

# **THE NEW FOLLY SURGERY**

## **PATIENT PARTICIPATION DES 2013 TO 2014**

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[www.thenewfollysurgery.co.uk](http://www.thenewfollysurgery.co.uk)

### **March 2014**

This report summarises how the New Folly Surgery ensures that patients are involved in decisions about the range and quality of services that we commission. We proactively engage patients through our patient group and have sought the views of all our practice patients through a local survey.

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## PATIENT PARTICIPATION DES 2013 TO 2014

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# REPORT SUMMARY

This report details the work undertaken by the Practice to gather feedback from our patient population and to ensure that patients are involved in decisions about the range and quality of services we provide. We believe we have achieved all the components of the Patient Participation DES:

**Component 1: Establish a PRG comprising only of registered patients and use best endeavours to ensure PRG is representative.** The New Folly Surgery Patient Group is comprised only of registered patients. It has been running for several years and meets at least bi-monthly. There are currently fourteen members.

**Component 2: Agree with the PRG which issues are a priority and include these in a local practice survey.** The patient group discussed the key issues of importance to patients at the Patient Group meeting held in December 2013. Based on these issues questions were developed for inclusion in our patient survey.

**Component 3: Carry out the local practice survey and collate and inform the PRG of the findings.** We carried out the patient survey between 20<sup>th</sup> January and 2<sup>nd</sup> February 2014 and received a total of 456 responses. The results of our survey can be found in Appendix A.

**Component 4: Provide the PRG with an opportunity to comment and discuss findings of the local practice survey. Reach agreement with the PRG of changes in provision and manner of delivery of services. Where relevant, notify NHS England of the agreed changes.** The survey results were collated and a survey results report written (Appendix A). The patient group discussed the survey findings and reached agreement about any changes in provision and delivery of services on 12<sup>h</sup> February 2014. None of the changes required NHS England notification.

**Component 5: Agree with the PRG an action plan setting out the priorities and proposals arising out of the local practice survey. Seek PRG agreement to implement changes and where necessary inform NHS England.** The patient group agreed an action plan (Appendix C) and agreed any changes on 12<sup>h</sup> February 2014. None of the changes required NHS England notification.

**Component 6: Publicise the Local Patient Participation Report on the practice website and update the report on subsequent achievement.** The outcomes of the engagement and the views of patients are in this report, which was published on the Practice website by the end of March 2014: [www.thenewfollysurgery.co.uk](http://www.thenewfollysurgery.co.uk).

We participated in the Patient Participation DES during 2011/12 and 2012 /13

# COMPONENT 1: ESTABLISH A PRG

The Practice has worked hard to develop a Patient Group and have had a core group of members for a significant time. In recognition of the need to ensure this group was representative of the full practice list a recruitment drive was implemented in 2011/12 to attract new members.

At PRG meetings on 12<sup>th</sup> October and 7<sup>th</sup> December 2011 we discussed the requirements of the Patient Participation DES. We reviewed our membership and discussed this in comparison to our Patient List. The group felt that the PRG members approximately matched the representation of the demographics of the patient list size.

Several members of the group also fall within minority categories including those with physical disabilities and long term conditions. However the group remain keen to ensure they are considering the views of a cross section of patients. The group are always keen to attract new members and have recruited two additional members in the past year.

The New Folly Surgery Patient Group is comprised only of registered patients. There are 14 members and they meet at least every two months.

The group recruit patients via the practice website, internally displayed practice posters and a poster in the local library. This is the message on the webpage:

## Patient Participation Group

Are you interested in finding out more about YOUR Surgery?

Would you like to be involved in decisions regarding improvements, range and quality of services for both patients and Practice staff? Meetings are held bi-monthly normally between 7.00pm-8.15pm.

If you would like to join the Group, please contact Reception on: 01277 352 224, leaving your name and contact number. Details will then be passed to the Practice Manager.



## Patient and PRG group age

Age Range	Patient List age groups		PRG member ages	
	Total	%	Total	%
Under 16	1076	17%	0	0%
17 to 30	926	15%	2	14%
31 to 44	1011	16%	0	0%
45 to 60	1589	25%	1	7%
61 and above	1719	27%	11	79%

## Patient and PRG group gender

Gender	Patient list gender		PRG gender	
	Total	%	Total	%
Male	3143	49%	3	21%
Female	3246	51%	11	79%

## Patient and PRG group ethnicity

Ethnic Group	Patient list ethnicity		PRG ethnicity	
	Total	%	Total	%
<b>White British</b>	2377	95%	10	77%
<b>White Irish</b>	26	1%	2	15%
<b>Mixed White &amp; Black Caribbean</b>	7	<1%	0	
<b>Mixed White &amp; Asian</b>	13	1%	0	
<b>Indian</b>	7	<1%	0	
<b>Pakistani</b>	1	<1%	0	
<b>Bangladeshi</b>	2	<1%	0	
<b>Black African</b>	7	<1%	1	8%
<b>Black Caribbean</b>	1	<1%	0	
<b>Chinese</b>	15	1%	0	
<b>Other</b>	46	2%	0	

There are 2369 patients for whom ethnicity is not recorded on the practice system.

## **COMPONENT 2: AGREE WITH THE PRG WHICH ISSUES ARE A PRIORITY**

At the PRG meeting in December 2013 the planning for the survey was discussed and the previous survey and action plan reviewed. It was agreed that all previous questions were still relevant and suitable; however, 'Would you recommend a friend or relative to this Surgery' would be added.

