

2013/14 Patient Participation Local Participation Report

Practice Details

Practice	Denton Medical Practice
Completed by	Lesley Hynds

Patient Reference Group (PRG) Profile

Number of face to face members		
Number of virtual members	7	
Age & Sex breakdown	Male	Female
Under 16 -		
17 – 24 -		1
25 – 34 -		1
35 - 44 -	1	1
45 – 54 –		
55 - 64 -		
65 – 74 –		2
75 and over -	1	
Ethnicity		
White	7	
Mixed		
Asian / Asian British		
Black / Black British		
Chinese / Chinese British		

Other ethnic group		
Employment Status		
Employed	4	
Unemployed		
Retired	3	
Other (e.g. no of carers)		
What the practice did to ensure the second	nat the PRG is representative of the	ne practice registered patients
don't have many members but the Groups that are not represented of	PPG. There are no barriers to anyon re is a good age range representation of the PRG and what the practice	on.
those groups		

2013/14 Priorities

How we identified and agreed with the PRG priorities for 2013/14 to be included in a local practice survey

We asked our PPG members what they felt were important issues within our practice. This year we included complaint themes and CQC issues as per the guidance. In October/November 2013 we ran a patient survey based on these priorities. This was not a national survey as Dr Hebden was on maternity leave and it was felt by the practice team that we would run the Cfep Survey after April 2014, when Dr Hebden had settled back into practice.

What these priorities were

- Ease of contacting the practice by telephone
- Helpfulness of staff when answering telephone
- Satisfaction with appointment offered
- Could you see the person of your choice within an acceptable time frame
- Overall treatment by staff and clinicians

2013/14 Local Practice Survey

How we agreed with the PRG the content of the local practice survey

We looked at previous surveys and made slight adjustments to include all our current priorities.

To undertake a Cfep Survey in April/May 2014 when Dr Hebden returns from Maternity Leave.

How we agreed with the PRG the way in which the survey would be conducted

The survey would be run in October/November 2013. The questionnaires would be handed out to patients in the waiting area who were attending for an appointment with a clinician. Selection was random. A total of 50 surveys were handed out.

Other methods used to seek the views of registered patients

We have a suggestions box in reception. Patients can email the practice with any suggestions or issues via our website. Our practice leaflet advises patients how they can make suggestions and complaints.

2013/14 Local Practice Survey Results

An overview of the results of the local p	practice su	urvey is c	letailed k	below	
Question	Poor	Fair	Good	Very	Excellent
				Good	
Your level of satisfaction with our opening hours?	1	3	11	14	13
	2%	6%	25%	32%	30%
Ease of contacting the practice by telephone?	3	5	13	10	10
	6%	11%	30%	23%	23%
Helpfulness of staff when answering the telephone?	0	1	7	15	21
		2%	16%	34%	48%
Satisfaction with the appointment you were offered?	2	7	7	11	14
	4%	16%	16%	25%	32%
Chances of seeing a doctor/nurse of your choice?	1	8	11	9	12
	2%	18%	25%	20%	27%
Opportunity of speaking to a doctor/nurse on the telephone?	0	5	13	11	12
		11%	30%	25%	27%
Comfort level of the waiting area?	1	2	12	14	12
	2%	4%	27%	32%	27%
Length of time waiting for your appointment?	5	7	9	11	12
	11%	16%	20%	25%	27%
Overall satisfaction with your visit to the doctor/nurse?	0	2	9	11	20
		4%	20%	25%	46%
The manner in which you were treated by the	0	1	7	9	22

reception staff?			2%	16%	20%	51%
Information provided by the practice about it's services?	0	1	10	11	15	
		2%	23%	25%	34%	

With regards to the new triage system for same day appointments – have you used this service and how did you find it?

- Yes, very good. Had a phone call earlier than expected from the nurse. Got an appointment the same day.
- Very often and think it is excellent.
- I have used it, not overly impressed.
- Very good.
- Yes, very good.
- I did, however giving my symptoms over the phone to someone who is not a doctor isn't ideal. I then had to explain my symptoms again when the triage nurse rang.
- I have used this system for the first time today. I got an appointment very quickly and I was very pleased.
- Good.
- It was very good, except when I was being sick and had to answer a few questions.
- Ok, but if patient is not known to person triaging explaining patients previous problems i.e. mobility and breathing problems can get confusing, but if known by staff – excellent and can't do enough to help – wonderful staff.
- Yes and find it very good and very helpful.
- Excellent.

Any other comments about how we could improve our service?

- Appointment times
- Provide more appointments if possible.
- Staff are lovely! Dr Smith is brill.
- Very happy and excellent service, thank you.
- Sometimes you have to wait far too long to see a doctor.
- By having emergency appointments available first thing.
- Friendly and helpful.
- More appointments needed for people who work full time.
- I'm not sure how it can be improved but people do not want to wait a long time to get an appointment.

How we provided the PRG with the opportunity to discuss the findings of the local practice survey

A copy of the survey was sent to each member of the group. Each member was asked for their comments regarding our overall performance, with special attention given to the poor/fair results.

