



Patient Participation Group DES Annual Report 2011/2012

INTRODUCTION

The practice is in the borough of Surrey Heath and currently has approximately 10,400 patients, in a semi-rural area. We are located in our own premises which have recently been acquired and undergoing modernisation.

In April 2011, steps were taken to create a Patient Participation Group (PPG) for the surgery. The question of forming one had been raised in the past, and this seemed the right time to go ahead with this exciting new avenue, which the whole practice has embraced.

PPGs are important in modern day practice as this allows patients to be involved with making decisions about a range and quality of services provided and over time, commissioned by their practice. Hopefully this will lead to a positive change to services and improve patient experience. It should also allow us a valuable insight into their various needs.

This document reports on the first year of this initiative. The PCT can monitor the arrangements put in place by the PPG from the information contained in this report.

To ensure we fulfil the DES requirement this document will be split up into the "6 steps" defined by the DES.

STEP 1- Developing a PPG

Below is an overview of our practice population.

AGES	<16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	>85
Male	10%	4%	5%	7%	9%	6%	5%	3%	1%
Female	10%	4%	5%	7%	9%	6%	5%	3%	1%
TOTAL	20%	8%	10%	14%	18%	12%	10%	6%	2%

The ethnicity profile of the practice is detailed below.

White British	Irish	White	Mixed	African	Other Black	Chinese	Other Ethnic	British Pakist	British Indian	British Bang	Other Asian	Not Stated
85%	0.5%	4%	0.5%	<0.01%	<0.01%	0.4%	0.2%	0.2%	0.7%	<0.01%	0.5%	8%

The practice is within a predominately middle class area with low social deprivation. As you can see there is a predominately young population, with low unemployment, consequently people may not be available to partake in a PPG.

In order to recruit to the PPG, we placed adverts on our noticeboard in the waiting room and also in the reception window. We also advertised the formation of the group on our practice website. Our receptionists handed out leaflets, to patients who presented at reception and attached them to repeat prescriptions. Though many people verbally said they were interested, very few actually filled out "interest forms" for the receptionists. In order to try and increase uptake we developed a practice newsletter which had a section requesting support and during consultations if the opportunity arose we asked patients if they would be keen to take part.

We had 16 replies from interested individuals but when we sent invite letters, only 4 patients wrote back confirming their intentions (the others generally felt, on reflection they would not have enough time to commit). These were predominately middle aged females who had ample time, and were not working. We thought it would be important to have more representation from a cross section of our population. We needed younger patients so targeted new parents at the Baby Immunisation

clinics. We also tried to approach patients who were under 16 and their parents, to give a more balanced picture. As one can imagine, there was a lack of interest in this generation; their parents citing how there would not be enough time during the day with school and studies. We also looked to see if it would be better to hold the meetings in the evenings, but most people preferred to spend this time with their families after a hard day at work. The reality is many PPGs across the country have struggled to recruit patients who are bringing up families, as there is a lack of availability. We may in the future try and develop an online/virtual group which could bring in some young blood. As mentioned before the practice population is mainly white British and this was reflected on the ethnicity of our group. However we felt it would be important to have a representative from an Asian background so we actually directly approached some patients, and this was successful.

So our group is made up of 6 patients:

Male- British, age 55-64; disabled

Male- Asian, age 55-64; employed (also a Councillor)

Female- British, age 35-44; on maternity leave

Female- British, age 55-64; retired

Female- British, age 65-74; carer

Female- British, age 45-54; employed

48% of our practice population are above the age of 45, ideally we would like to have younger patients as well, to give a fairer reflection of our population, but due to the previous mentioned issues this is currently not possible. We will endeavour to keep on trying.

We anticipate that in the future as we develop more space at the surgery (currently a building site), the group will expand.

STEP 2- Agreeing areas of priority

The first meeting was held on 23/08/11, and after a brief introduction we had a discussion about how the practice was keen on engaging patients to help deliver and design services around the needs of the patients.

It quickly became apparent that the PPG wanted to go “back to basics” and voiced concerns and frustrations with regards to several areas. These included ease of access to appointments, poor car parking, seeing a GP of their choice, and the ability to get through on the telephone.

For a number of years the surgery has had three pre-bookable slots in the morning and 6 for afternoon surgery. There are four “48 hour in advance appointments” for each GP, in afternoon surgery. Consequently the other slots are book on day. We also employ a policy that if people want to be seen that morning as long as they ring before 11am they will be seen, if need be in the “overflow surgery”, where the doctors in that day will see amongst themselves.

The argument from the PPG was that although, it is excellent that no patients are turned away, it was difficult to start ringing at 8am, to see a doctor of choice. As the pre-bookable slots, went very quickly, very often, it required the patient to ring up on the day that they needed to be seen, but no guarantees to see the doctor of choice in the “overflow surgery”. In the past, the practice received comments about how frustrating it was to keep on hearing an engaged tone when ringing in and it was difficult to get through. It was thought that a call queuing system would change all of that. But the PPG mentioned how people think it is a premium rate number which of course it is not, and we clarified this. Apparently people don't like being told they are a certain number in the queue!