The following issues were agreed as the priority issues to be included in this year's Patient Survey:

- GP Access
- Confidentiality
- Quality of care
- Patient environment
- General satisfaction

## **COMPONENT 3: CARRY OUT THE LOCAL PRACTICE SURVEY**

### **We carried out the survey using**

- Survey Monkey on line
- Paper forms were available at reception for patients who preferred this method

### **We reminded our patients to complete the survey by**

- Advertising in the surgery using posters
- Providing all patients attending the surgery with a leaflet to take away and read
- Texting a reminder to all our patients with a mobile telephone number on their records
- Our PRG members encouraged their friends and relatives who are our patients to complete our survey
- Placing a reminder on the bottom of our repeat prescriptions
- Speaking to individual patients as they attended the surgery
- Placing a message with the survey monkey link on our website
- Speaking with the Library and Pharmacy who agreed to advertise our survey in their buildings

We carried out the Year 3 survey between 20<sup>th</sup> January and 2<sup>nd</sup> February 2014 and received a total of 456 responses. This included 292 online responses and 164 hard copy responses. The results of our survey can be found in Appendix A.

## **COMPONENT 4: REACH AGREEMENT WITH THE PRG OF CHANGES IN PROVISION AND MANNER OF DELIVERY OF SERVICES**

The patient group members were asked to consider the previous improvement plans that had been developed and how patients had responded to these improvements.

The results of this year's survey were reviewed and discussed by our Patient Group members at a PRG meeting held on 12<sup>th</sup> February 2014. Members were asked to consider what actions should be included in the improvement plan in response to this year's survey results.

### **Extract from Patient Group meeting minutes 12<sup>th</sup> February 2014**

#### ***“Patient Survey Results.***

*Last year there were 267 responses. This year there were 456 responses of which 292 were on line (compared to 9 last year) and 164 hard-copy. The survey can't be sent out by e-mail because of time constraints, but as long as the Practice has mobile telephone numbers for patients, then text messaging is a useful method of contact for this purpose.*

*A good mix of people responded. The group discussed the issue of Practice opening hours. Dr Emond explained that there are current discussions around the possible use of “hub” surgeries and the possibility that they may be able to provide “cluster surgeries”. The discussions encompass the proposed possible increased opening hours of weekdays, 7am to 8pm and Saturdays 10 to 4pm. One of the problems in this area is the rate of “did not attend” (DNA's). Several patients have asked for longer or different hours, but it is a question of whether resources can be stretched.*

*At the moment, patients with emergencies can use the Out-of-Hour's service or the Walk-In service at either Harold Wood or Boreham, Chelmsford. Saturday morning surgeries are not for emergency appointments, they are for pre-booked appointments. This was decided by the former PCT. The Out-of-Hours service were allocated urgent matters, this was a funding issue. Tile House Surgery (Shenfield Road in Brentwood) is for emergencies. Patients who do not wish to use the Walk-In service should phone '111' who will assess individual need and make a decision as to which service is most appropriate.*

*The group moved on to discuss accessibility. Dr Emond said that it is important that patients know that they can talk to the GP on the telephone. During surgery times, the receptionists are asked not to put patients through to the GP unless it is urgent. For the “ring back” service, there is no criterion, but the receptionists do warn patients that the GP may not ring back after morning surgery. The ring back may take place after the evening surgery. Patients with repeat prescription and results requests are encouraged to ring the surgery after 2pm. The messages for the GP are marked “Action” or “FYI” to help prioritise.*



*The discussion then centred on the survey results relating to “additional services”. Many requests have been made for blood tests to be taken in the surgery. At present, the surgery has a courier service on Wednesday and Friday mornings for special clinics only. Funding is the problem here. The CCG need to hear from those who feel strongly about this, in order to lend weight to the argument that this service is required. This could also be raised as an issue with Healthwatch.*

*The group discussed the “booking in” system. Some members observed that on occasion, there is a lack of acknowledgement by the receptionist that the patient has arrived in the surgery. This will be addressed as a training issue.*

*The Group talked about the re-positioning of the Repeat Prescription Box into the Lobby and decided that once patients had located it, they would not forget where it was!*

***PRG on Website.***

*It was decided that a full discussion about the PRG page on the Surgery Website would take place at the next meeting in April 2014.”*

In previous surveys:

You said	We did	The result in Year 2 was...	The updated position in Year 3 is...	Our conclusion on this issue is...
<p><b>You would like us to carry out blood tests at the surgery</b></p>	<p>Our PRG members discussed this and agreed that this was an important service that is not readily available in our area</p>	<p>The practice has reviewed this and has concluded that this service will not be offered due to financial constraints. This service is not supported by the local commissioning group</p>	<p>Comments were again received requesting additional blood testing services in the locality.</p> <p>Many requests have been made for blood tests to be taken in the surgery. At present, the surgery has a courier service on Wednesday and Friday mornings for special clinics only. Funding is the problem here. The CCG need to hear from those who feel strongly about this, in order to lend weight to the argument that this service is required.</p>	<p>The practice has confirmed it is not viable to implement its own service however this issue will be raised with the local Healthwatch</p>

You said	We did	The result in Year 2 was...	The updated position in Year 3 is...	Our conclusion on this issue is...
<p><b>You do not like being overheard when you are at the reception desk</b></p>	<p>We discussed this with our PRG and agreed to review our current confidentiality arrangements</p>	<p>We have discussed confidentiality with our staff to raise their awareness.</p> <p>We have developed a Customer Service Pledge which prioritises this issue and is advertised widely within the Practice</p> <p>We reviewed our reception area and have identified a quiet room that can be used if patients would prefer a more discreet conversation – this is now advertised within the surgery</p>	<p>In Year 2 14% patients were not happy that they could be overheard at reception</p> <p>In year 3 this has risen to 31%</p>	<p>This issue is ongoing however we will continue to monitor satisfaction with this issue and will encourage patients to use our confidential space where appropriate</p>

