

Patient Participation DES for Open Door Surgery 2011-13

Step 1: Developing a Patient Reference Group (PRG)

How we recruited patients for our PPG

The Open Door Surgery had a longstanding but basic PPG in place which had consisted of 3 volunteer individuals that had shown an interest in getting involved some years ago.

There was no formal meeting structure in place; meetings would be carried out on an ad-hoc basis when a number of important items needed to be discussed regarding patient matters.

The purpose of this DES is to develop a structure that both reflects and gains the views of our practice's registered patient population and to obtain feedback from a cross section that is as representative as possible.

While there are challenges in exactly replicating our patient demographic, we have attempted to recruit patients in the following manner:

- Seeking advice from Wandsworth LINK:

We set up a meeting with Roger Appleton, executive of Wandsworth LINK.

He was extremely useful in advising how best to proceed with developing and staging our patient group. He gave us examples of recruitment ideas from his local practice and has agreed to sit in on one of our patient group meetings to offer suggestions and advice.

The following recruitment methods were discussed with him.

- Poster advertising:

We have placed posters in the waiting rooms of both surgeries, asking patients to get involved if interested. The time and date of the next meeting is shown and a contact member of staff named.

An example of the poster is shown on the next page.

A number of patients have already been recruited through this method.

Join the Open Door Surgery Patient Group!



Date and time of next meeting:

Location:

Open Door Surgery,
47 Boundaries Road,
Balham,
London SW12 8EU

For more information please contact:

Dr S K Mittal or Dr S K Dutta

Have YOUR say in the running of your GP surgery by joining our Patient Participation Group!

The patient group and GPs meet every few months to discuss how to improve services and communication, assist with health campaigns and ensure the needs of all the patients are met.

If you would like to get involved, why not pop along to the next meeting to meet the staff and find out about becoming a member?

- Targeting of patients with specific medical experiences:

As a practice we felt that it would be very beneficial to have patients that used different practice services to be members of our patient group in order to offer feedback.

For example, patients that were diabetic could offer us insight into how they perceived the service we offered our diabetic patients. Other patients included: those with chronic respiratory, renal or heart disease, those using the anticoagulation service, patients that were primary carers for housebound patients, those suffering chronic pain, and those with mental health problems.

Any suitable patients were identified by GPs opportunistically during routine consultations and given information about how to join our PPG.

We feel that having patients with different medical experiences will also assist us in the future with an 'expert patient' program, in which individuals can offer advice and help educate patients with similar conditions.

- Website advertising:

We have recently developed a website and information regarding how to join our PPG has been placed on here as well.

- Virtual PPG:

There are some patients that would like to get involved in our group but cannot commit to attending our meetings on a regular basis. These may include housebound patients, those that work/study, or full time carers/parents.

