

Dr Jones & Partners

SURGERY OPENING HOURS—Monday—Friday 8.30am until 6.00pm.

Harbinson House, Sedgefield 01740 620300 —lunch 1.00pm to 2.00pm (do not see patients Tuesday afternoons, patients with an urgent medical need can be seen at another surgery)

Beveridge House, Fishburn 01740 620284 —lunch 12.30pm to 2.00pm (do not see patients Wednesday afternoons, patients with an urgent medical need can be seen at another surgery)

Carroll House, Trimdon Colliery 01429 880284 —lunch 12.30pm to 1.30pm (do not see patients Thursday afternoons, patients with an urgent medical need can be seen at another surgery)

Trimdon Village 01429 880254 —lunch 12.30pm to 2.00pm (do not see patients on Tuesday & Thursday afternoons, patients with an urgent medical need can be seen at another site).

We are always available on the telephone between 8.00am and 6.00pm; please ring any of the practice sites for help and advice.

Patient Participation Report 2011 - 2012

BACKGROUND

In 2011 the Department of Health introduced a new Directed Enhanced Service (DES) for General Practice in relation to Patient Participation. This is a two year DES which is effective from 1st April 2011 to 31st March 2013. As indicators relating to Access within Primary Care have been removed from the Quality and Outcomes Framework (QoF) it is expected that practices will still provide the same quality of access as they do currently.

The purpose of the DES is to ensure patients are involved in decisions about the range and quality of services provided. It aims to encourage practices to work more closely with patients and enter into discussions around changes that may need to be implemented to improve the services currently provided, the environment within the surgery or any other issues which may be practice specific.

There are a number of key steps to the DES:

1. Develop a Patient Group to gain views of registered patients
2. Agree areas of priority
3. Collate patient views through the use of a survey
4. Provide the group the opportunity to discuss survey findings and agree any recommendations
5. Agree action plan with the group and changes to be implemented
6. Publicise actions and subsequent achievement

At Dr Jones & Partners we already have a well established Patient Group, which meets quarterly to discuss how the Practice operates and the services available to patients registered with Dr Jones & Partners however we always welcome new members.

Over the past few months we have advertised for new members within our Surgeries (on notice boards and patient call [Jayex] boards), on our practice website www.doctorsnhs.co.uk and in the local free press. Existing members have been publicising our group through their association with local Community Groups for example Harriers and Residents Forum and in doing

so have encouraged new members to join us. We also have a small 'virtual' group who we will contact periodically via email to ask specific questions.

The group currently has 25 members (all are registered patients of Dr Jones & Partners); 12 male & 13 female ranging in age from 30 to 86 and the members are registered with Harbinson House, Fishburn and Trimdon Village surgeries, unfortunately we have not managed to attract anybody to the group who is registered at Carroll House although our 'virtual' group does have one member registered with this surgery.

AIM

The Practice works closely with the members of the Patient Group in order to improve/maintain services currently provided, identify any areas which need to be addressed or look at any new services which may be required.

It was hoped the patient survey would identify areas where we can work together to ensure that patient awareness is raised with regards to the services provided which in turn should have some impact on improving patient experience.

METHODOLOGY

It was agreed at the October meeting of the Patient group in addition to questions about access and contact with our surgeries we would specifically focus on awareness of Extended Hours surgeries within a survey.

The Practice produced a survey which was sent to members of the Patient Group for comments. Suggestions for change were incorporated in the final version which was handed out to patients at all four surgeries (Sedgefield, Fishburn, Trimdon Colliery and Trimdon Village) during the week commencing 12th December 2011. *Copies of the survey available on request.*

We adopted this approach as we wanted to gather views in this survey from patients who physically attend our surgeries. For future surveys we will look at methods of engaging with patients who are housebound or who hardly ever use our services and we will select appropriate and relevant questions.

The survey not only looked at appointments but access via telephone, opening times and also age/sex/ethnic group of patients completing it. We also asked patients to rank in priority order the areas they felt we should focus on.

The full results are available on request from our Practice Manager, please contact 01740 620300 to request them.

RESULTS / ANALYSIS

In one week we were extremely pleased with the response as 668 surveys were completed and returned which is 4.3% of our registered practice population.

From the age/sex information collected we had a good age range of patients (with the exception of the under 16s) with a peak as expected between the ages of 16 to 64, although there were almost twice as many female participants (62%) than male (32%). As predicted based on our practice

population 94% of responders indicated their ethnic background was white; 1% other ethnic groups and 5% preferred not to answer this question.

We asked those completing the survey to indicate how often they came to the Practice; 77% indicated regularly or occasionally however in hindsight we should have asked patients to complete this question based on number of times attending per annum as the use of words such as regularly, occasionally and rarely is subjective and therefore does not allow statistical analysis in this area.

We can see from the results of the survey that using the telephone is the most popular **method of booking appointments** with 79% of patients using this method.

This was an interesting finding because we now need to look at how we communicate important information to our practice population as focusing on promotion within our surgeries may not inform patients at the correct time or may prevent the information being received at all.