You said	We did	The result in Year 2 was...	The updated position in Year 3 is...	Our conclusion on this issue is...
<p><b>You often have to wait more than 10 minutes after your appointment time to see a clinician</b></p>	<p>We discussed this with the PRG and have agreed to improve this</p>	<p>Waiting times of more than 15 minutes are relatively rare and we aim to ensure patients are advised if a wait is anticipated</p>	<p>There were no comments regarding this issue in this year</p> <p>73% of patients recalled being seen within 20 minutes of their appointment time</p>	<p>This issue will be monitored going forward however is not considered a significant concern</p>
<p><b>You would like to see us improve the waiting area</b></p>	<p>We are going to purchase a water cooler and review the way we display information in the surgery</p>	<p>Hopefully a water cooler will soon be installed</p> <p>We are going to reduce the amount of posters on the walls and use folders instead to display information</p>	<p>Patients have made it clear that they dislike the 'Life Channel' and would very much prefer the BBC news all day.</p>	<p>As the 'Life Channel' TV cannot be used for normal transmission the Practice will purchase a new one.</p>

You said	We did	The result in Year 2 was...	The updated position in Year 3 is...	Our conclusion on this issue is...
<p><b>You would like to know more about additional services available within our local area</b></p>	<p>We are making contact with local health and voluntary services</p>	<p>Soon we will have visits arranged from local services such as Crossroads, CAB, Parkinson's Disease Nurse Specialist</p>	<p>The Patient Group will have a dedicated page on the practice website to share key information with patients.</p> <p>This will include information about the PRG, DNAs, a request for new members, patient transport and health related information.</p> <p>The practice will also continue to use text messaging as an efficient and effective way to communicate with large numbers of patients</p>	<p>A full discussion about the PRG page on the Surgery Website will take place at the next PRG meeting in April 2014</p>

## COMPONENT 5: AGREE AN ACTION PLAN WITH THE PRG

The members of the Patient Group meeting discussed improvements in response to this year's survey at their meeting on 12<sup>th</sup> February 2014:

### Extract of minutes (12<sup>th</sup> February 2014)

#### *"Improvements to patient service for 2014-2015*

- 1) *Patients have made it clear that they dislike the 'Life Channel' and would very much prefer the BBC news all day. As the 'Life Channel' TV cannot be used for normal transmission the Practice will purchase a new one. Everyone agreed.*
- 2) *It was also agreed that a monthly list of the numbers of DNA's would be displayed in reception with a request to call the surgery if the patient is unable to keep appointments. Daryl was requested to try to compose some polite wording in text appointment reminders to request that the patient contact the surgery if they are unable to attend.*
- 3) *The telephone system, which has been in the surgery for many years, is hopefully to be replaced with a new system which will allow for more calls in and out of the surgery.*
- 4) *The final patient service improvement to be discussed was the new PRG page. This will include Rachel's article about the PRG, DNA's, request for new members, patient transport and health related information. The group should also provide any ideas they have for the PRG page to the meeting in April 2014."*

*It was agreed that the following issues would be addressed by the Practice in the coming year:*

- *Patient Environment – improvements to waiting area*
- *Wasted appointments*
- *Telephone system*
- *Patient Information – dedicated PRG webpage to be developed"*

These issues were formulated into an improvement plan that can be found in Appendix C.

## **COMPONENT 6: PUBLICISE THE REPORT ON THE PRACTICE WEBSITE**

The Patient Participation DES report has been publicised within the Practice and added to our Practice Website: [www.thenewfollysurgey.co.uk](http://www.thenewfollysurgey.co.uk)

## **CONFIRMATION OF OUR OPENING TIMES**

As a result of the survey we have not changed our opening times. They are:

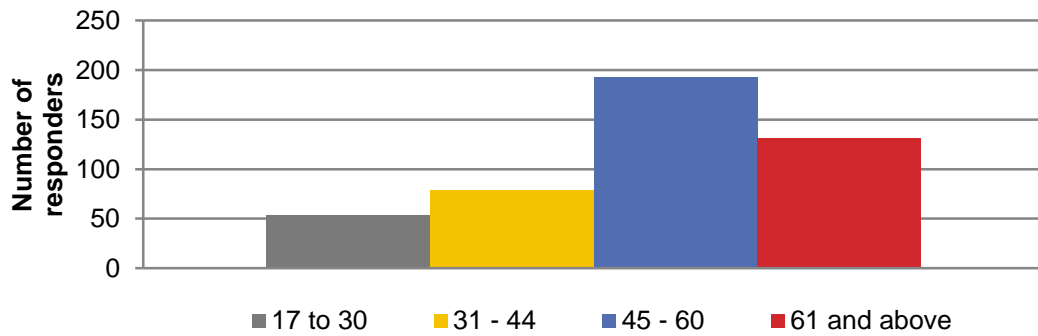
- We are open from 8.00 am – 6.30 pm Monday to Friday
- You can call the surgery between 8.00 am and 6.30 pm
- We offer Extended Hours on Saturday morning between 8.30am and 11.30am

Outside of our opening hours please contact the emergency GP service by calling the usual practice telephone number and you will be automatically put through.