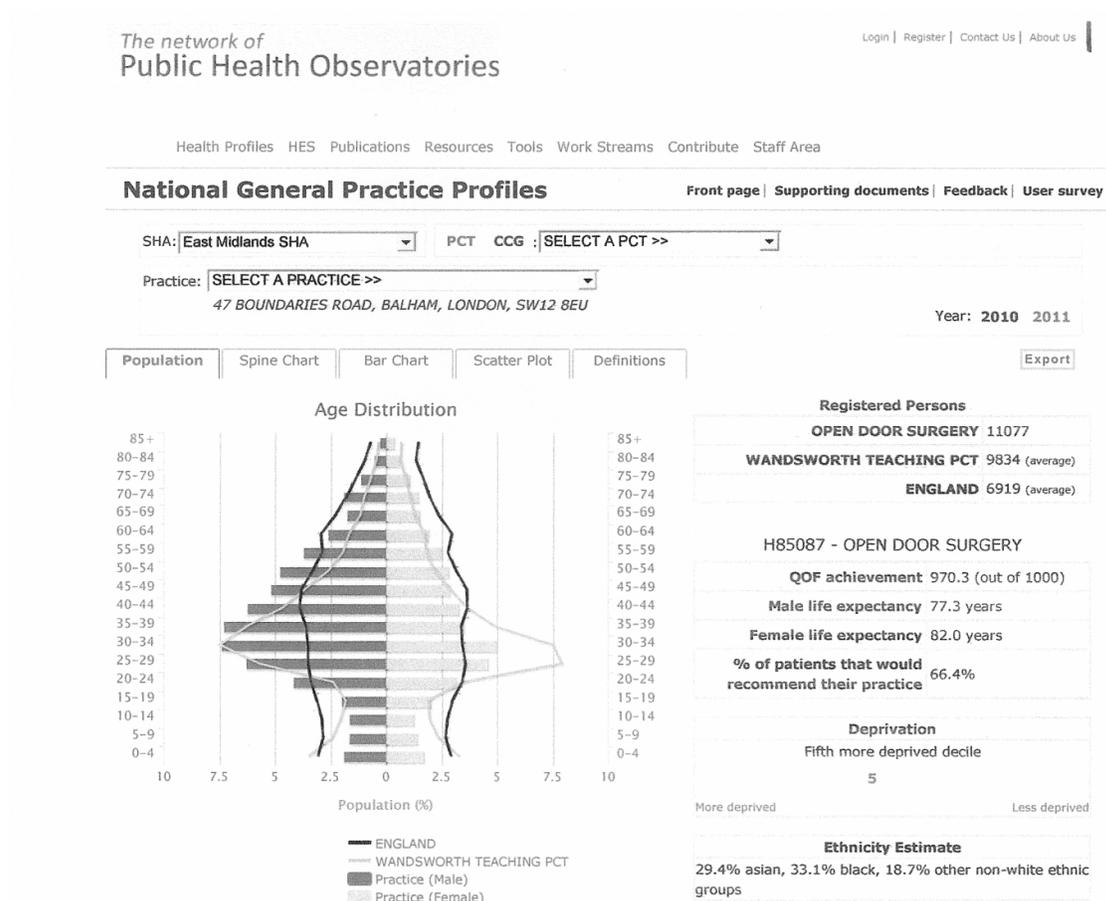
We have agreed to form a separate list of these patients with whom we can interact via telephone, email or post. We can forward them minutes from our meetings and they can offer feedback and suggestions in a similar manner.

It may be easier to get a representative sample of our practice demographic in this manner, especially for younger patients that may wish to get involved.

- Targeting patients from different socio-economic, age and ethnic backgrounds:

Our practice consists of roughly 10,000 patients (recent figures), of which roughly a third each are from black and asian groups, while another 20% are from non-white ethnic groups.

As you see from the data below, from the Association of Public Health Observatories (APHO): <http://www.apho.org.uk/pracprof/> we have a higher than average proportion of males from 25-55 compared to other Wandsworth practices, and significantly more so than the national average.



We should attempt to recruit more patients from this group in particular, which tend to be notoriously difficult to engage.

Other potential problems stem from a language barrier as so many of our patients do not speak English as a first language and therefore will be reluctant to attend meetings.

For some of these patients it may be possible to engage them via the virtual patient group in Hindi/Urdu/Bengali/Panjabi, as this is spoken by some of the practice team.

Other groups that maybe difficult to recruit are those with mild learning disabilities and those with mental health problems.

We are actively targeting suitable patients from these groups as their learning about their specific needs and having their feedback would be invaluable.

November 2011

Our Patient Participation Group Profile

After recruiting patients using the above methods we had a total of 11 patients show interest in joining up.

Patient Group Profile

Gender

Male	4
Female	7

Age

30 – 44	1
45 – 54	5
55 – 64	4
65 – 80	1

Ethnicity

Black Caribbean	1
South Asian	6
White British	4

They were invited to our patient group meeting on 3rd November 2011.

Four patients were able to make it on the day, together with four GPs.

The minutes from this meeting are to be found on our practice webpage.

We were able to get patients with a mixture of clinical conditions such as diabetes, COPD and asthma. A couple are carers too, for housebound patients and those with learning disabilities. A couple of our patients already sit on the local board for patients and as such are in a good position to direct and advise the group regarding new developments and key areas of discussion.

