APPENDIX 1

GPAQ V3 SUMMARY OF THE RESULTS



**2012 GPAQ V3 Summary Report for
St Peters Surgery Broadstairs CT10 2SQ**

- Q1** 98 % of patients found Receptionists helpful or fairly helpful.
- Q2 & Q3** 62 % of patients found it easy or fairly easy to get through to the practice, and 23 % to speak to a doctor or nurse on the phone.
- Q4** 69 % 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 35 % find it very easy or fairly easy to do so.
- Q7** 13 % normally book appointments in person 97 % by phone and 0 % online.
- Q8** 24 % prefer to book appointment in person 90 % by phone and 28 % would prefer to book online.
- Q9 & Q10** 78 % of patients are normally seen by their preferred GP same day or next day; and 82 % consider this good, very good or excellent.
- Q11 & Q12** 60 % of patients are normally seen by any GP same day or next day; and 64 % consider this good, very good or excellent.
- Q13** 4 % of patients wait less than 5 minutes, 11 % wait 5 to 10 minutes and 47 % wait more than 30 minutes for appointments to start.
- Q14** 39 % of patients consider waiting times good, very good or excellent.
- Q15** 78 % of patients say the practice is open at convenient times - **Q16** gives results for those for whom the practice is not open at convenient times
- Q16** 20 % would like appointments before 8.30am 6 % lunchtimes 27 % after 6.30pm 35 % Saturdays 12 % Sundays
- Q17 & Q18** 88 % of patients prefer a particular GP and 80 % 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	98	93	89	89	88
Nurse	% Saying Good or Very Good	92	93	90	87	90

- Q24** 99 % had confidence in their GP
- Q30** 93 % had confidence in their Nurse
- Q31** 86 % said their GP/Nurse helps to understand their problems very well
- Q32** 80 % said their GP/Nurse helps them cope with their health problems
- Q33** 77 % said their GP/Nurse helps them keep themselves healthy
- Q34** 92 % of patients say their experience of this GP surgery is good, very good or excellent.
- Q35** 90 % 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			And again	
				Oct 2012	√
				To be Completed	
				By 07/2011	√
			Ensure the staff are aware of the survey and forms are posted/handed out to patients at the appropriate time	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	Set up spread sheets ready to report data	31/03/2013	
	Address any areas of weakness add to actions	Michelle Gossett Clinical team		31/03/2013	

Explore additional Appointment times for patients to talk to the practitioners and nurses over the telephone	Explore ways of enhancing this service	In full agreement with the practitioners nursing staff, practice staff	Discussion with the practitioners and patient focus group	31/03/2013	✓
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 outside the practice /paving the front of the premises	Through discussion with Local Council, Practitioners, staff, patient focus group, patients, local residents	Practice Manager		09/2012 and ongoing	✓

Information of
Actions **As at**
12/03/2012

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 have reverted our telephone line back to 01843
You wanted us to improve Access to appointments	Listened to your request	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
You wanted the practice To open form 08.00	Listened to your request	As of 1 st April 2012 the practice has opened 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 look at ways of improving waiting times to see the doctor

Listened to your request

We are exploring ways of improving our patients wait times

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 have increased the amount of pre booked appointments and have introduced the facility for patients to book their appointments on line

You wanted us to consider Having yellow lines The practice premise

We listened to your request

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

You wanted us to improve The ability for patients to speak To the doctor or nurse over the Telephone

We listened to your request

We are exploring ways of improving this facility