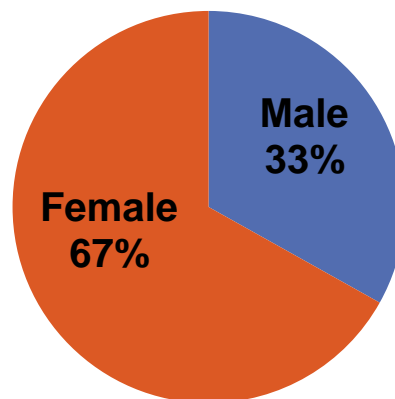
# APPENDIX A: SURVEY RESULTS REPORT

Our patient survey ran between 20<sup>th</sup> January and 2<sup>nd</sup> February 2014. We received a total of 456 responses to our survey this year. This included 292 online responses and 164 hard copy responses. These are the results of our survey:

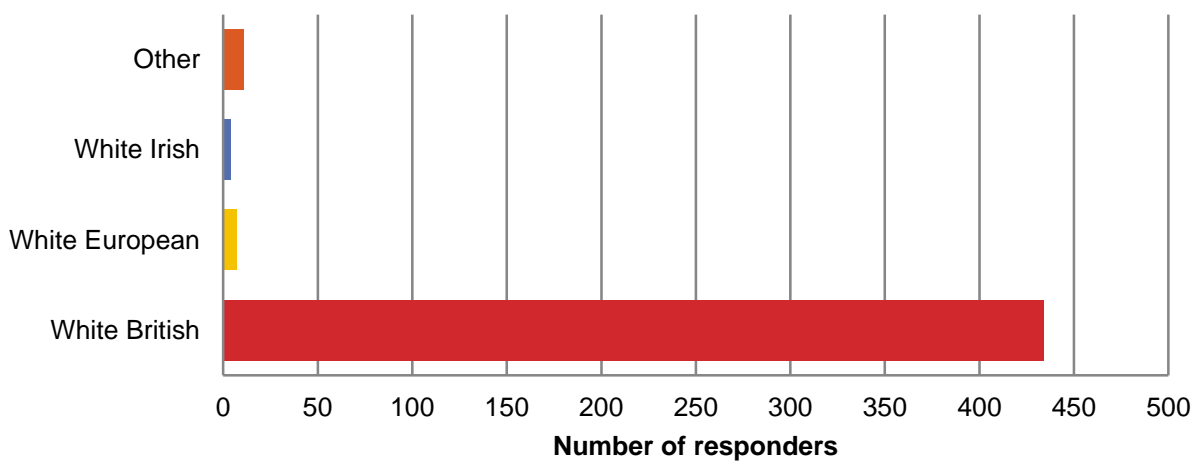
