



## **Patient Reference Group**

### **Annual Report & Action Plan 2013/2014**

#### **Membership of the PRG**

The PRG currently (March 2014) consists of 30 individuals. The group is biased towards people aged 65 and over, and has more substantially more women than men. The younger age groups are almost entirely represented by women, whereas the older men are amongst the most active contributors to the group.

Female:	20
Male:	10
Aged 25 – 34	2 (2 F)
Aged 35 – 44	4 (2 M, 3 F)
Aged 45 – 54	6 (1 M, 5 F)
Aged 55 – 64	1 (1 M)
Aged 65 – 74	12 (3 M, 9 F)
Aged 75 – 80	4 (3 M, 1 F)

The members include:

- People with disabilities and chronic conditions
- Carers
- Parents of young children and teenagers, including a parent of a disabled child
- People who rarely visit the surgery

The gender and age balance is not aligned with the practice population, which is more evenly distributed. An open meeting was held in July 2013, advertised widely, in the hopes of attracting new members. However, all the attendees except one already belonged to the group. Following this, direct personal contact was made with a number of younger patients, and this resulted in 7 new members joining, all of them aged under 50. Of these, 5 have young families, a section of the patient population that was previously under-represented.

The geographical spread is good across the Practice catchment area. Members of the group live in 13 different villages, both central to the surgery and up to 5 miles away.

Over 98% of the patient population is White British. One member of the group is known not to be British by birth.

Communication with the group is primarily via email (all but one have email). Face to face meetings are held at the surgery three times a year: an open meeting in the summer as a general

opportunity to talk about developments; in the autumn to discuss the forthcoming survey, and in March to discuss the survey findings and agree an action plan.

### **Deciding on priority issues**

At a meeting of the group held on 20 November 2013, the PRG reviewed the action plan that resulted from the 2013 patient survey, and decided on priority topics for the 2014 survey. The notes of the meeting are on the Practice website. 12 members attended, and a number of others fed in their ideas by email before the meeting. The agenda covered:

- Update on GP contract settlement for 2013/14
- Review of 2013 action plan
- Complaints received during 2013
- Ideas for next survey, mainly to do with urgent care

Following this meeting, the survey was drafted by Practice staff, circulated for comment to the PRG members, refined, recirculated and finalised in time to be published in early January.

### **Running the survey**

The survey was distributed by the Practice and PRG members during January 2014, with a closing date of 31 January. The following methods were used:

- Available in hard copy in waiting room and dispensary at surgery
- Handed out in hard copy by staff on reception desk
- Handed out in hard copy by PRG member in waiting room
- Handed out in hard copy to friends by PRG members
- Link to online version emailed to friends by PRG members
- Flagged up on Practice website home page, with link to online version
- Online version publicised on posters in surgery
- Message on LED patient call screens in waiting room encouraging patients to complete

218 completed surveys were received: 135 in hard copy, 83 online. Just over half had collected their survey form in hard copy in the surgery.

### **Results**

The full results, including free text comments, are available on the Practice website.

A summary of results is given below:

#### ***Section 1: Urgent Medical Care***

During surgery opening hours, the vast majority of patients would contact the surgery first for urgent medical care, apart from chest pain, when more people would go to hospital, either via 999 or direct to A&E.

Out of hours, the picture is much more varied, with many more going to A&E for a wider range of problems. The majority would contact either 111 or Out of Hours GP (these two are actually the

same since last April). Lots of people would just wait until the surgery is next open. There are some critical comments about 111 have been passed on to the commissioners.

There is a strong preference for Bristol for A&E services, with 43% opting for Bristol Royal Infirmary and 29.5% for South Bristol Community Hospital compared with 23.5% for the Royal United Hospital, Bath.

The range of problems that lead patients to seek urgent medical help somewhere other than the surgery seem to be generally appropriate. Less than a quarter of events were during surgery hours, and most of these were injuries that could not have been dealt with at the surgery.

### ***Section 2: Urgent Care at the Surgery***

Under half of the respondents had used the urgent care system at the surgery. Of those who had, the great majority are satisfied with the service, although some have found the service poor. Satisfaction with the doctors is very high. It is surprising how many of the respondents say they were offered an appointment when the doctor rang them, as this is a much higher proportion than are actually offered appointments compared with the number whose problem is resolved over the phone.

