

ST JAMES SURGERY
PATIENT REFERENCE GROUP REPORT AND
ACTION PLAN
2012 – 2013

INTRODUCTION

In 2011 St James Surgery opened a Patient Reference Group which is available to all patients. It is run virtually via internet contact and at the last count had over 100 members. This group gives those patients who do not regularly attend the surgery or those who find it hard to get to the surgery the opportunity of having an input into the running of their practice. Three groups we had previously found difficult to engage with, were mothers with children, single parents and the house bound. This medium gives these groups an opportunity to take part. The list is permanently open and can be accessed through our website and information is available in our practice leaflet and in the surgery.

PRACTICE POPULATION AND METHOD OF ENGAGEMENT

The practice has 6621 patients which are made up of inhabitants in Devizes and the local villages within about a 7 mile radius. Our records show that our patient population is predominantly white British with less than 1% who consider themselves of an ethnic minority. Our own carers' register of 73 demonstrates the number of patients that have either a terminal or long term condition that requires further support.

The patient population at December 2012 was 6621. The practice profile is as follows:

1776 patients aged 60 or over
3372 patients aged between 20 and 64 years
1473 patients under the age of 20

The practice population is split 3368 female and 3263 male patients.

The practice population has grown at about 2.5% per annum.

In order to gain the widest response possible it was decided:

- To send the survey to everyone on the Patient Reference Group register;
- To email those patients who had given us an email contact address.

- To have the survey available in the waiting area and at reception for all patients who attended the practice.
- To have the survey available on our website
- All members of staff (where appropriate) to mention the survey to the patients so they could collect a survey.
- To actively engage with the Patient Liaison Group and to enlist their support and advice to attract as many people as possible.
- To put an invitation on repeat prescriptions to take part in the survey.

CONSULTATION PROCESS FOR THE 2012 SURVEY

Through doctor changes and an increase in patient demand the appointments system had become unable to manage the level of demand for appointments. During the early part of 2012 we had a number of complaints about our appointments system and although we felt this was the primary area that needed attention we decided to validate this through the Patient Reference Group (PRG).

Having met with the Patient Liaison Group in June for their considerations, it was agreed to contact the PRG by email and ask them to give us their top 3 concerns. We started the process in June so that we could start the survey in September. From the information received we would decide on the most pressing issue. As we had expected the priority issue was the appointments system.

It seemed appropriate to try and address the concerns and to start by constructing a survey that could approach this subject from a wide perspective.

PROCESS FOR THE QUESTIONNAIRE AND CREDIBILITY FOR THE SURVEY

A number of decisions were taken:

- To keep the survey short and simple as possible but we were aware that to get the result we needed the survey might have to be longer than previous. The interest in the subject matter meant a higher percentage of patients would take part and complete it in full
- To have it available for completion for at least 6 weeks.
- To use an independent system powered by Survey Monkey, a recognised survey tool that could also collect the data and provide a valid computerised analysis.
- To make the survey available on the website for anyone visiting the site with a link straight through to Survey Monkey
- To make it available to patients attending the practice who were invited to complete the survey during their visit to the practice.

THE SURVEY WITH RESPONSES

PATIENT SURVEY 2012 -13 APPOINTMENTS SYSTEM

1. Are you happy with the current appointment system?

YES 53.25% NO 46.8%

2. How far in advance would you like to be able to book appointments?

One week 47.4%
Two weeks 30%
Three weeks 22.5%

3 To have an appointment as soon as possible would you be prepared to see any of the doctors?

YES 88.4% NO 11.6%

4 If you prefer to see the doctor of your choice, are you aware you may have to wait much longer to see that doctor?

YES 95.2% NO 4.8%

5 Are you prepared to wait up to three weeks to see the doctor of your choice?

YES 26.6% NO 73.4%

6 There appears to be a direct correlation between the number of missed appointments (DNAs) and the length of time a patient has waited for this appointment. In September St James Surgery lost the equivalent of 7 whole GP clinics through DNAs. These patients also did not inform us so we were unable to offer these 114 appointments to any other patients. To overcome this problem is has been suggested

On certain days of the week the surgery might hold “No Appointments Necessary” clinics during which patients would be seen by a doctor on a “first come, first served” basis. If this should happen would you prefer these sessions to be held:

a) in the mornings 65.9% or b) in the afternoons 34.1%

7 Another suggestion is that the doctors have a larger proportion of “Telephone Consultation Clinics” at the end of their consultation session. Would this type of consultation be acceptable to you in the event that a face-to-face consultation at a time of your choosing could not be offered?

