

DANES CAMP SURGERY

PATIENT SURVEY 2011- 2012

SURVEY REPORT

1. Introduction

Danes Camp Surgery has undertaken implementation of the Patient Participation Scheme in 2012. The steps involved in this process have been:

- Establishment of a Patient Reference Group (PRG) with membership drawn from registered patients at the practice and which is representative of those patients.
- To carry out a survey of the practice’s patients across a broad range of areas concerning the practice and the services it offers.
- To develop the practice website (www.danescampsurgery.nhs.uk) to include details about the PRG and the patient survey.
- Maintenance of quality access provided by the practice i.e.: the ability to book ahead and to make an appointment with 2 working days.

2. Establishment of a PRG

The practice designed a patient information leaflet concerning the establishment of the PRG which invited patients who were interested and willing to be involved to complete some demographic details and register their email address and their willingness to be contacted for their views from time to time on subjects concerning the practice and its services.

Posters were placed in the surgery advertising the PRG along with a supply of leaflets and registration forms. Reception staff also actively asked patients attending the practice if they would be interested in the PRG. A total of 350 leaflets were distributed. 15 patients completed the forms and agreed to be part of the PRG.

Table 1: Age/Sex Distribution of the PRG

Age	Male	Female
Under 16		
17-24		2
25-34	1	1
35-44		1
45-54	3	
55-64	2	1
65-74	2	

75-84	1	2
Over 84		1

Although the take up for involvement in the PRG was relatively low it did produce a good range of responses across age and sex. There was poor uptake among the under 16s and a targeted letter to that group of patients produced nil response.

Table 2: PRG - Ethnicity

Ethnicity	Number
White British	9
White – Irish	
White – other	2
Mixed – White and black Caribbean	
Mixed – White and Black African	
Mixed – White and Asian	1
Asian or Asian British – Pakistani	2
Asian or Asian British – Indian	1
Asian or Asian British – Bangladeshi	
Black or Black British - Caribbean	
Black or Black British - African	
Chinese or other ethnic group - Chinese	
Chinese or other ethnic group – Any other	

The ethnic mix of the PRG closely matched the demographics of the entire practice population.

3. The Patient Survey

3.1 Methodology

The practice produced a draft survey drawing on the format suggested by the General Practice Assessment Questionnaire (GPAQ) which was designed at the National Primary Care Research and Development Centre in Manchester to help practices find out what patients think about their care. In addition questions were designed to identify whether patients were aware of additional services offered at the practice.

The draft was then circulated by email to the PRG asking for their feedback. Feedback was

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received from 12 of the 15 members which made suggestions for changes to the text, suggested additional areas of interest/priority and changes to the layout. All of these were employed in the final survey form.

The Patient survey was conducted in 2 ways. Firstly Receptionists asked patients attending the surgery if they would be willing to complete the form until 200 forms were completed. Secondly the practice wished to reach those patients who have not attended the surgery in the previous 12 months. A search was carried out on registered patients to identify this group which was then broken down into subgroups in defined age bands and by age/sex. Each of these 9 sub-groups was then randomised to produce 4 patients, 2 male, 2 female using www.randomizer.org. The selected patients were then sent a letter explaining about the patient survey and its aims and asking if they would complete and return it to the surgery in the SAE provided. Of the 36 patients 8 responded (22.2%). This gave a total survey response of 208 which was then submitted for analysis to an external data entry company based at Leicester University.

The results were then compiled into the Patient Survey Report and circulated to the partners and the PRG for their feedback, suggested changes and development of an agreed action plan. This was then used to finalise an action plan for implementation in 2012/2013.

The resulting action plan was published on the practice website which will be updated throughout 2012/13 with subsequent achievements of this plan

Findings of the Patient Survey

4.1 Service provided by Reception Staff

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Excellent	70	33.7	33.7	33.7
V.Good	85	40.9	40.9	74.5
Good	40	19.2	19.2	93.8
Fair	13	6.3	6.3	100.0
Total	208	100.0	100.0	

Discussion

2011-2012 has been a difficult period for the practice with a GP absent on long term sick leave and as such appointments and availability have been pressured. This inevitably means

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extra pressure on reception staff. It is therefore a tribute to how well the staff have coped that 87% of respondents rated the service provided by them as good to excellent. A series of training sessions are booked throughout 2012/3 to maintain and develop customer care skills in the Reception team. The PRG suggested that these should be both targeted at universal skills and those skills specific to the Primary care environment. The practice will implement this by using trainers from the Medical defence Union training department to deliver targeted training.