Step 2: Establishing Key Areas of Priority

Amongst other issues, the “Patient Participation Enhanced Service” was explained to patients. We discussed the need to promote and engage patients through the use of a Patient Reference Group and to seek the views of the surgery population through the use of local patient surveys. We had a discussion about what the patients thought the key areas of priority at the practice were. Patients gave their thoughts and the following key areas were highlighted and agreed upon for the patient survey:

- 1) Ease of access to a GP in emergency cases
- 2) Difficulty booking appointments in advance
- 3) Access to telephone consultations
- 4) Courtesy and confidentiality of reception staff
- 5) Waiting time to see a GP once at the surgery
- 6) Satisfaction with the GP consultation

January 2012

Step 3: Carrying out a Local Practice Survey

We contacted CPEF UK Surveys, with whom we developed an ‘Improving Practice Questionnaire’.

This was a 28 question questionnaire covering the areas of priority and other general questions about the surgery, together with an area for feedback.

The questionnaire is shown below.

Improving Practice Questionnaire



0 4 0 5 A

OFFICE USE ONLY	Org ID
	Survey ID
	Practitioner ID

You can help this general practice improve its service

- This practice would welcome your honest feedback
- Please read and complete this survey after you have seen the
- No-one at the practice will be able to identify your personal responses
- Once completed, please return this survey to reception in the envelope provided

Please mark the box like this with a ball point pen. If you change your mind just cross out your old response and make your new choice.

When giving your feedback, please only consider the consultation you have had today.

About the practice	Poor	Fair	Good	Very good	Excellent
1 Your level of satisfaction with the practice's opening hours	<input type="checkbox"/>				
2 Ease of contacting the practice on the telephone	<input type="checkbox"/>				
3 Satisfaction with the day and time arranged for your appointment	<input type="checkbox"/>				
4 Chances of seeing a doctor/nurse within 48 hours	<input type="checkbox"/>				
5 Chances of seeing a doctor/nurse of <u>your</u> choice	<input type="checkbox"/>				
6 Opportunity of speaking to a doctor/nurse on the telephone when necessary	<input type="checkbox"/>				
7 Comfort level of waiting room (e.g. chairs, magazines)	<input type="checkbox"/>				
8 Length of time waiting in the practice	<input type="checkbox"/>				

About the doctor/nurse (whom you have just seen)	Poor	Fair	Good	Very good	Excellent
9 My overall satisfaction with this visit to the doctor/nurse is	<input type="checkbox"/>				
10 The warmth of the doctor/nurse's greeting to me was	<input type="checkbox"/>				
11 On this visit I would rate the doctor/nurse's ability to really listen to me as	<input type="checkbox"/>				
12 The doctor/nurse's explanations of things to me were	<input type="checkbox"/>				
13 The extent to which I felt reassured by this doctor/nurse was	<input type="checkbox"/>				
14 My confidence in this doctor/nurse's ability is	<input type="checkbox"/>				
15 The opportunity the doctor/nurse gave me to express my concerns or fears was	<input type="checkbox"/>				
16 The respect shown to me by this doctor/nurse was	<input type="checkbox"/>				
17 The amount of time given to me for this visit was	<input type="checkbox"/>				

Please turn over ↶





About the doctor/nurse (continued...)

	Poor	Fair	Good	Very good	Excellent
18 This doctor/nurse's consideration of my personal situation in deciding a treatment or advising me was	<input type="checkbox"/>				
19 The doctor/nurse's concern for me as a person on this visit was	<input type="checkbox"/>				
20 The extent to which the doctor/nurse helped me to take care of myself was	<input type="checkbox"/>				
21 The recommendation I would give to my friends about this doctor/nurse would be	<input type="checkbox"/>				

About the staff

	Poor	Fair	Good	Very good	Excellent
22 The manner in which you were treated by the reception staff	<input type="checkbox"/>				
23 Respect shown for your privacy and confidentiality	<input type="checkbox"/>				
24 Information provided by the practice about its service (e.g. repeat prescriptions, test results, cost of private certificates etc)	<input type="checkbox"/>				

Finally

	Poor	Fair	Good	Very good	Excellent
25 The opportunity for making compliments or complaints to this practice about its service and quality of care	<input type="checkbox"/>				
26 The information provided by this practice about how to prevent illness and stay healthy (e.g. alcohol use, health risks of smoking, diet habits etc)	<input type="checkbox"/>				
27 The availability and administration of reminder systems for ongoing health checks is	<input type="checkbox"/>				
28 The practice's respect of your right to seek a second opinion or complementary medicine was	<input type="checkbox"/>				

**SAMPLE ONLY
PLEASE DO NOT COPY**

Any comments about how this **practice** could improve its service?