YES 80.9% NO 19.1%

8 Are you happy with the current arrangement for urgent 'on the day' appointments?

YES 86.6% NO 13.4%

9 Are you aware that 48 hours' notice is required to process prescriptions?

YES 88.4% NO 11.6%

RESPONSE

The survey was initially sent out by email to over 100 patients in August and was open until the end of November 2012. A further reminder to complete the survey was sent out in the middle of August to all members of the on line PRG. Questionnaires were also available in the practice and patients were encouraged to partake. Those that were completed in the practice and elsewhere were uploaded directly on to the website bringing the total number to 293 patients who responded and completed the survey. This response rate was an increase of 28% compared to the 2011 survey.

RESULTS OF THE SURVEY

The full results of this survey can be viewed as an addendum to this report or on the practice website.

4.4% of our total patient numbers completed the survey (an increase of 1.4 % over 2011) It was felt this was a reasonable response. As the survey was anonymous, unless the patient identified themselves, it was not possible to analyse the patient demographic.

The survey was designed to look at all possible options to try and improve the appointments system taking into account the opinions of the patients that had already written to the practice. The questions were put together by the surgery working party that is responsible for investigating, devising and improving the system.

PRIMARY RESULTS

- Over 50% of the patient population are happy with the current appointment system
- Nearly 90% of the patients are prepared to see any of the doctors in the practice.
- Of the population that took part nearly all of them realised they would have to wait to see the doctor of their choice.
- Nearly 60% of the patients would attend a morning 'open surgery'

- Over 80% were happy to have telephone consultations
- Nearly 90% were satisfied with the current 'on the day system'

Some Views / Remarks Taken from the Survey Results

1. 0844 number (this has been addressed)
2. Booking a week in advanced and being asked to call back did not work.
3. Embargo system not working.
4. Difficulty getting F/U appointments.
5. A number of suggestions regarding DNAs.
6. Suggestions regarding telephone consultations and skype.
7. Appointments on line?

REFERENCE GROUP

The reference group were informed of the results of the survey by email and were invited to attend a meeting in the practice in February to discuss the findings.

Summary of the meeting held at St James Surgery on Tuesday February 12th. Over 150 patients were invited and the meeting recorded 18 attendees. There were 8 female and 10 male patients. As mentioned at the front of this report, it was agreed that this group would act virtually so that as many people could be involved, but on this occasion we wanted to have a meeting to gain opinion and raise discussion.

After discussing the survey results in general the thoughts and opinions of the group were requested and these results were collated and used in the action plan detail. The views that were recorded were:-

- 1 Can appointments be made on line?
- 2 Could a 'deli' ticket system be used for a walk in service.
- 3 Could there be a number for non-emergency queries.
- 4 Could email be used more by patient and doctors.
- 5 Could a no appointment clinic be considered.
- 6 Could the SMS service be reviewed.

DNAs - there was considerable discussion on this subject including could there be an easier way to cancel an appointment using the phone system.

ACTION PLAN

- 1) During 2012 and 2013 a number of meetings took place to discuss and debate the appointments system.
- 2) The St James Surgery clinical group (comprised of all the clinical staff and two members of the administration team) have met monthly to consider new options

- 3) In October the admin staff met with the Practice Manager and the Senior Partner and another GP met to discuss the on-going appointment difficulties and looked at a number of potential changes.
- 4) The Appointments Working Party comprising the partners, the Assistant GP and Practice Manager met in December to consider the response to the survey and to plan the on-going action to involve the PRG/PLG and the staff.
- 5) A number of changes have been made and monitored during this period.
- 6) The AWP met in January to discuss the possibility of open surgeries.
- 7) All members of the AWP are researching other systems and methods of dealing with urgent 'on the day' appointments.
- 8) The results of the PRG meeting will be discussed at a clinical meeting and with the AWP.

CONCLUSION

The survey and the meeting with the PRG have helped review, adjust and change the appointments system. There is further research that needs to be undertaken but the survey has provided further thought and it has given the AWP the opportunity to hear the concerns of the patient. These concerns/thoughts/ideas will be incorporated into further development of the appointments system.

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