In particular advertising the number of patients who DNA (do not attend) a booked appointment in a given month is only known to those who attend the surgery which was thought by the Patient Group to be the incorrect target audience and that this information should be more widely publicised. Reducing the number of DNAs will help with the top priority from the survey which was 'getting an appointment' as fewer appointments will be wasted therefore improving availability.

Extended hours surgeries – 72% of patients were unaware we offered appointments and telephone consultations with a doctor or a nurse on 2 evenings per week. However of the 101 patients who had used this service 100 thought it was a good service. Many of the reasons given were on the same theme i.e. it was helpful to those who found it difficult to attend, due to work commitments, during the day.

The extended hours surgeries operate on Monday and Thursday evenings when two doctors and one nurse have pre-bookable appointments available between 6pm and 7.30pm; to meet the needs of our patients we vary the location of these surgeries between our Sedgefield, Fishburn and Trimdon Colliery surgeries.

Obtaining test results – although only 4% of patients thought it was either not very easy or difficult to obtain test results the Patient Group felt this was an area where communication could be improved.

Priority areas

Getting an appointment was the top priority for all four surgeries Telephone answering and access was 2nd highest priority at Trimdon Colliery; parking came 2nd at Fishburn and Trimdon Village with clinical care 2nd at Sedgefield.

From the survey carried out and the subsequent data analysis we found a few areas we will obviously need to work on; these comprise our Action Plan:-

- Improve publicity/awareness around the **Extended Hours** service which is designed as a 'book ahead' service for patients who cannot attend during normal practice hours mainly due to work commitments however we cannot create too much additional demand as the Practice is unable to offer any more sessions.
- Better **publicise services externally** to reach those patients who do not frequently attend the surgeries as 79% of the responders indicate they make their appointments by telephone. Large, bold, colourful notices are good but only appropriate inside the surgeries.
- Doctors and practice staff will provide **better information to patients** when blood tests etc. are taken regarding how and when to contact the Practice for their test results. The Practice does not have the capacity to contact all patients but those patients requiring further intervention would always be contacted.
- Explore options/opportunities for greater **car parking** facilities at Fishburn & Trimdon Village.
- **Improve communication** to patients' if/when a Doctor is unavoidably running late so the patient can make an informed decision whether to stay or arrange another appointment.

The survey results highlighted areas where the Practice performs well:-

- ❖ We can see that the practice performs well with regards to booking appointments ahead; 60% thought it was very easy or fairly easy to book appointments ahead.
- ❖ The waiting times for patients to be seen were a pleasant surprise. 72% were seen within 15 minutes of their appointment time, 21% between 15 and 30 minutes whilst only 4% waited longer than 30 minutes.
- ❖ When asked to indicate how they felt about how long they normally have to wait to be seen 68% of patients thought they either didn't have to wait too long or the wait was 'about right'. These results are better than we anticipated as unavoidable emergencies can sometimes delay appointments starting on time.
- ❖ Opening hours – Patients on the whole appear to be satisfied with the opening hours (93%), whilst only 3% were dissatisfied and 4% were neither satisfied or dissatisfied or did not respond.

Agreed Action Plan

The information was collated, recorded and then used to create graphs and charts which are often seen as more visually pleasing. The Survey results were presented to and discussed in length at the Patient Group Meeting on 12th January 2012 and the Action Plan (shown above) was agreed; this will be reviewed at subsequent quarterly meetings.

Non attendance at booked appointments

There is a significant problem with non attendance of patients at booked appointments (DNAs), and in the month of December 2011 a total of 229 patients missed appointments; this equates to approximately 38 hours of wasted clinician time.

Patients who do not attend two consecutive appointments are sent a letter informing them of the impact DNAs have on the practice and advising action

may be taken to request their removal from the practice list if they miss any further appointments.

Following advice from a patient we have been focussing of the positives by advertising the % of patients who did attend their booked appointment within a given month and where possible asking patients to write down the details of their appointment but in % terms there has been no real improvement in attendance.

Where possible our Reception team will contact patients who do not attend an appointment they have requested for the same day; to enquire if their failure to attend was because their condition deteriorated significantly or if they started to improve and omitted to contact us to cancel – if it is the later they will remind the patient of the need to cancel to prevent further waste of clinical time which could be given to another patient.

Summary

The survey provided an opportunity for patients to tell us where we were not meeting patients' expectations of the practice.

It is hoped the Action Plan will go some way to improving the areas where we fall short. The Practice continually strives to improve the services provided and ensure patients have access to a clinician within an appropriate timescale.

The Practice will work on the action plan and implement changes where appropriate. It is hoped another survey will take place next year and show the actions taken have improved communication with patients.

We would like to thank all patients who completed the survey and the members of the Patient Group who contributed to this report.

If you have any questions on the survey or the contents of this report please contact the Practice Manager, Helen Letts on h.letts@nhs.net or via the Harbinson House surgery.