4.2 Ease of access by telephone

	Frequency	Percent	Valid Percent	Cumulative
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid In person	33	15.9	15.9	15.9
By Telephone	175	84.1	84.1	100.0
Total	208	100.0	100.0	
Total	208	100.0	100.0	

4.2 Usual method of booking appointments

Discussion

That 66% of respondents found it difficult to access the practice by telephone is a cause for concern. The practice has 4 patient lines and 4 people available to answer phones at peak times. It was felt that a more in depth analysis of telephone contacts is required to identify where the difficulties in access lie and to discuss with the telephone provider where the system may be improved. The PRG feedback suggested that the practice should specifically determine from the supplier whether the system

could provide statistics on numbers of calls waiting by day of week and time, length of time waiting and calls lost. If this is possible then the practice will review this half yearly both internally and with the telephone system supplier. Other suggestions were that it may be possible to provide a system where receptionists, when taking calls, have the ability to see how long someone has been waiting and respond appropriately and that the system may be able to be adapted to provide information to callers about where their position is in the queue. The practice will discuss all of these suggestions with their telecommunications supplier and obtain costs.

In addition the partners are also looking into offering the ability to book appointments on line which potentially may ease telephone traffic at key times.

4.3 Ability to see GP urgently in same day

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	150	72.1	72.1	72.1
	No	37	17.8	17.8	89.9
	Never needed	21	10.1	10.1	100.0
	Total	208	100.0	100.0	

Discussion

The practice will always try and see true medical emergencies on the same day. That 17% of respondents felt that they could not be seen the same day requires action both in patient information as to what constitutes an urgent or emergency situation. The practice has purchased and will install in April/May 2012 a patient information screen in the waiting room. This will be programmed with health information and specifically information about effective use of NHS services and practice specific appointment information. Feedback from the PRG emphasised that many patients

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	Frequency	Percent	Valid Percent	Cumulative Percent
Valid same or next day	59	28.4	28.4	28.4
2-4 day	57	27.4	27.4	55.8
5days or more	92	44.2	44.2	100.0
Total	208	100.0	100.0	

remain unaware of the role played by nurses in the practice especially in delivering Minor Illness appointments as an alternative to the GP. The practice will ensure that this key area is well covered both on the patient information system and by development of patient information leaflet about Nurse Minor Illness clinics.

Training for Reception staff is also planned to ensure they gain enough information from the patient about the presenting problem to refer them to the appropriate clinician for assessment of the urgency of their problem.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid In person	26	12.5	12.5	12.5
Telephone	135	64.9	64.9	77.4
On line	47	22.6	22.6	100.0
Total	208	100.0	100.0	

The GPs are also planning to introduce daily telephone triage where they will assess patients and book appointments/treat appropriately which was well received in the feedback from the PRG.

4.4 Normal method of booking Appointments

Discussion

The results highlight the need to improve telephone access to the surgery

4.5 The ability to see a particular doctor

4.6 When willing to see any doctor

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid same or next day	59	28.4	28.4	28.4
2-4 day	57	27.4	27.4	55.8
5days or more	92	44.2	44.2	100.0
Total	208	100.0	100.0	

4.7 Appointments

4.71 How quickly do you usually get an appointment?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid same or next day	59	28.4	28.4	28.4
2-4 day	57	27.4	27.4	55.8
5days or more	92	44.2	44.2	100.0
Total	208	100.0	100.0	
Valid same or next day	59	28.4	28.4	28.4
2-4 day	57	27.4	27.4	55.8
5days or more	92	44.2	44.2	100.0
Total	208	100.0	100.0	

4.72 How often are you able to see or speak to the GP you prefer?

4.73 Would you be happy to try telephone consultations?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Definitely	96	46.2	46.2	46.2
Might use	66	31.7	31.7	77.9
Probably	21	10.1	10.1	88.0
No	17	8.2	8.2	96.2
Don't know	8	3.8	3.8	100.0
Total	208	100.0	100.0	

Discussion

The results identify that 44% of patients waited over 5 days for an appointment but the questionnaire did not identify those routine appointments when the patient has chosen to book ahead. This was noted for future survey question development.

However the partners are aware that staff shortages have impacted on access and are actively looking at ways in improving. 2 locum GPs have now been found and employed for 4 sessions per week to cover absence. Survey results show a willingness by patients to use telephone consultations and the partners plan to introduce these in June 2012 when our new full time locum has joined us and settled in. Minor Illness appointments with the nurses have been increased. An audit of appointment requests and waiting times is scheduled for May 2012 and those results will be analysed to inform further actions. Feedback from the PRG suggested that further audits should be carried out throughout the year and this has been included in the action plan.

4.8 Clinical care

4.81 Time waited beyond the booked appointment time for consultation to start

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	>5min	62	29.8	29.8	29.8
	5-10min	124	59.6	59.6	89.4
	11-20min	22	10.6	10.6	100.0
	Total	208	100.0	100.0	

4.82 Given adequate time in consultation.

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	v.good	64	30.8	30.8	30.8
	Good	93	44.7	44.7	75.5
	Fair	42	20.2	20.2	95.7
	Poor	9	4.3	4.3	100.0
	Total	208	100.0	100.0	

4.83 How well did the clinician listen during the consultation?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	v.good	92	44.2	44.2	44.2
	Good	83	39.9	39.9	84.1
	satisfactory	25	12.0	12.0	96.2
	Poor	4	1.9	1.9	98.1
	v.poor	4	1.9	1.9	100.0
	Total	208	100.0	100.0	