We felt that it was unfair to comment on car parking arrangements as the surgery is undergoing redevelopment, and would be back to normal with more spaces in the Summer of 2012. One of our group members who is a Councillor, informed us that a verge on the road the surgery is on, is going to be tarmacked in the future, and have parking slots for all to use.

Using what the PPG brought up and knowledge of previous complaints, significant events comments and suggestions, it was decided the priority areas to look at would be:

- 1) Access to appointments
- 2) Maintaining continuity of care- seeing a GP of their choice
- 3) Telephone access- experience of the call queuing system

We decided to obtain the views of our patients with regards to these priority areas and other issues by using a well-established Improving Practice Questionnaire (IPQ), with some augmentation tailored to our needs. This has been widely used in the UK. It was presented to the PPG for comment in our second meeting and met the priorities to be included within the survey. The original survey has been used in over 4000 practices in the UK, and was a reliable and sensitive tool to measure patient satisfaction.

Prior to the survey the practice displayed posters around the surgery, informing patients and we had a note on our website.

Upon arrival at reception, patients were asked if they would be happy to participate in the local survey. We thought we should aim for a total of 250 questionnaires to be filled (50 per GP). We targeted various groups of patients at different times of the day, for example, baby clinic, chronic disease clinic, and routine appointments with GP or nurse.

The survey was conducted for a two week period between 13/02/12 and 24/02/12, we had achieved our aim of 250 responses.

All of the results were collated by hand and transferred to graphical data. The results can be seen overleaf.

STEP 3- Collation of Patient Views by Survey

Please find included in the appendix the minutes of the PPG meeting where these results were discussed. After the survey result there will be some notes on the information gleaned.

Lightwater Surgery



Annual Patient Questionnaire Results 2012

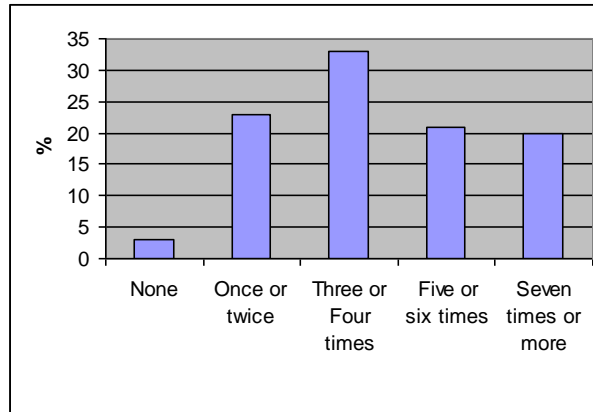
We would be grateful if you could complete this questionnaire for us. If you are unable to complete the form and have a carer, they may complete the form for you, giving your views as answers. We are always interested in feedback both positive and negative. This helps us to develop and improve our services.

If you have any concerns not mentioned in the questionnaire please use the space on the last page.

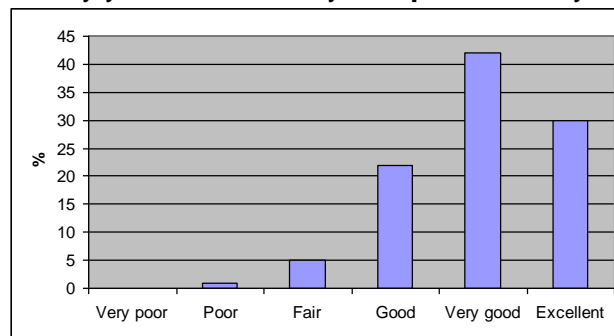
The questionnaire is anonymous and no member of staff will be able to identify you.

250 patients completed the questionnaire

1 In the past 12 months, **how many times** have you seen a doctor/nurse from your practice?

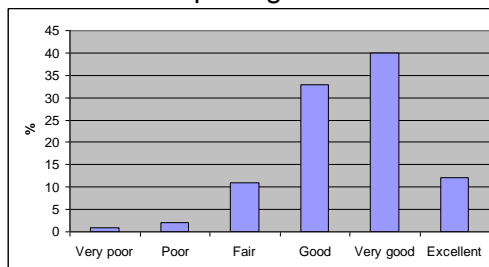


2 How do you rate the way you are treated by **receptionists** at your practice?



3 This practice offers GP appointments from 8.30am until 5pm every weekday and until 8.35pm on Monday and until 8pm on Thursday evenings

a) How do you rate these opening hours?