## Age of survey responders



## Gender of survey responders

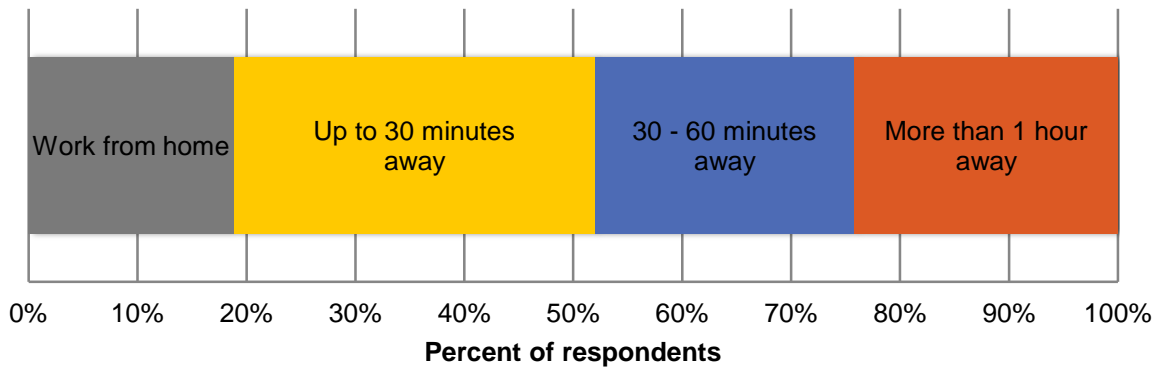


## Ethnicity of survey responders

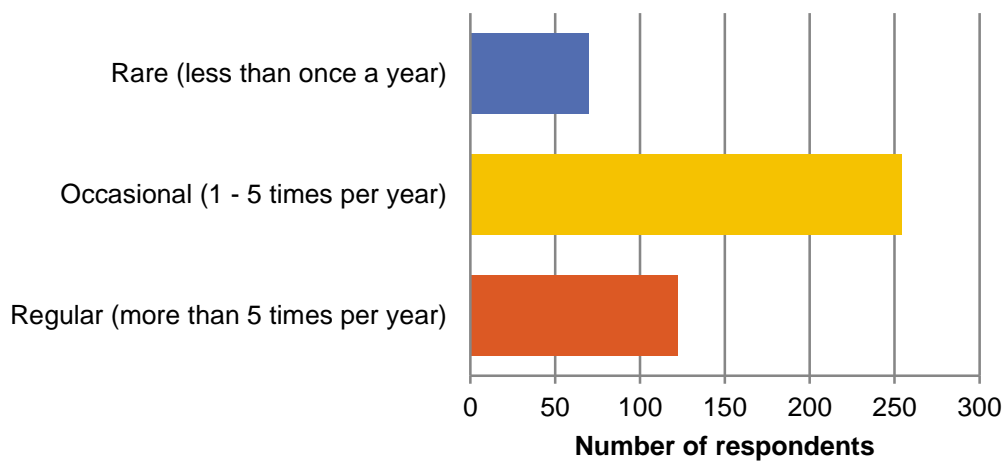




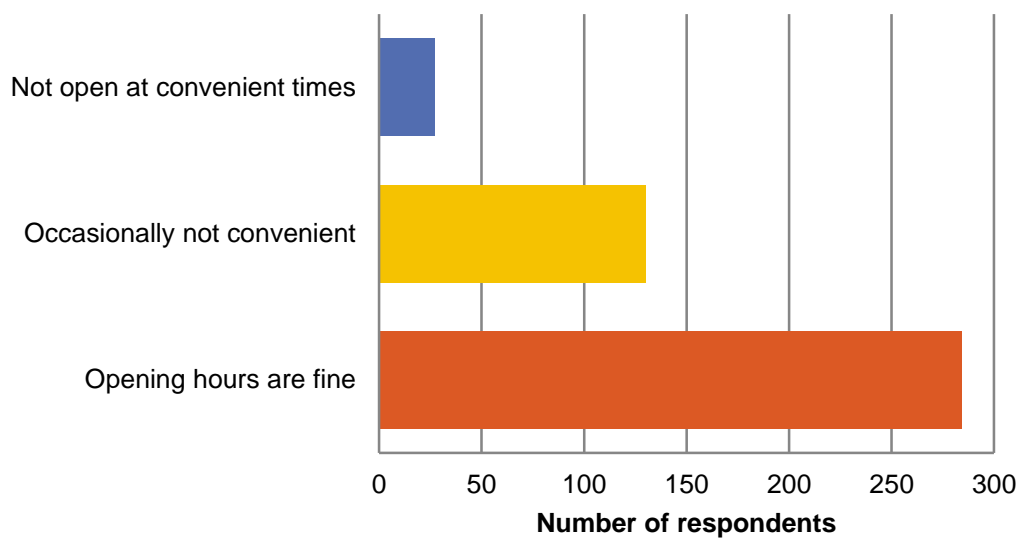
## If you work, how close do you work to the surgery?



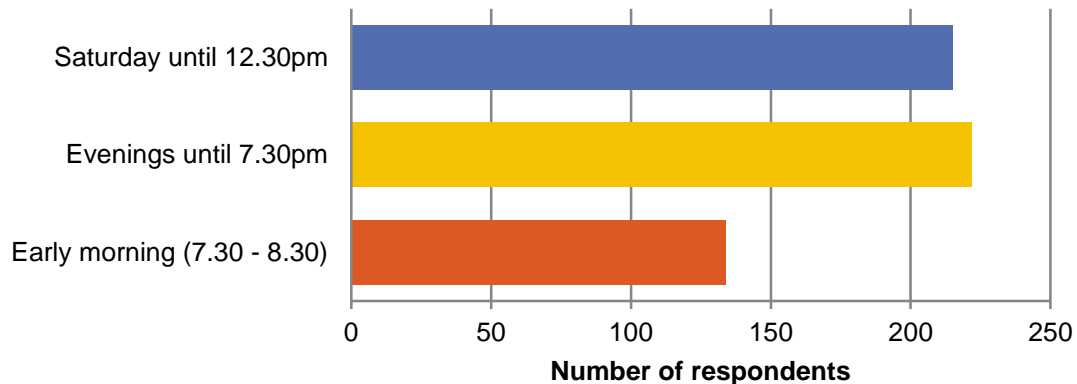
## How often do you visit the surgery?



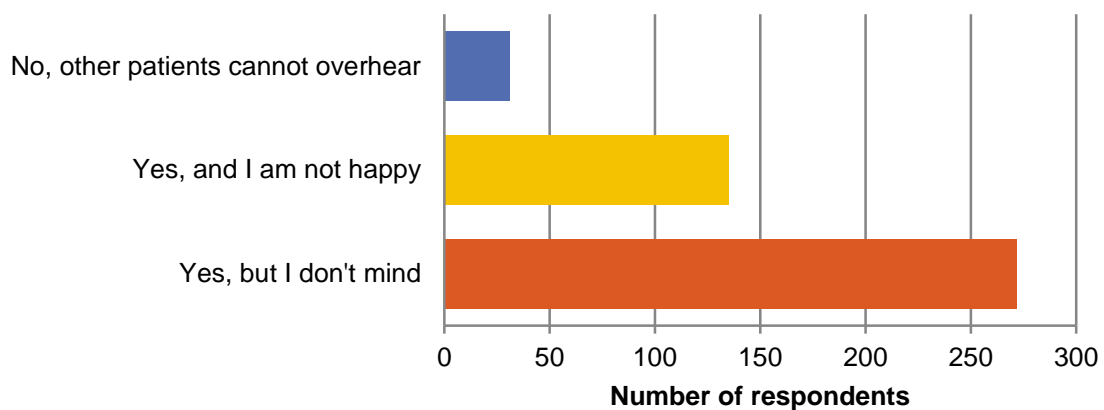
## Do you think our opening hours are convenient?



