

PATIENT PARTICIPATION
Review of Patient Survey
Caen Medical Centre
on Tuesday 8th September 2015

Attendees

Dr Brian Bennett	Patricia Costin
Sue Bennett, Practice Manager	Andrew Gill
Julie Tanton, Administrator	Roy Lucas
Jill Adams	Arthur Needham
Marie Ash	Avril Parker
Colin Bottomley	Gabriel Parker
Paul Brash	William Rodgers
Mitra Broad	Patricia Shepherd
Roger Byrom	

Welcome/ Introduction

Sue Bennett started the meeting by thanking everyone for taking the time to attend. She explained that the purpose of this meeting was to review and discuss the findings of two surveys which have been running in the practice. The first is our annual patient survey which we have been running for many years and which we ran in June of this year. The second is the Friends and Family Test which has been running since January of this year.

The practice is required by NHS England to discuss the results of our annual survey with a Patient Participation group with a view to looking at our results, compare them with previous year's results and to investigate ways we can improve the services we already offer.

Review of Annual Patient Survey

She explained that an external organisation called CFEP is used by the practice to run this survey, they supply the questionnaires which the practice returns to them in envelopes sealed by the patient at the time of completion. The organisation meets government requirements for the purpose of running surveys in general practice. The questions on the survey are wide ranging and about various aspects of the practice e.g. telephone access, appointment availability, reception staff, complaints, services offered by GP and nursing staff etc. This company collates the findings for the practice and also bench marks us against other practices. We have used the same company for a number of years now so this also enables us to clearly compare the results of previous year's surveys.

This year 248 questionnaires were completed and returned to CFEP to be analysed, the practice team has again this year questioned whether such a small survey was truly indicative of the whole practice population.

Review of overall patient ratings for the practice

Sue Bennett explained that the chart which was issued to all the participants at today's meeting shows that the practice achieved 88% of all patient ratings about the practice being good, very good or excellent, and that today we wanted to look at those areas where we did not score so highly. She explained that last year the practice achievement was 86% and the previous year 83%. The practice team was pleased that we had for a second year increased our overall achievement rate.

One patient asked how we benchmarked against other practices and Sue Bennett explained that the black cross on the results chart indicated the national average based on a practice of a similar size. So for all but one of the markers we performed above or equal to the national average. Another participant commented that on the whole the results chart presented was in pretty good shape and that the practice should be pleased with its achievement. The one area we continue to perform below the national average is telephone access and this was the main area we wanted to focus on at today's meeting.

Sue Bennett explained that as a result of the comments in our patients survey and to try and alleviate the problem we had increased our telephone lines from 6 to 10, ensured all reception staff on duty each day answer telephone calls at our busy times e.g. 8.30-9am and we have been heavily promoted on-line booking to patients.

The practice team acknowledged that these changes had helped to relieve the problem slightly but obviously not resolved the issue for our patients. Sue Bennett asked the group if they had any further suggestions on how we might improve telephone access to the practice further.

One patient explained that he finds getting the engaged tone extremely irritating. The team explained that this was one of the down sides to moving back to a local dial number, which had been implemented as a result of patient demand.

One patient asked why we did not increase our lines further if we still had patients receiving the engaged tone. The practice team explained that it would not be beneficial to increase our lines further as we would not have the staff to man more lines, in addition the cost of more lines was not cost effective for the practice as it is only at peak times these are required.

Various suggestions about adding messages about the engaged tone, ring back options, splitting lines to produce more lines were made, but the practice team explained that our current local number and telephone system meant these options were not feasible.

One patient said that we were unlikely to please all patients and completely solve this problem but we need to try and relieve the pressures of phone calls to the practice. It was suggested and agreed by all present that the best way to ease pressure was to promote and encourage the booking of appointments on line. It was suggested that it might be worth the practice considering advertising in a local publication such as EX33 which is distributed to all households in Braunton.

One patient who does not use the online access, because they never have a problem when calling the practice asked the team to confirm that not all appointments are bookable on line. Sue Bennett explained that a high proportion but definitely NOT all appointments are available on line, a selection of appointments are kept for booking at the surgery only.

Sue Bennett also wanted to raise a couple of comments that had been written by patients completing the survey. One had been around our reception team being rude and surly, she asked the patients present if this was their experience, as she felt the team works hard and always tries to do their best for all patients. All present said they found the reception team pleasant and helpful. One patient commented that often the reception team are very busy and under pressure and that this might be perceived by some patients as surly. The group reported that we did not have a problem with the reception team and no changes needed to be implemented for improvement.

One comment had been around the practice not offering enough home visits to elderly patients. Sue Bennett told the group that our home visit policy is that all requests for home visits are passed to the GP's, no one is told they cannot have a home visit, this might mean our daily visit rate can be anything from zero (very rare) to 10+. The practice cannot guarantee the GP of the patient's choice to perform the home visit as it is not efficient to send two GP's to the same practice area. Dr Bennett explained that sometimes, especially when the home visit list is large the GP might phone the patient or their carer as on occasion a telephone consultation is sufficient and the GP does not need to visit. The group said those who have needed to request a home visit had never encountered any problems and all felt it was acceptable to the GP to call the patient initially before making a home visit.

Another patient had commented in the survey results that the practice should pay their 20p parking fee, especially when the clinician is running late. The group felt that this was totally unacceptable and that the people of Braunton were lucky to have a car park outside their practice and that it was ONLY 20p.