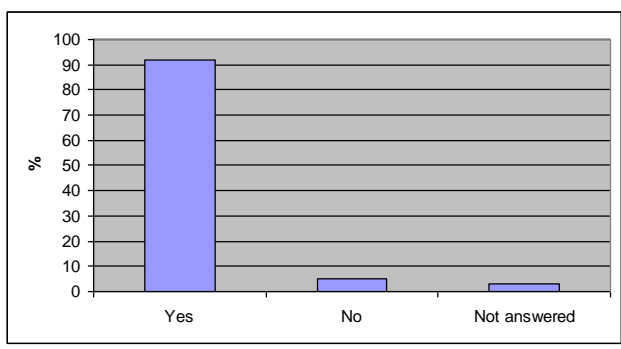


b) Are there any **additional** hours you would like the practice to be open? (please tick all that apply)

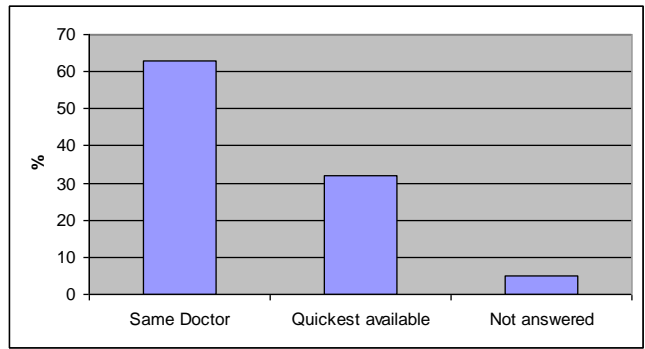
- EM= 8%
- Lunch= 5%
- Eve= 13%
- Weekend= 27%
- SATISFIED= 43%**



4 We value continuity of care and believe this provides a better patient experience. We do not employ short term locums or temporary doctors or nurses that you might not know. (Although as a training practice, we may offer appointments with a temporary trainee GP.) Do you agree with this strategy?

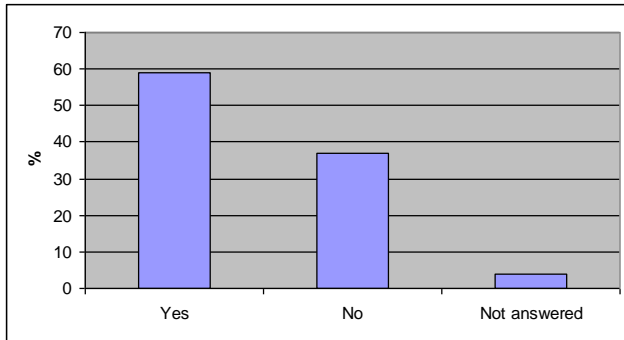


5 Do you prefer to see the same doctor each time or whichever doctor is available quickest?

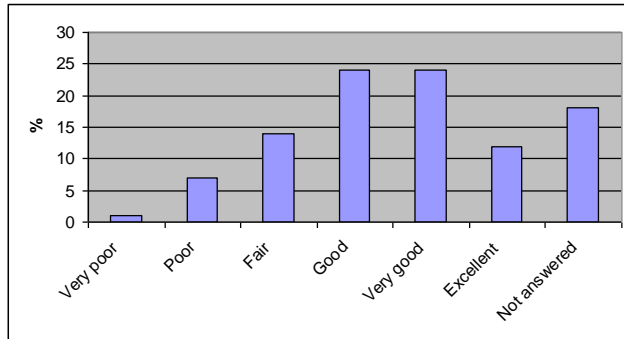


6 Every doctor is available each morning (annual leave permitting) and these appointments can be booked by calling or visiting the surgery that morning.

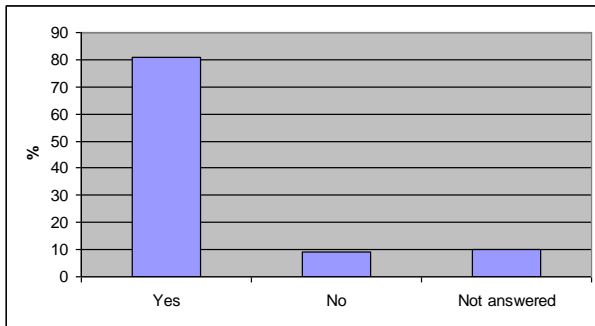
a) Have you booked a morning appointment with a particular doctor?



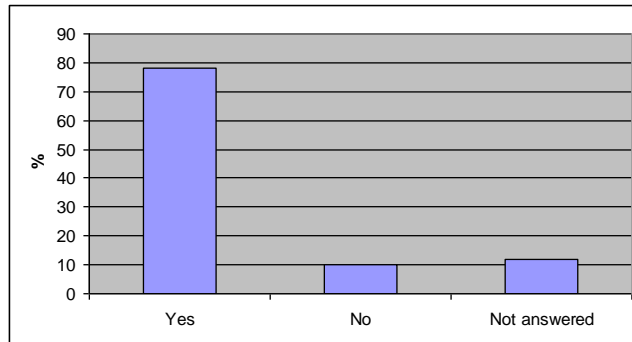
b) How do you rate this?



c) When you have needed to see a doctor urgently have you been able to do so, even if it was not your usual doctor?