Any comments about how the doctor/nurse could improve?

The following questions provide us only with general information about the range of people who have responded to this survey. No one at the practice will be able to identify your personal responses.

How old are you in years?

Under 25

25-59

60+

Are you:

Female

Male

Was this visit with your usual clinician?

Yes

No

How many years have you been attending this practice?

Less than 5 years

5-10 years

More than 10 years

Thank you for your time and assistance



The questionnaires were handed out to patients as they arrived for their appointments during January 2012.

In total 314 questionnaires were completed.

Patient Demographics

Gender

Male	154
Female	149

Age

Under 25	34
25 – 59	197
60+	77

Period Registered at Practice

Less than 5 years	77
5-10 years	89
>10 years	136

The results were collated and analysed for us by the CFEP team, a copy of which is to be found on our practice website.

At the next PPG meeting on 8th March 2012 we gave a copy of these findings to each of the attendees. We were then able to discuss the findings and help develop an action plan.

March 2012

Step 4 : Discuss findings of local practice survey

On the whole the results of the survey were very encouraging, with 90% of our patients rating our surgery as good, very good or excellent.

The areas in which we are strong seem to correlate very closely with our neighbouring practices, as do the areas of weakness.

What is more useful for us as a practice is looking at the areas in which we significantly deviated from the average results of our surrounding practices.

Things for which our practice has a **higher** than average satisfaction rating:

- 1) Seeing a practitioner of choice.
- 2) Seeing a GP within 48 hrs
- 3) Telephone access
- 4) Satisfaction with the consultation
- 5) Opening hours satisfaction
- 6) Waiting time once in the practice

Things for which our practice has a **lower** than average satisfaction rating:

- 1) Reassurance from the GP
- 2) Feeling of concern for the patient
- 3) Consideration shown to the patient
- 4) Explanation given to the patient
- 5) Self-care taught to the patient
- 6) Allowing patient to express their concerns and fears
- 7) Respect shown to the patient

It was noted that patients seemed to be very satisfied with the ability to access the GP of their choice in decent time. As we provide an exclusively walk-in service at the main surgery we would not expect access to be a problem.

Patients seem to have become accustomed to having to wait to see a GP once at the surgery as the walk-in service can become very busy at times. They generally accept that this is the payoff for same-day access.

The areas in which we are doing less well all involve the GP consultation. It seems that we as GPs can improve on health promotion and empathy. We discussed possible reasons that this may be lower than expected. One reason could be the walk-in service being very busy, meaning that each consultation can be rushed at times. Having a patient demographic in which many patients do not speak English as a first language can also lead to communication barriers when allaying patient concerns and providing thorough explanations.

During the discussion the PPG brought up several points that we felt to be in need of address:

- Patients from the Tooting branch surgery, in which there is an appointment system, felt that obtaining an appointment was unnecessarily difficult due to the requirement that they need to call in the day before. They were unable to book appointments several days in advance and there was inevitably difficulty getting through on the telephones at peak times, so often the following days appointments had been fully booked by the time they got through.
We decided to address these concerns by scrapping the 24hr rule so from now on patients can book appointments in advance if desired.
- Another concern was that 'emergency' patients were being told to rebook or re-attend the next day by receptionists once slots were fully booked.
Receptionists have since been retrained and we will put up waiting room notices to explain that emergency cases will ALWAYS be seen by the GP in addition to booked appointments.

If the receptionist has any doubt as to whether a case is an emergency or not then they should ask the GP directly whether they are prepared to see the patient that session.

- Reception staff have been spoken to about patient confidentiality after reports that they have at times discussed a case in earshot of other patients.

Computer monitors containing clinical details should always be facing away from the waiting area and paper records should be kept behind the desk.

- The PPG mentioned that it was not always easy to speak to a GP over the phone. This is in contrast to the survey findings but we addressed it anyway.