## Opening hours requested



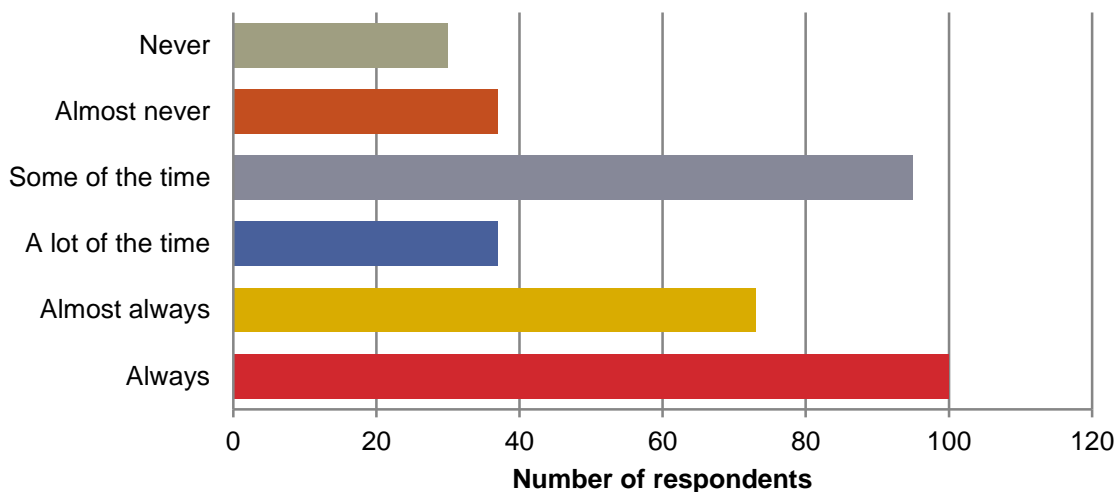
## Patient confidentiality – can you be overheard at reception?



## Receptionists

- 165 patients thought the receptionists are very helpful
- 172 patients thought the receptionists are fairly helpful
- 72 thought they were not very helpful
- 26 thought they were not at all helpful

## Are you able to speak to the doctor on the phone?



## Access

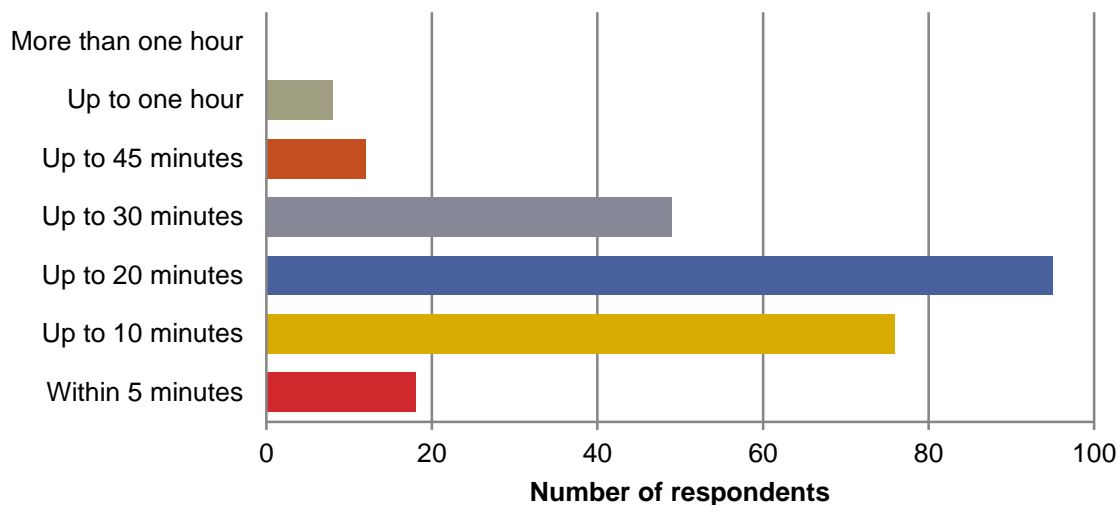
- **212** patients had tried to see a doctor **URGENTLY** in the last six months
- **78%** (165) of these had been able to see the doctor on the same day or within the next two working days

For those who had been unable to see a doctor within two working days for an **URGENT** need, the reasons given for this was:

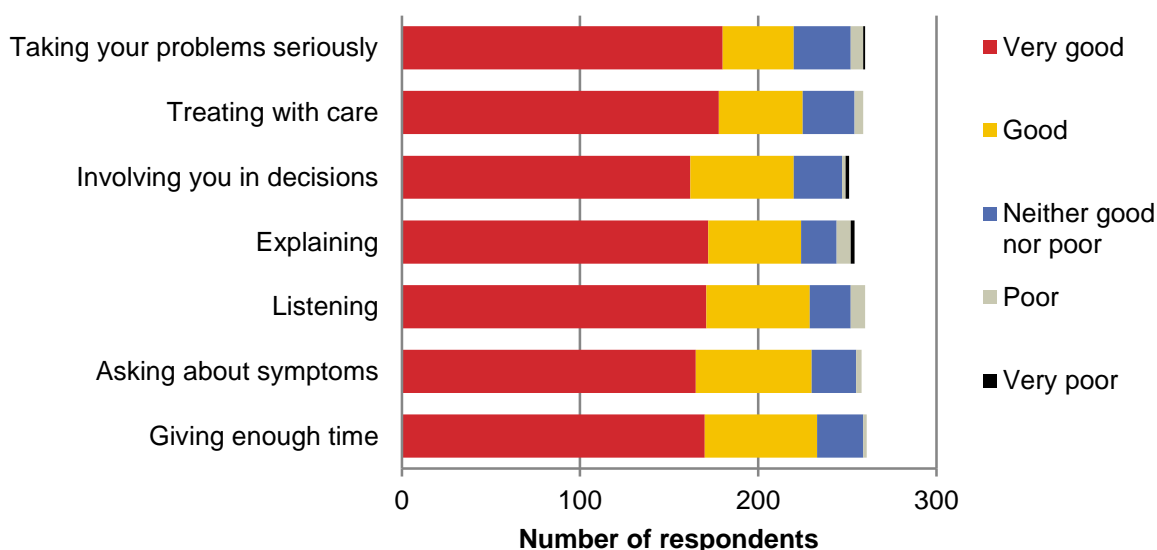
- **38** there weren't any appointments
- **10** times offered didn't suit
- **11** appointment offered was with a doctor I didn't want to see
- **1** a nurse was free but I wanted to see a doctor