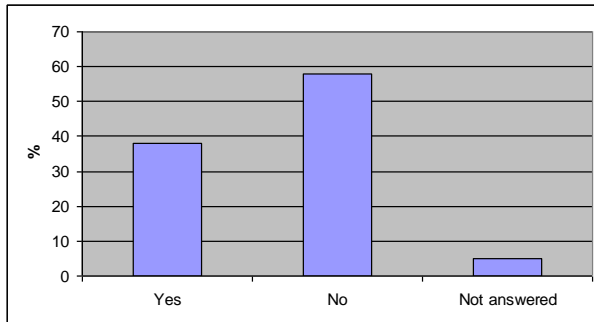


d) For urgent appointments have you been seen on the same day?

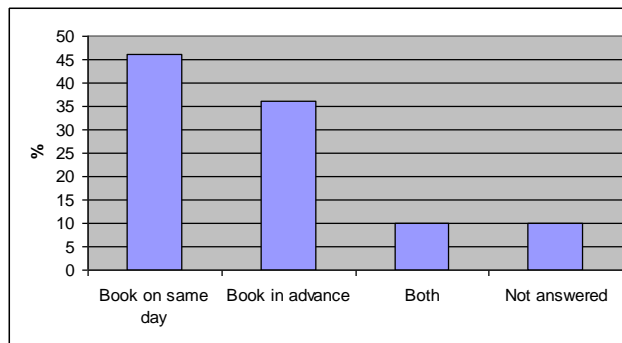


7 We offer advance appointments every afternoon and two evenings each week with doctors and nurses. Appointments are available up to 3 weeks in advance for doctors and 6 weeks for nurses.

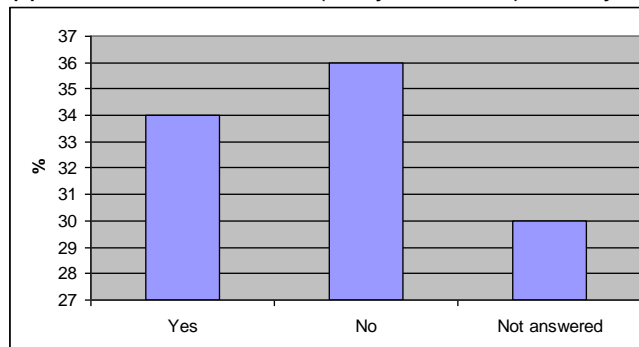
a) Were you aware of this?



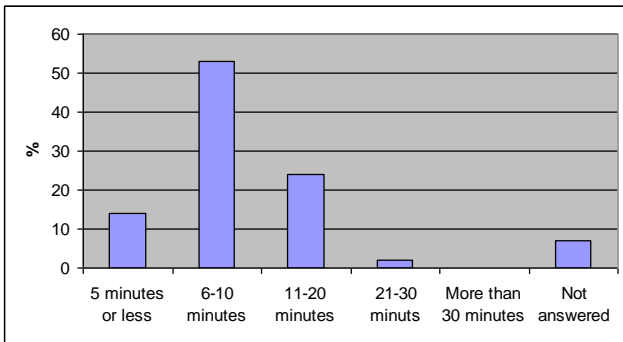
b) Have you tried to book an advanced appointment or do you prefer to be seen on the same day?



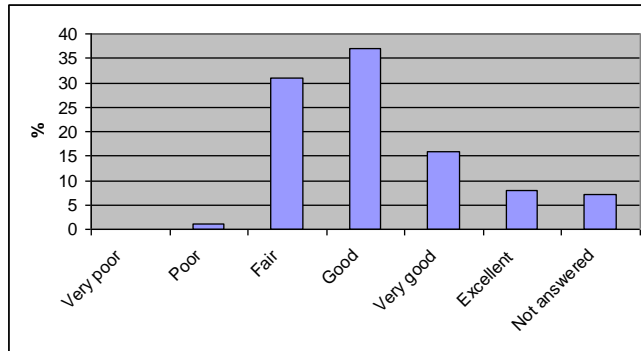
c) if you wanted an appointment in advance (3days or more) were you able to get one?



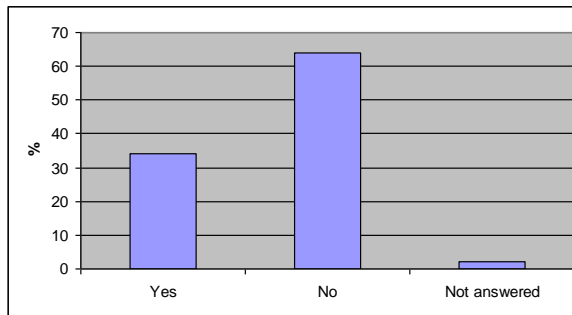
8 a) How long do you usually have to **wait** in the waiting room, for your consultation with a doctor / nurse to begin?