How we agreed an action plan with the PRG based on the findings of the local patient survey

Poorest results: Ease of contacting the practice by telephone Length of time waiting for your appointment Satisfaction with the appointment you were offered Chances of seeing a doctor/nurse of your choice Length of time waiting for your appointment

These results were actually better than in previous surveys as the good, very good and excellent scores had improved in these areas. This improvement is a result of the steps taken last year to improve systems and expand our triage appointments.

The PPG also felt that the survey findings, regarding the helpfulness of staff and clinicians was justified. We scored very highly in those particular areas and everyone works hard to provide a helpful friendly service.

The PPG members were also concerned regarding the triage system and how it was currently working as last year we did have some negative comments regarding it's operation. The comments received from patients in this latest survey regarding this system were overall very positive with only a couple of negative comments, which everyone was very pleased with as we had expanded the triage system and provided more paediatric and urgent appointments as per last year's report.

Overall it was decided that we should concentrate on the following:

- Length of time for an appointment.
- Chances of seeing a doctor/nurse of your choice.
- Satisfaction with the appointment offered.

New Items:

- Complaint themes
- •CQC

Areas which were highlighted from the findings of the local practice survey where we were unable to take any action and why

Ease of contacting the practice by telephone

We received a 6% poor result and an 11% fair result. However, the good, very good and excellent score had improved based on previous surveys. Several changes have been made to the way we manage calls into the practice and feedback from reception staff indicates that the problem with patient telephone access has noticeably reduced and patients complaints are few and far between which is excellent news.

We will continue to monitor this but no action is necessary at this time.

2013/14 Action Plan

2013/14 Action Plan (and how this relates to the findings of the local practice survey)

1. Length of time waiting for an appointment

Action: Weekly appointment audits to track availability of 'next available routine appointment'. If availability is over 5 days discuss with partners regarding provision of extra appointment sessions to improve access. Partners can choose to extend surgeries of provide extra hours on Saturday mornings. (Action: Lynn Redford to monitor appointments and inform GP's accordingly)

2. Chances of seeing a doctor/nurse of your choice.

This is difficult to achieve as all the doctors and nurses work part time. Patients who are seen via the same day triage system have to see the GP who is on-call that day. Unfortunately this is the only way the triage system is effective in patient management. All other routine appointments can be named GP's depending on availability. We will monitor individual GP availability via the audit of 'next available routine appointment'. (Action: Lynn Redford – as above)

3. Satisfaction with the appointment offered.

This area can be improved via the steps taken above. We were scored 32%/excellent on this question but also scored 20% poor/fair.

(Action: Review results after next survey in April/May 2014)

4. Complaint Themes

As per the CCG guidance it was decided that a breakdown of patient complaints be discussed with the PPG. The PPG were happy for this to be added and an anonymised report will be compiled for the next quarter for discussion. (Action: Lesley Hynds to provide report).

5. CQC

Most of the members were already aware of CQC through the media. They want a clearer understanding of what it means to general practice and any impact it may have on service provision or patient care. (Action: Lesley Hynds to provide overview and area's for discussion).

Significant changes we have made / plan to make to the services the practice provides

Appointment Access

The changes made were in summer last year to expand our paediatric and urgent same day appointments have had a positive impact on patient satisfaction. Extending the triage system from 10.30 until 12 mid day also improved patient access.

Triage System

We also employed a new practice nurse in June 2013 to run the patient triage system, therefore improving patient access to the other nurses and streamlining the triage system.

Telephone System

The actions completed from last year's report regarding the telephone system have proved beneficial. The partners felt that we should continue to reinforce the message to patients that urgent calls should be made in the mornings and non-urgent can wait until after 11am. The reception staff find the system much better, as they do not have to deal with as many complaints regarding patients getting through to the surgery.

Routine Appointment Audit

Weekly audits to assess access and individual GP availability.

How we publicised the local patient survey results and action plan to our registered patients

Via our patient notice board. On our practice website.

Link to practice website where this report and related information can be found

www.dentonmedical.co.uk

2012/13 Action Plan – overview of progress against last year's action plan

<u>Telephone Access</u>: Changes put into place, triage period extended to midday, divert to other staff during busy periods. Has improved patient access, minimised complaints, reception staff much happier as well.

Appointment Access:

We have provided more paediatric and urgent appointment slots and extended the triage availability for patients. All have had a positive impact on availability.

Employed Triage Nurse:

Allowed us to extend triage availability and free up the other nurses for disease management etc.

Practice Leaflet:

To provide information on accessing different appointment times etc.

Patient Access

Practice Opening Hours

Monday to Friday – 8am to 6pm Saturday mornings 8.30 – 11.30

Closed every third Thursday afternoon of the month for Target training.

How to access services throughout core hours i.e 8.00am – 6.30pm Monday to Friday

Face to face Telephone Patient access on-line Email **Extended Hours**

6pm to 8am Monday to Friday Saturday 11.30am to Monday 8am

Transferred via our telephone number directly to Go To Doc