### ***Section 3: General Attitudes to the Surgery***

General attitudes to the surgery are positive on the whole, apart from ability to get an appointment with a doctor of choice: almost half of respondents disagree with this. Having said that, over 90% would recommend the practice to a friend, and 98% feel that they are treated with dignity and respect at the surgery. 92% are able to get through easily by phone, reflecting improvements made in the last 18 months. Almost a quarter of patients perceive that they are not able to get an urgent appointment when they need one. This may reflect a lack of awareness of the same-day triage system, or it may mean that their problem is not really urgent but won't wait for two weeks. The other issue that emerges is doctors and nurses running late and patients having to wait more than 10 minutes after their appointment time before they are seen.

### ***Section 4: Tell us about yourself***

The respondents were 70% female, 30% male (online 60% female, 40% male). There was a good spread of ages, with the 45-64 age group particularly well represented. The majority visit the surgery between 1 and 4 times a year. There was a good spread of responses from across our catchment area, with noticeably higher numbers in those villages where patient group reps had actively encouraged people to complete it.

## **Action Planning**

The full results of the survey were emailed to all members of the group on 11 February 2014.

A meeting was held on 12 March 2014 to discuss the results and to consider an action plan for responding to the findings.

The agreed action plan is as follows:

	<i>Problem</i>	<i>Action</i>	<i>By when</i>
1	Low level of understanding of pharmacist's role, eg for sick child, sore throat	New leaflet on urgent care: what the Practice offers,	June 2014

		where to go for other problems	
2	High level of dependency on GP surgery for sprains	As above	
3	Poor understanding of 111 and of how OoH GP system works	As above	
4	Lack of confidence in 111	Report feedback to CCG	Done
5	High proportion wait until Monday to discuss problems with GP – extra pressure on surgery urgent care system on Mondays	Reconsider balance between urgent & routine appointments on Mondays	June 2014
6	GP visits & phone triage sometimes carried out in such haste that patient doesn't think to ask all relevant questions	GPs to be made aware	March 2014
7	Patients don't necessarily understand what we consider to be urgent for triage list – may put themselves at risk by underestimating severity & waiting 2-3 weeks for a routine appt; perception is that it is hard to get an urgent appt, whereas actually it is easy for genuine cases	Leaflet as 1 above	
8	Popularity of surgery has dropped since last year, ie fewer patients would recommend it		
9	Inability to get appt with doctor of choice for almost 50% of patients; 2 – 3 weeks is too long to wait for any routine appointment		
10	Doctors running late – patients have to wait more than 10 minutes after appt time	Audit actual situation and assess how far behind most GPs are running, then decide whether action is appropriate.	April 2014 (audit)
11	Some patients don't feel involved in decisions about their treatment & care	Make GPs and nurses aware	March 2014
12	It is hard to get an appointment for something that isn't urgent but won't wait 2-3 weeks	Consider offering more 48 hour release appointments – but need to be aware of impact on routine pre-bookable appts	June 2014
13	Queues at reception desk	Remind receptionists to ask for help from a colleague	March 2014
14	Receptionists are not always very sympathetic & sometimes overstep the line between reception & clinical questioning	Ongoing training and awareness	All reception meetings
15	Sometimes hard to get through on phone	Much improved, don't think this is a serious issue now.	
16	Occasional dispensing errors	Much reduced since automation. All written down and investigated.	
17	Phone system doesn't have a default option for people without a touch phone	Investigate with phone company.	June 2014

The Practice and the PRG members are concerned in particular about the length of time patients have to wait to book an appointment with their doctor of choice, which seems to be leading to general dissatisfaction with the Practice and a reduction in the percentage of patients who would

recommend it to friends (90.5% compared with 95% in 2013). Practice staff will look in detail at appointment systems in other practices where the wait is significantly shorter, with a view to trying a different approach.