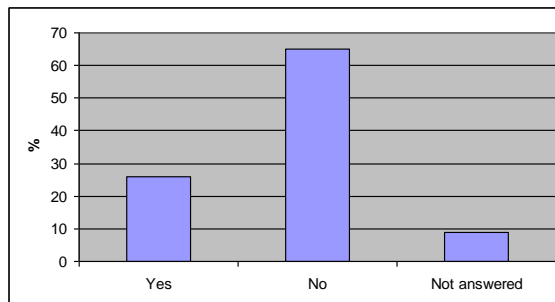
b) How do you rate this?



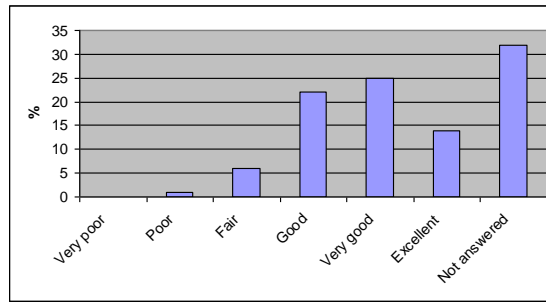
9 Are you aware we offer phone appointments and a ring back service to allow you to speak to your doctor?



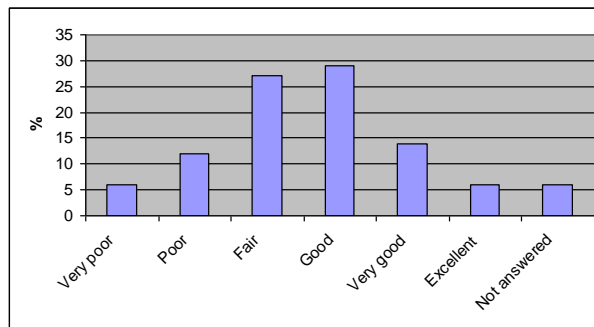
Have you used this service?



b) How do you rate this?

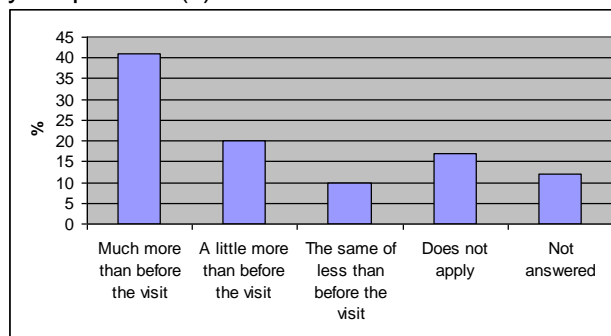


10 The practice has a call queuing system, this means no call goes unanswered and no one gets an engaged tone. We realise at peak times call volumes can be high. How would you rate your ability to get through on the phone?

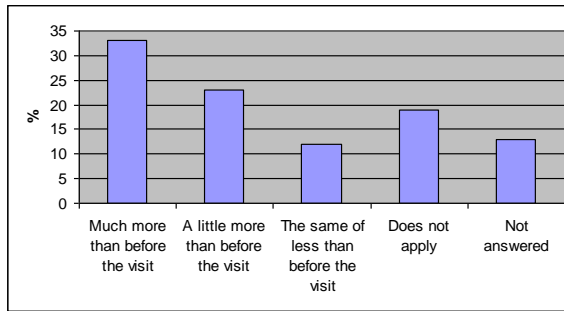


11 After seeing the doctor / nurse today do you **feel**

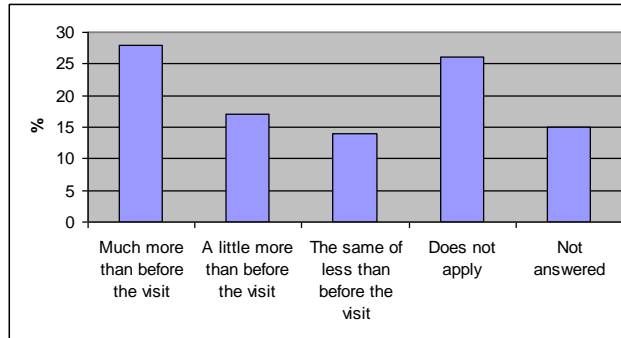
a) able to understand your problem(s) or illness?



b) able to **cope** with your problem(s) or illness?

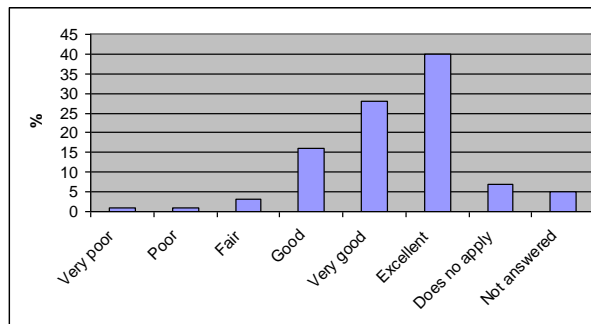


c) able to **keep yourself** healthy?