## How long after your pre-booked appointment time do you normally wait to be seen?

259 patients had tried to see a doctor for a **ROUTINE** appointment in the last six months



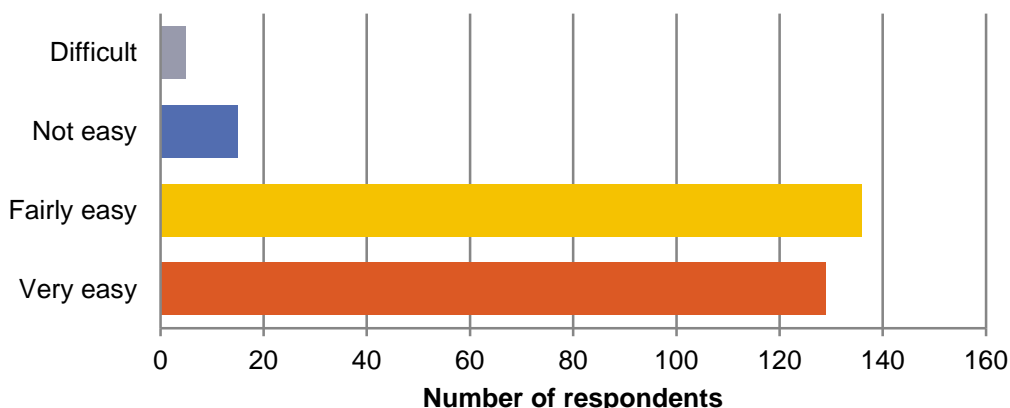
## How good was the doctor at ...



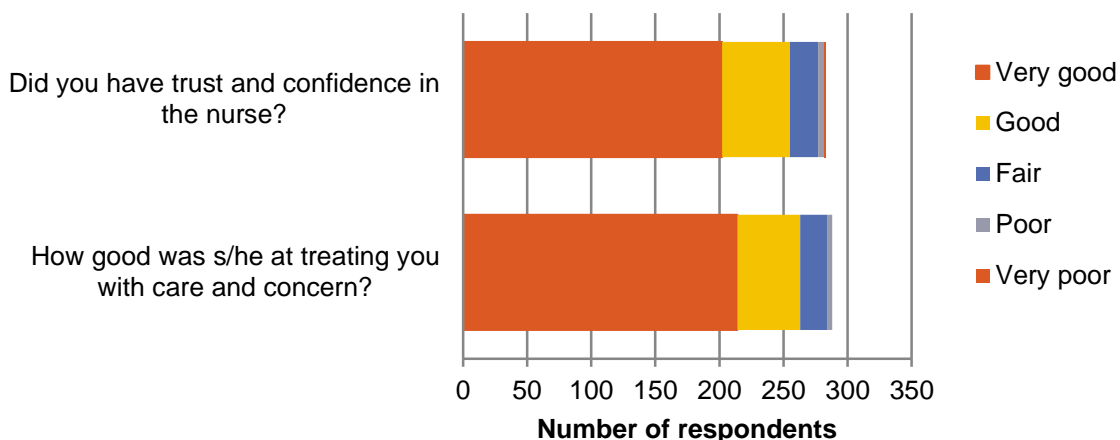
**82%** (215) patients said they definitely had confidence and trust in the doctor they saw.

## How easy is it to get a nurse appointment?

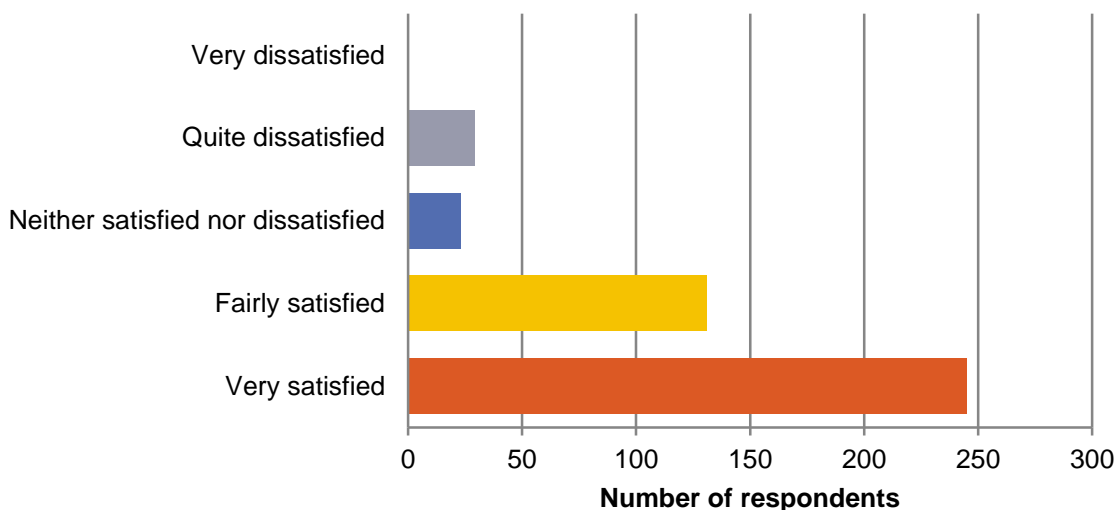
290 patients recalled seeing the Practice Nurse in the last six months