### Progress against the 2013 Action Plan

	<i>Problem</i>	<i>Action</i>	<i>By when</i>	<i>Progress March 2014</i>
1	Number of survey forms returned was significantly lower than last year	Broaden membership of Patient Reference Group: Hold open meeting Target under-represented groups	31/7/13	Completed
2	Patients expect contact from surgery on discharge from hospital, but surgery aren't notified by hospitals until much later	Draw up patient leaflet on what to expect when being admitted to / discharged from hospital	31/7/13	Completed and in use
3	Inaccurate or missing information on practice website	Check all parts of website to make sure information is appropriate and up to date	31/7/13	Completed (but ongoing)
4	Some patients expect to be registered with a named doctor and may not understand that they can choose to see any doctor	Improve website and practice leaflet, to include more on how the practice works: you are a patient of the practice rather than a specific GP, all GPs and nurses have access to all of your information	31/7/13	Completed
5	Parking	Monitor use of disabled spaces	31/7/13	Special arrangements made for regular disabled visitors
6	Dispensary sometimes put up repeat medication that patients do not think they requested	Emailed requests and any unclear repeat requests to be stapled to bag so that patient can see what was ordered when collecting; dispenser to discuss any queries with patient	30/4/13	Completed
7	Dispensary sometimes struggle to find prepared medication when patient comes to collect it, causing delays and queues to build up	<ul style="list-style-type: none"> <li>- All staff to use computer screen to confirm what they are looking for at front desk</li> <li>- Clear out uncollected bags regularly to keep contents of drawers to a minimum</li> <li>- Staff to call for help from a colleague if queue is long or if something needs to be sorted out behind the scenes</li> </ul>	30/4/13	Completed, along with introduction of clearer staff rotas
8	Patients are not sure where to look for different types of information in the surgery	Give all noticeboards a heading so that patients know what to expect to find where	30/4/13	Completed

9	Not all patients know that there is a separate toilet for producing samples in treatment area	Make sure everyone – GPs, nurses, receptionists – sends patients to toilet in treatment area for producing samples (for privacy)	31/3/13	Completed
10	Some patients feel that receptionists sometimes put our systems before customer service	Reinforce customer service ethos with receptionists, make sure all are fully trained to put patient first	31/10/13	Ongoing – recurrent theme in 2014 survey
11	Confusion over arrangements for accessing a GP at the weekend	Better promotion for out of hours arrangements – BEMS are part of the GP system; we don't have urgent surgery on Saturdays	31/7/13	New information leaflet in use
12	Surgery rearranges appointments too often	Audit reasons why we move appointments for patients, and look for ways to reduce it	31/7/13	Significant reduction, other than in emergencies
13	Patients don't know new doctors, so tend to try and get appointments with the long-standing ones	"Get to know your doctors" session for salaried GPs	31/7/13	Not achieved
14	Too much pressure for appointments with Dr Wilkins for specialist dermatology advice	When Dr Graham returns, remind all clinical staff that she is also qualified in dermatology	30/4/13	Both Dr Graham and Dr Wilkins have left the Practice
15	Patients are not told when a doctor is running very late (ie 30 mins or more)	Better use of patient call boards in waiting area to warn patients when a doctor is running very late – train some receptionists to put messages on	31/7/13	Partly completed but could do more
16	Sometimes a 10 minute consultation is not long enough to explain a complex problem	Make more use of double appointments to allow patients to present more complex problems – GP to decide where appropriate, and to tell patient/add alert to record	30/4/13	Ongoing issue, raised in 2014 survey
17	Some patients feel that doctors are sometimes abrupt or patronising	Make all GPs aware of patient perception	30/4/13	Action completed but recurs in 2014 survey
18	Triage and routine phone systems are difficult for any patients who are at work and cannot be rung back except during their breaks (teachers, nurses etc)	Consider whether we can make the phone-back system more flexible	31/10/13	Patients may now state when they are available for a call

## Chew Medical Practice Opening Hours

Monday	08:00 -18:00
Tuesday	08:00 -18:00
Wednesday	08:00 -18:00
Thursday	08:00 -18:00
Friday	08:00 -18:00

***Extended Opening Hours***

Appointments are available on a pre-booked only basis to see a Doctor or Nurse Practitioner on

Saturday Mornings 09:00 – 12:00

Wednesday Evenings 18:00 – 19:30

Urgent care is available during core hours when there is a duty doctor available at all times to assess and prioritise requirements with patients and take further action as necessary.

Capacity is built into the appointment system for patients to receive non-urgent telephone calls from the doctors.

Regular coach/taxi services are operated by the parish councils of surrounding villages and capacity is built into the appointment system for patients using these services without the need to book appointments.

Specialised clinics i.e. post-natal, joint injections, minor surgery etc. are also offered by the Practice, bookable via our reception.