Review of Friends and Family Test

Sue Bennett explained that this survey is a Government directive which all NHS organisations are required to participate in. It has been running since Jan 2015 and is a rolling survey and we are required to produce a monthly report which is sent to NHS England and published to our patients online and in the practice.

The survey asks patients if they would be extremely likely, likely, neither, unlikely, extremely unlikely to recommend the practice to friends or family, it also gives them the opportunity to give feedback, comment or suggest recommendations that they feel would help us improve the services/care we provide.

The group were informed that since the start of this survey the results have been:

180 said extremely likely

46 said likely

7 said unlikely

5 neither

4 extremely unlikely to recommend us to friends or family

On the whole the practice feels these results are satisfactory. As a practice we try to promote this survey to all patients attending the practice but as we are not a big NHS organisation with a large turnover of patients this has proven difficult at times. We asked the group to inform friends and family about this survey and encourage them to pick up a form when next in the practice.

Sue Bennett explained that we have received some lovely comment from patients who have completed this survey with excellent feedback from holiday makers. She explained that a number of changes have been implemented in the practice as a result of suggestions made by patients completing the survey and this includes:

- Chairs in the entrance lobby
- Number in the entrance lobby for early attenders for the phlebotomy clinic
- Details of GP's usual working days published on the practice website
- Increased number of appointments available to book on line
- A repeated message being removed from our telephone automated message.

New Duty Doctor Day

Sue Bennett explained to the group that in recent months the practice had implemented a new style Duty Day for the on call doctor. This consisted of the on call doctor offering 18 bookable appointments on the day then once all appointments with all doctors are full for the day, the on call doctor offers telephone triage initially to all patients requesting to see a doctor that day. She explained that no patient is turned away but they will have a telephone consultation which may be sufficient, but the patient may be asked to come in to see the duty doctor on that day or maybe made an appointment for a later date. The aim for the practice is to make the system slicker and better for both patients and doctors. She explained that many patients had formed the habit of expecting an appointment at 5.30pm on the day and not realising that these appointments were meant for urgent issues that could not wait for a routine appointment.

Those patients present who had encountered this new system stated that it had worked well for them. Dr Bennett explained that this new system often means the patient is contacted sooner, thus being able to obtain the medication/ advice they require earlier.

The local pharmacist will not have closed as was often the case when surgeries ran late into the evening. It enables the duty doctor to prioritise his day and lessen pressures throughout the practice and pharmacy. It also stops patients with infectious disease attending the practice spreading their illness.

Sue Bennett explained that we have run this system over the summer months and it has held up even with the extra demand generated by holiday makers attending the practice. She reiterated that if a sick child or acutely ill patient attends the practice that this system would not be used but the patient would be taken directly to the treatment room and seen by the nurse and doctor, as would have previously happened.

The group encouraged the practice to continue with this system as it appears to be working for patients and doctors.

The participants present were then given the opportunity to raise areas of concern or interest they wished to discuss or learn about.

One Patient asked who requests a patient's medication when they are issued blister packs, he said that he never has sight of his mother's repeat slip and that the medication is delivered by the pharmacy. He has accumulated a stockpile of inhalers and wishes to reduce medicines waste. Dr Bennett explained that repeat medication is either requested by the patient or their pharmacist on their behalf if they have signed up to the chemists repeat prescribing scheme. It is therefore important that the patient/ carer makes it clear to the chemist if any items are no longer required to ensure these are not ordered and stockpiled. It is also advised that patients check their repeat medication BEFORE leaving the chemist as if they have been given the wrong items or unwanted items they can be returned and placed back in stock to be given to another patient, this cannot be done if the patient has left with the medication before noticing the error.

One patient asked whether we had considered using Skype or Webcams for consultations with our younger patients. Dr Bennett explained that such schemes have been trialled nationally with varying degrees of success, but from a GP's point of view medico legally this is a very difficult area and GP's need to be sure of their insurance cover before undertaking such types of consultations.

One patient raised the point that it is becoming increasingly more difficult for people to have time off work to attend GP appointments and asked how the practice accommodates these patients. Sue Bennett explained that we do hold late appointments on Monday and Tuesday evenings and early appointments on Wednesday mornings, these appointments had been designed with working people in mind but the practice cannot discriminate against non-working patients who wish to have one of these appointments. In addition all doctors at the practice do offer patients telephone consultation when this is appropriate for the presenting condition.

Feedback/ Summary

It is apparent that communication and education continues to be the key to resolving telephone access at the practice. It was agreed that the practice will look at the suggestions raised from this discussion with the patients present today and consider them for implementation.

The patients participating at today's meeting had been happy to attend the meeting and wanted to help the practice move forward and were happy to help educate the wider population.

Many of participants today stated that they are happy to attend such meets in the future and appreciated being asked their views on the service we offer and they use.

Sue Bennett acknowledge that there is always room for improvement and explained to the group that we are always happy to receive ideas and suggestions for improving the service we offer. If any of the group thinks of anything, or if a friend or family member has a suggestion that they should email, write or phone the practice.

A representative of the group wanted to thank the whole of the practice team for the good work that is does at the practice for the Braunton community.

The practice team felt the meeting had been positive and were reassured that so many of our patients were willing to help us improve further the service we offer them.

Action Plan for Practice

To try and promote on-line booking of appointments to a wider population by:

1. Inviting New patients to registered for on-line access when they first register at the practice
2. Consider advertising in local publications
3. Promote on-line access throughout the practice e.g. displays, newsletter, website
4. Try to educate patients to call later in the day for non-urgent matters