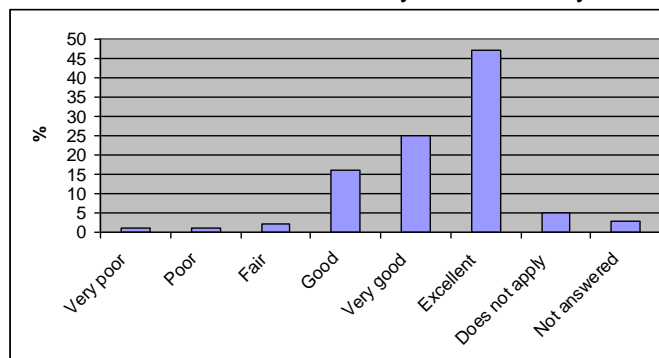


12 Thinking about **your consultation today**, how do you rate the following:

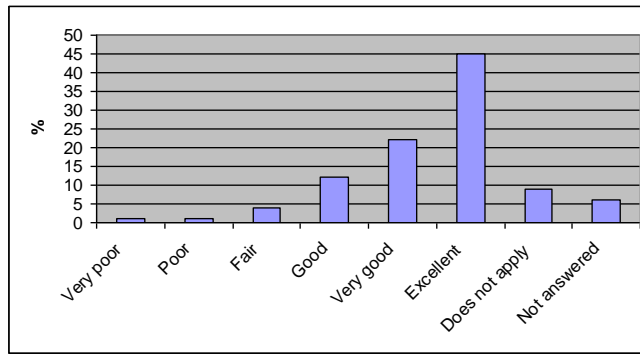
a) How **thoroughly** the doctor /nurse asked about your symptoms and how you are feeling?



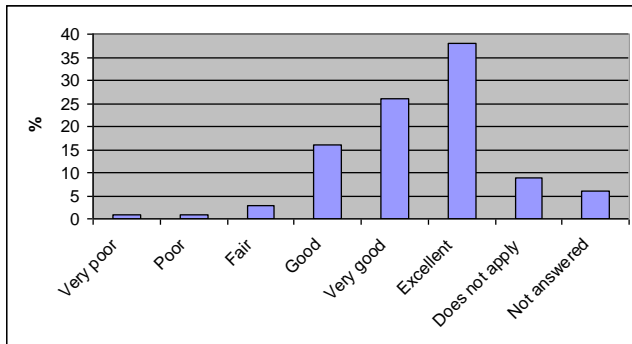
b) How well the doctor / nurse **listened** to what you had to say?



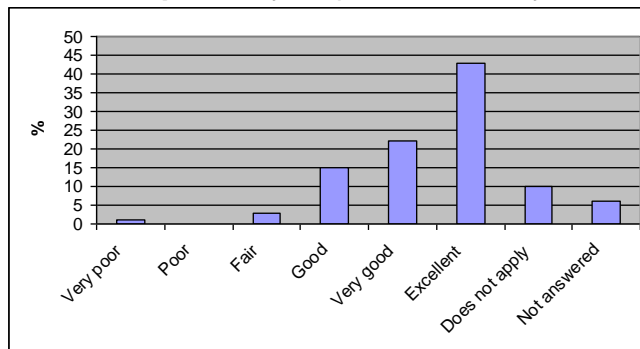
c) How well the doctor /nurse **put you at ease** during your physical examination?



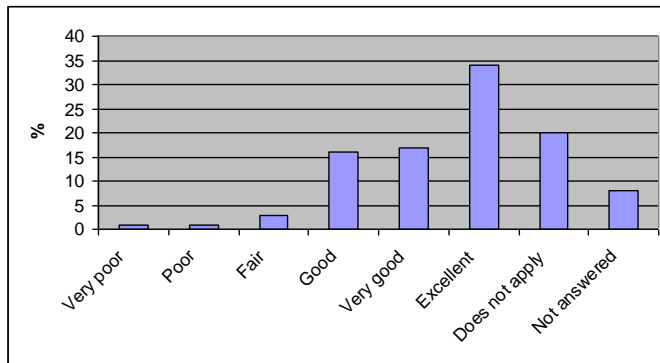
d) How much the doctor /nurse **involved you in decisions** about your care?



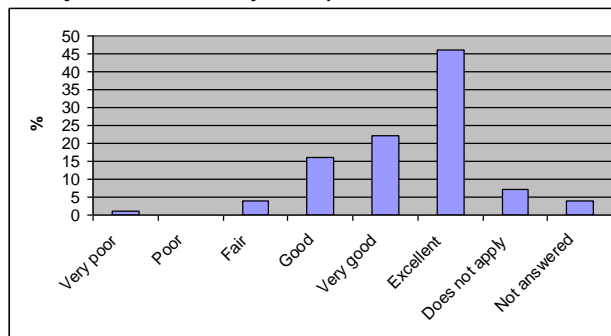
e) How well the doctor / nurse **explained** your problems or any treatment that you need?