While some GPs take phone-calls during a consultation with another patient, others may not.

We have agreed that now GPs will briefly take any call and explain to the patient that they will call them back after surgery or at an opportune moment between seeing patients.

- There was mention of a lack of complaint/feedback boxes in the waiting areas. This has now been addressed with highly visible new boxes.

Step 5 : Forming an Action Plan with the PPG

After discussing the survey findings we decided as a group to implement the following action plans:

- 1) Problem: Currently patients from Tooting need to attend the Balham surgery for Saturday morning clinic. They would prefer to see their own GP in familiar surroundings so there were a number of requests for Saturday morning opening at Tooting in the survey.

Who needs to be involved?: Dr Dutta, GP for Tooting branch, and one receptionist

Plan of action: We have applied for and succeeded in obtaining funding from Freed up Resources to carry out a fortnightly Saturday morning clinic at Tooting. This will

be a walk-in clinic so patients that work during the week or need to see a GP urgently can be seen at Tooting instead of travelling to Balham.

Achievable time frame?: These sessions can be started immediately.

- 2) Problem: It was mentioned by the PPG that the Tooting branch waiting room has cluttered posters, patient information and signs so that patients are unable to easily see what information is being presented.

Who needs to be involved?: Dr Dutta, and the main receptionists.

Plan of action: We will strip the walls of the existing posters and signs and only present the important information in a clear and concise manner. These should be in large fonts so that they can be read while sitting down.

Health promotion posters and practice service information in particular should be made available.

Achievable time frame?: By the next patient group meeting in July 2012.

- 3) Problem: According to the survey the GPs should attempt to be more empathetic and encourage greater health promotion and education during their consultations.

Who needs to be involved?: All GPs

Plan of action: There are telephone consultation courses that our GPs will attend. A conscious effort will be made to spend more time listening and educating when possible. Patient leaflets can be printed out. Ask for an interpreter if language barriers exist. If time constraints are a factor ask the patient to attend another time when the GP can spend more time. Ask patient whether they have any questions at the end of the consultation.

Achievable time frame?: By the next patient group meeting in July 2012.

Step 6 : Publicise actions taken and subsequent achievement

In order to complete the DES requirements practices must publish a Local Patient Participation Report on their website.

We have therefore posted this report to www.OpenDoorSurgery.com and www.BecFamilyPractice.com under the 'Patient Group' section.

September 2012

We had another patient group meeting in September attended by 7 patients and 4 GPs.

The Patient group was happy with the progress made so far and agreed that going forward the three priority action points should remain the same.

It was felt that our progress could be assessed by conducting the same patient survey as last time as this covers all of the above areas adequately.

February 2013

Step 7: Repeat Patient Participation Survey

Following up several months later, we have now expanded our patient group to 17 members.

Patient Group Profile

Gender

Male	7
Female	10

Age

30 – 44	3
45 – 54	6
55 – 64	6
65 – 80	2

Ethnicity

Black Caribbean	3
South Asian	8
White British	6

We repeated the Patient Survey in November 2012, this time taking a sample of 291 patients.

These results were once again analysed by CFEP and we were given a breakdown of our scores, as well as our comparative scores to the national average and similar sized practices.

Finally, we were able to see whether we had made progress compared to the last survey.

- Again, 90% of patient ratings were good, very good or excellent

Your patient feedback

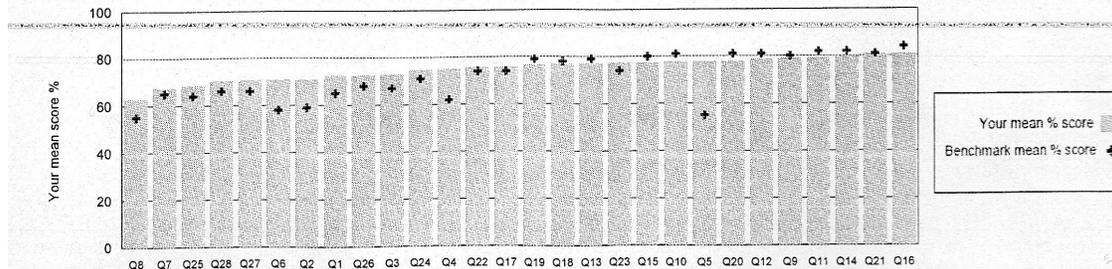
Table 3: Mean percentage scores and benchmarks by practice list size (8001-10000 patients)