## How good was the nurse ...



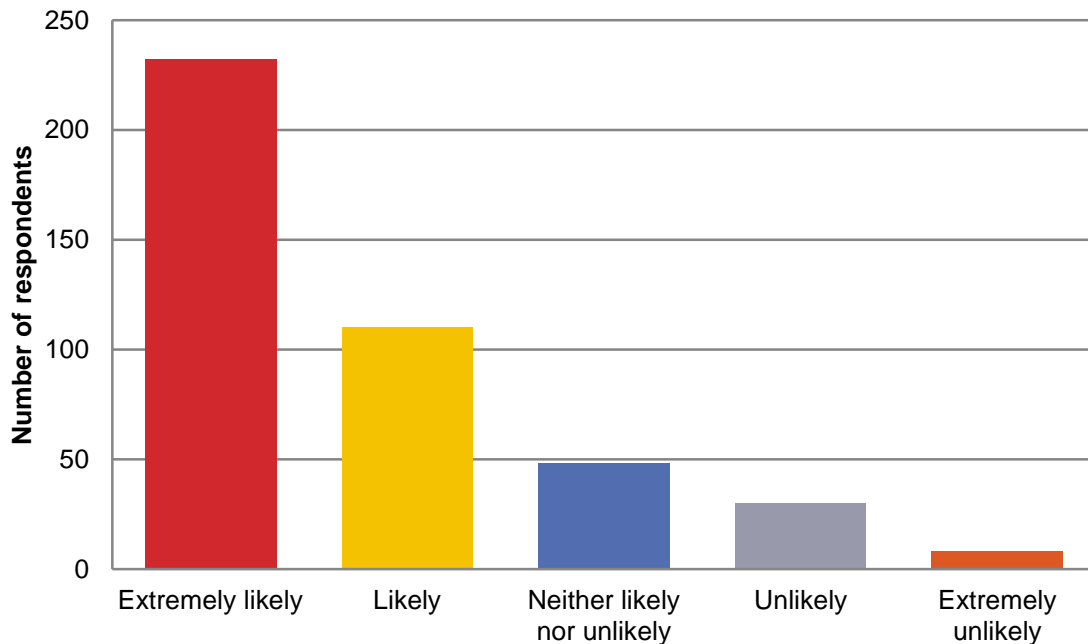
## General satisfaction



We have made improvements in the waiting room in response to previous patient feedback, 75 patients like the changes.

## How likely are you to recommend this GP Practice to someone else?

The New Folly Friends & Family Test score is 34.<sup>1</sup>



## Which additional services would you like to see offered at the surgery?

Service	Number of requests
Blood tests	28
Chiropody / phlebotomy	6
Online appointment booking	3
Optician	4
Physiotherapy	3
Text message reminders	2

<sup>1</sup> 428 respondents completed the Friends & Family Test (FFT). For more details about the FFT go to <http://www.england.nhs.uk/ourwork/pe/fft/>

## APPENDIX B: COMMENTS

Some general comments were made regarding wide ranging aspects of the Practice, some of which are noted below to give a flavour of the patient perception of the New Folly Surgery:

**A surgery that is well run & puts patients care first** \* **All staff are very kind and concerned for our welfare** \* **Appointments always available within short timescales** \* **Cannot fault the care** \* **Sometimes reception staff can appear rude or offhand** \* **Doctors are extremely professional and take time to listen, understand and provide detailed diagnosis** \* **Friendly reception and very caring doctors and nurses** \* **It's the best surgery at which I've been a patient in my life** \* **Compared to my previous surgery I feel like I am in safe hands** \* **The booking system is awful. We mostly go to the drop in centre** \* **The doctors are without exception very good**

## APPENDIX C: IMPROVEMENT PLAN

ISSUE TO BE ADDRESSED	IMPROVEMENT GOAL	KEY ACTIONS REQUIRED	BY WHOM?	BY WHEN?
<i>Which specific area are you going to focus on?</i>	<i>What do you want to achieve?</i>	<i>What needs to be done to achieve the goal? There may be more than one action</i>	<i>Who is responsible for ensuring it happens?</i>	<i>When do you think this will be completed?</i>
<b>Patient Environment</b>	Remove life channel TV and replace with standard TV showing BBC news	Purchase of TV for waiting area	Practice Manager	June 2014
<b>Wasted Appointments</b>	Reduction in Patient DNAs (Do not attend appointment)	Text message appointment reminder to include request for patient to cancel any unneeded appointments	Practice Manager	June 2014
<b>Patient Experience</b>	Receptionists to acknowledge patients using the self check-in	Customer care update for Reception team	Practice Manager	August 2014
<b>Additional clinical services</b>	Raise awareness of the requests for additional blood service in the locality	Issue to be discussed with Essex Healthwatch	Practice Manager	May 2014
<b>Telephone Access</b>	Improvement telephone communication with the practice	Investigate alternative telephone systems for the Practice	Practice Manager	September 2014

ISSUE TO BE ADDRESSED	IMPROVEMENT GOAL	KEY ACTIONS REQUIRED	BY WHOM?	BY WHEN?
<b>Patient Information</b>	Increase patient knowledge of key practice and health related information	Development of PRG page for website  A full discussion about the PRG page on the Surgery Website will take place at the next PRG meeting in April 2014	Patient Group Members	September 2014
		Continued use of text messaging to patients for key information campaigns following success of patient survey message	Practice Manager	In place and ongoing