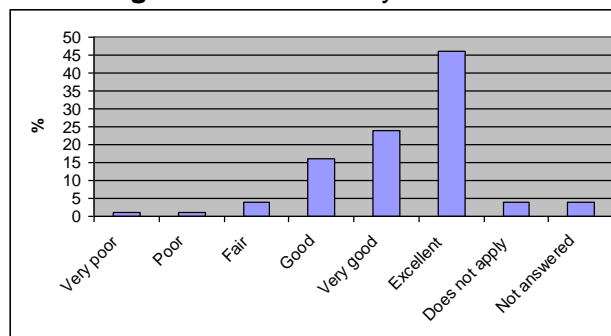
f) The amount of **time** the nurse spent with you today?



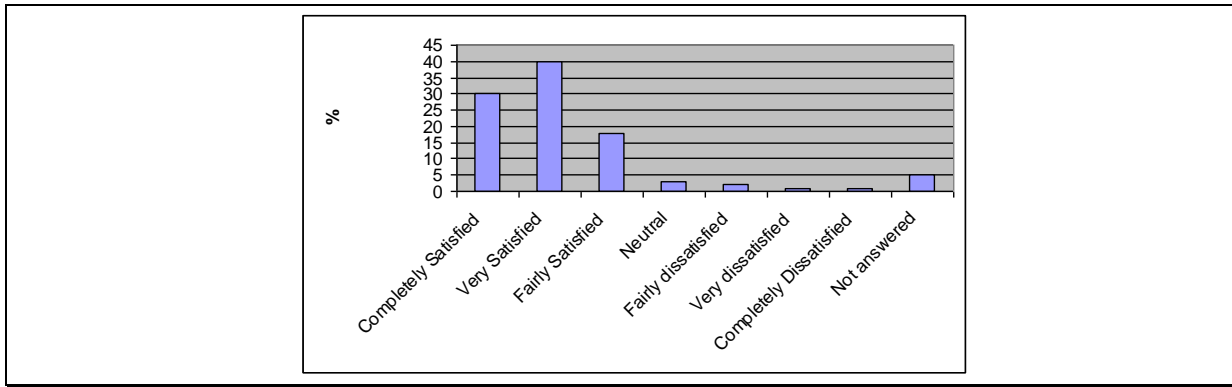
g) The doctor / nurse's **patience** with your questions or worries?



h) The doctor / nurse's **caring and concern** for you?



13 All things considered, how **satisfied** are you with your practice? (please tick only one box)



14 We are interested in any other comments you may have. Please write them here.

Is there anything particularly good about your healthcare?

Is there anything that could be improved?

Any other comments:

STEP 4- Discussion of results of survey by PPG

The results of the survey were then discussed amongst the PPG on 6/3/2012, and below is a summary of the talks.

Question 1- 33 % of patients have visited the practice 3-4 times whilst over 40% have visited more than 5 times, showing how high demand is. It is important to highlight the various roles members of the clinical staff have; for example, it is not necessary for the GP to do blood pressure checks, as this can be done via the nurse.

Action- Display of roles can be put in waiting room, the newsletter and website.

Question 2- it was pleasing to see that 42% of people thought that they were treated “very good” and 30% felt it was “excellent” by our Reception team. In the future we aim to bring in a staff uniform which will help enhance the professionalism they already show.

Action- to install a computerised “self-check” in for patients at reception, to help reduce reception work load and free up time for other duties.

Question 3- very encouraging to see the majority of patients are happy with the current practice hours, (43% are satisfied that there should not be any additional hours). It was surprising to see that 13% of people wanted evening surgeries, which we already provide. We discussed that 27% of respondents wanted weekend surgeries, but this may mean that particular doctor would not be available midweek. Also working extra hours would cause tiredness, and that could be possibly lead to mistakes.

Action- more promotion of current evening surgeries on website and around the building.

Question 4- shows over 90% of patients value continuity, which we will do our best to continue with. We rarely employ locums, apart from exceptional circumstance such as maternity leave.

Action- strive to continue as we are

Question 5- as expected 63% of patients prefer to see the same doctor but surprisingly 32% want to see the quickest available.

Question 6- great to see when patients have needed to see a doctor urgently, 81% have so and 78% on the same day. This is probably because of our open access appointments in the morning.

Action- continue to provide this excellent service.

Question 7- contrary to some PPG members beliefs, 46% of patients prefer to book on the same day! But we cannot ignore the 36% of people who prefer advance appointments. It was disappointing to see that only 34% of people have been able to book in advance of 3 days, and 36% were unable to.

Action-

- a) to advertise “on-line access” to appointments**
- b) to discuss with partners, about rearranging the appointments system. We need to try and find a balance between trying to cater for patients who want to be seen**

on the same day and those who prefer to book in advance.