	Your mean score (%)	National mean score	Benchmark data (%)*				
			Min	Lower quartile	Median	Upper quartile	Max
About the practice							
Q1 Opening hours satisfaction	72	65	50	62	66	69	94
Q2 Telephone access	71	59	31	53	61	67	93
Q3 Appointment satisfaction	73	67	49	62	67	71	92
Q4 See practitioner within 48hrs	75	62	38	56	62	68	90
Q5 See practitioner of choice	78	55	31	50	55	60	87
Q6 Speak to practitioner on phone	71	58	37	54	59	63	91
Q7 Comfort of waiting room	67	65	41	61	65	70	89
Q8 Waiting time	63	55	35	50	55	60	91
About the practitioner							
Q9 Satisfaction with visit	79	80	58	77	80	84	94
Q10 Warmth of greeting	78	81	60	78	82	85	93
Q11 Ability to listen	79	82	59	79	83	86	94
Q12 Explanations	79	81	57	77	81	85	93
Q13 Reassurance	77	79	58	76	80	83	92
Q14 Confidence in ability	80	82	59	80	83	86	93
Q15 Express concerns/fears	77	80	60	77	81	84	92
Q16 Respect shown	81	84	51	81	85	88	94
Q17 Time for visit	76	74	53	70	74	78	91
Q18 Consideration	77	78	57	75	78	82	93
Q19 Concern for patient	77	79	58	76	80	83	92
Q20 Self care	78	81	72	78	82	85	91
Q21 Recommendation	81	81	56	78	82	85	91
About the staff							
Q22 Reception staff	75	74	56	71	75	78	93
Q23 Respect for privacy/confidentiality	77	74	57	71	74	77	86
Q24 Information of services	75	71	56	68	71	74	91
Finally							
Q25 Complaints/compliments	68	64	50	61	64	68	94
Q26 Illness prevention	73	68	55	65	68	71	88
Q27 Reminder systems	71	66	51	63	66	69	91
Q28 Second opinion / comp medicine	70	66	48	63	66	69	94
Overall score	75	72	56	68	72	75	91

Your mean score for this question falls in the highest 25% of all means
 Your mean score for this question falls in the middle 50% of all means
 Your mean score for this question falls in the lowest 25% of all means

* Based on data from 391 practices surveyed between April 2008 and February 2011 with 25 or more responses. Please note the reliability of your patient feedback may be marginally reduced if less than 25 patient responses per question is achieved. In the event that there are less than 5 patient responses for any question, this score will not be illustrated. See the supporting documents at the end of this report for percentage score calculation and quartile information.

Graph 2: Your mean percentage scores in ascending order of performance with benchmark mean scores by list size (8001-10000 patients)



Your patient feedback

Table 5: Your current and previous mean percentage scores*

	27/09/2012	25/01/2012
Q1 Opening hours satisfaction	72	71
Q2 Telephone access	71	68
Q3 Appointment satisfaction	73	72
Q4 See practitioner within 48hrs	75	73
Q5 See practitioner of choice	78	74
Q6 Speak to practitioner on phone	71	66
Q7 Comfort of waiting room	67	64
Q8 Waiting time	63	60
Q9 Satisfaction with visit	79	77
Q10 Warmth of greeting	78	76
Q11 Ability to listen	79	77
Q12 Explanations	79	76
Q13 Reassurance	77	74
Q14 Confidence in ability	80	79
Q15 Express concerns/fears	77	75
Q16 Respect shown	81	80
Q17 Time for visit	76	72
Q18 Consideration	77	73
Q19 Concern for patient	77	73
Q20 Self care	78	74
Q21 Recommendation	81	77
Q22 Reception staff	75	77
Q23 Respect for privacy/confidentiality	77	76
Q24 Information of services	75	73
Q25 Complaints/compliments	68	66
Q26 Illness prevention	73	67
Q27 Reminder systems	71	68
Q28 Second opinion / comp medicine	70	66
Overall score	75	72

-- no data available, question introduced in October 2009.