Question 8- 53% of people were seen within 6-10 minutes, which we felt was a good standard. The medical team do their best to run to time, but obviously some patient's needs, can be more demanding than others. Also next year we should clarify that, we are after the waiting time after your appointment time, as very often patients turn up early!

Action- clarification of this question next year

Question 9- a useful outcome of the survey was that 64% of patients were unaware that they could have a discussion with their doctor over the phone, and only 26% of patients ever used this service. This is important to make patients aware of this fact as, this would ease face to face consultation demand and free up appointments, consequently making access easier.

Action- to advertise on internet, practice newsletter and around the surgery, about this time saving service.

Question 10- now onto one of the sticking points, the phone system. 6% found it "excellent", 14% "very good", 29% "good" and 27% "fair". So, generally positive. 12% found it "poor" and 6% "very poor". It was pointed out that the practice was tied into a contract with the phone provider for several years still. So unfortunately nothing could be done immediately. In preparation for a final decision in a few years, next year's survey, could ask directly if patients would prefer to hear an engaged tone and keep on redialling, or just use the current system.

Action- the PPG will ask the community what they feel, and we will ask a different question next year.

Question 11- self-explanatory and subjective

Question 12- heart-warming to see 68% of patients felt their symptoms were enquired about thoroughly ("excellent" + "very good"). 72% felt they were listened to in an "excellent" or "very good" way. It was

complimentary to see that the majority of patients felt that they had been involved in their management decisions.

Action- maintain this standard of care.

Question 13- 30% of patients were “completely satisfied” with the standard of care, and “40% were very satisfied”. A solid achievement for all the staff, who are very dedicated and continue to work hard towards the care of our patients.

Question 14 Comments- a comprehensive list of comments is in the appendix section. The main themes were:

Positive

- 1) Individual doctors named for their excellent approach and care
- 2) Always getting an appointment on the same day
- 3) Friendly and well run
- 4) Impressed by quality of the team, and improvement with younger doctors
- 5) Children being seen quickly as emergencies
- 6) The quality of the new building

Not so positive

- 1) Difficult continuity unless appointments booked weeks in advance
- 2) Phone service- long and costly
- 3) Wider selection of appointments needed
- 4) Need to make obtaining appointments easier

Generally the themes of the comments are similar to the priorities that were set out.

With regards to access, we are happy that patient's value being able to phone their surgery and be seen that day. We understand that it may be difficult in some cases to obtain advance appointments swiftly; consequently this affects continuity of care which is one of our other

priorities, the two go hand in hand. If an appointments system can be developed which caters for everyone, then both access and continuity shall improve. The partners have decided that one of us will change the way our appointments are allocated, by offering less on the day bookings, and making these appointments bookable in advance.

We appreciate that it can take months and months before gaining evidence that things are working for the better. We will always have our overflow surgery for patients who need to be seen on the day as a back-up. If this trial is successful then we could look at all of the doctor's appointments changing over slowly one by one.

With regards to the phone system, we agreed that as we are in a contract little can be done at present. We will canvass patients further about their opinions and ask more directly in next year's questionnaire about whether they prefer a constant engaged tone or queuing system.

The action points that have come out of the discussions have been approved and agreed by the PPG. None of them need further discussion with the PCT.

STEP 5- PPG Action Plan

Priority- Access: In April 2012, to alter appointment allocations of one doctor and see if this improves availability of advance appointments. If successful consider altering all appointments. We need to try to reduce 'did not attend' appointments by highlighting how many occurred in previous week. It is so frustrating when appointments are wasted, and others could have taken them, hence improving access.

Priority- Continuity of Care: This should improve with alteration of pre-bookable appointments, from April 2012. The practice will also try and avoid the appointment of short-term locums.

Priority- Telephone system: The PPG will continue to monitor public opinion and alter the questioning in next year's survey with regards to whether it should be changed. We will consider auto attendant features that could provide information to patients when on hold. The practice

will improve training for reception staff so that they can handle calls more efficiently and quickly.

Other Actions Points:

Advertising and Promotion- Evening surgeries
 Roles of various staff
 On- line access
 Telephone consultation
 New self- check in

All done via newsletters, internet, posters at surgery, practice leaflet and word of mouth.

STEP 6- Publicity

Lightwater Surgery is open: **Mon-Fri 8am- 6.30pm**

Appointments can be made by telephoning, calling in or via the practice website: www.lightwatersurgery.co.uk

Doctors are available for appointments from 8.30am-12pm and 3pm-5pm. Nurse appointments are available throughout the day.

Lightwater Surgery provides extended hours as follows:

Mon 6pm-8.30pm and **Thurs 6pm-8.30pm**, with doctors and nurses.

Out of Hours cover is arranged by Frimley Primary Care Services- accessed by calling the surgery and following the instructions or by calling **0118 936 5649**.

The findings of the Local Patient Participation Group Report, has been circulated to its members. A copy has been sent to the PCT. It is available at the practice on request and can be found at the surgery's website.