*Dates in the table relate to date of application to carry out the survey.

As can be seen, the practice did very well in comparison to similar sized practices, and was not in the lowest quarter for any criteria.

What was even more pleasing was how we performed compared to the last survey – out of 28 criteria we were higher in 27, our overall satisfaction score had increased from 72 to 75 in just 8 months.

This shows that the hard work put in by both GPs and administrative staff/receptionists was noticed and being appreciated by patients.

In Summary:

	Highest scores	Lowest scores
Overall scores	Respect shown Confidence in GP ability Satisfaction with visit, Ability to listen, Explanations	Waiting time Comfort of waiting room Opportunity for feedback
Relative to national mean for similar sized surgeries	See practitioner of choice Telephone consultations Telephone access	Warmth of greeting Respect shown Self care
Compared to last survey	Illness prevention Speak to GP on phone Time given for visit Consideration Concern	Reception staff

Step 8: Progress update on previous Action plan

Problem: Currently patients from Tooting need to attend the Balham surgery for Saturday morning clinic. They would prefer to see their own GP in familiar surroundings so there were a number of requests for Saturday morning opening at Tooting in the survey.

What has been done to address this?

We have obtained funding for a weekly Saturday morning clinic at Tooting. This is up and running for both booked and walk-in emergency appointments.

Problem: It was mentioned by the PPG that the Tooting branch waiting room has cluttered posters, patient information and signs so that patients are unable to easily see what information is being presented.

What has been done to address this?

Many of the existing posters and signs have been stripped, and we are awaiting better weather to paint the walls throughout, and steam clean the carpets in the consultation rooms.

We have purchased large aluminium noticeboards in which to display relevant patient information in an easily accessible manner.

Problem: According to the survey the GPs should attempt to be more empathetic and encourage greater health promotion and education during their consultations.

What has been done to address this?

Telephone consultation course attended by Dr P Mittal.

A conscious effort has been made to spend more time listening and educating when possible.

Dr V K Mittal is carrying out thorough reviews of more complicated patients spending time to fully assess their medical and social needs.

There has been a significant improvement in our patient survey findings with regards to this particular area – it has gone from one of the lowest areas of satisfaction to the highest.

Based on the latest survey findings the patient group is convinced that the Open Door Surgery has satisfied each of the three action points agreed upon at the March 2012 meeting.

Step 9: PPG to agree on next three areas of improvement with timeframes

We decided as a group to implement the following action plans to attempt to achieve in time for the next patient group meeting:

- Problem: Judging from feedback received in the suggestion boxes and also from the new member of the patient group, many patients remain unaware that the surgery has a website. Patients need to be made aware of this.
 - Who needs to be involved?: Dr Dutta, GP for Tooting branch, is in charge of developing the practice website.
 - Plan of action: We will place signage displaying 'www.opendoorsurgery.com' and 'www.becfamilypractice.com' in the waiting areas of the respective surgeries. We will also encourage GPs and nurses to make patients aware of the websites and direct them to patient information and feedback pages that can be found there.
 - Achievable time frame?: Dr Dutta to arrange for signs to be in place by July 2013.

- Problem: The Tooting branch waiting room is not yet complete in terms of repainting and poster displays being organised.
 - Who needs to be involved?: Dr Dutta, Dr V K Mittal and the main receptionists.
 - Plan of action: The walls will be repainted in the Spring, poster boards have already been purchased and can be put in place after this.
 - Achievable time frame?: By the next patient group meeting in July 2013.

 - Problem: We would like to develop the ability for patients to book/cancel appointments and request repeat prescriptions on-line.
 - Who needs to be involved?: All GPs, all reception staff
 - Plan of action: We will discuss this requirement with EMIS who can provide the appropriate software modules and training
 - Achievable time frame?: This will take a few months to set up and get running smoothly. It is essential that prescription requests are not misplaced and that appointments are correctly booked to avoid chaos. We will aim to have this set up by 2014. This will not be a replacement for the current system, rather it will be an adjunct that could prove very useful for patients familiar with the internet.
-