4.84 How well did clinician explain any tests or treatments?

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	v.good	72	34.6	34.6	34.6
	Good	94	45.2	45.2	79.8
	satisfactory	38	18.3	18.3	98.1
	v.poor	4	1.9	1.9	100.0
	Total	208	100.0	100.0	

4.85 How well did clinician involve you in decisions about your care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	v.good	76	36.5	36.5	36.5
	Good	90	43.3	43.3	79.8
	satisfactory	38	18.3	18.3	98.1
	v.poor	4	1.9	1.9	100.0
	Total	208	100.0	100.0	

4.86 Did the clinician treat you with care and concern?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	v.good	76	36.5	36.5	36.5
	Good	103	49.5	49.5	86.1
	satisfactory	21	10.1	10.1	96.2
	Poor	4	1.9	1.9	98.1
	v.poor	4	1.9	1.9	100.0
	Total	208	100.0	100.0	

4.87 Did you have confidence and trust in the clinician you saw or spoke to?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes definitely	126	60.6	60.6	60.6
	Yes to some extent	66	31.7	31.7	92.3
	Not at all	16	7.7	7.7	100.0
	Total	208	100.0	100.0	

4.89 How well did the clinician help you understand your health problems?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	70	33.7	33.7	33.7
	Good	109	52.4	52.4	86.1
	not very well	8	3.8	3.8	89.9
	Poor	8	3.8	3.8	93.8
	NA	13	6.3	6.3	100.0
	Total	208	100.0	100.0	

Discussion

The results demonstrate a high level of confidence and satisfaction with the clinicians consultations, patient involvement and time keeping. However any responses of fair or poor are a cause of concern for the practice. The feedback from the PRG highlighted personal experiences of group members that there were what seemed to be inconsistencies in terms of GPs experience and opinions and questioned whether clinicians were willing to seek second opinions and the need to get around this to make the patients feel more confident about either their diagnosis or their plan of action? From April 2012 it is planned to introduce an informal daily meeting where clinicians can discuss and debrief after surgery. In addition as part of the schedule for clinical meetings in 2012/13 speakers will be invited to provide updates on consultation skills. One GP will also be attending a 2 day course around consultations as part of the practice working towards becoming a training practice and will feedback skills learned there to the partnership.

4.9 Overall experience of your GP Surgery

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid excellent	64	30.8	30.8	30.8
Good	102	49.0	49.0	79.8
Fair	38	18.3	18.3	98.1
NA	4	1.9	1.9	100.0
Total	208	100.0	100.0	

Discussion

The results demonstrate a high level of satisfaction with the practice as a whole. However the partners remain aware that improvements need to be made in specific areas highlighted above. The action plan below is designed to address the identified issues.

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Patient awareness of additional services

Minor Illness Appointments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Y	188	90.4	90.4	90.4
	N	20	9.6	9.6	100.0
	Total	208	100.0	100.0	

Minor surgery and injection clinic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Y	139	66.8	66.8	66.8
	N	69	33.2	33.2	100.0
	Total	208	100.0	100.0	

Family Planning Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Y	144	69.2	69.2	69.2
	N	64	30.8	30.8	100.0
	Total	208	100.0	100.0	

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Smoking Cessation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Y	115	55.3	55.3	55.3
	N	93	44.7	44.7	100.0
	Total	208	100.0	100.0	

Travel Vaccinations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Y	159	76.4	76.4	76.4
	N	49	23.6	23.6	100.0
	Total	208	100.0	100.0	

Discussion

Although these services are well covered within the practice information leaflets many patients are still unaware of these which may lead to their inappropriate usage of other NHS services. The introduction of the patient information system described above will assist in raising patient awareness.

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Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	M	64	30.8	30.8	30.8
	F	144	69.2	69.2	100.0
	Total	208	100.0	100.0	

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Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid >16	4	1.9	1.9	1.9
16-44	103	49.5	49.5	51.4
45-64	68	32.7	32.7	84.1
65-74	25	12.0	12.0	96.2
75 and above	8	3.8	3.8	100.0
Total	208	100.0	100.0	

Long standing Health Condition

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Y	111	53.4	53.4	53.4
N	97	46.6	46.6	100.0
Total	208	100.0	100.0	

Ethnicity

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid White	170	81.7	81.7	81.7
black or black British	9	4.3	4.3	86.1
Asian or Asian British	17	8.2	8.2	94.2
Mixed	4	1.9	1.9	96.2
Chinese	4	1.9	1.9	98.1
Other	4	1.9	1.9	100.0
Total	208	100.0	100.0	

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Employment status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Employed	107	51.4	51.4	51.4
Unemployed	4	1.9	1.9	53.4
self employed	12	5.8	5.8	59.1
in full time education	4	1.9	1.9	61.1
unable to work with long term sickness	4	1.9	1.9	63.0
Carer	44	21.2	21.2	84.1
retired from paid work	33	15.9	15.9	100.0
Total	208	100.0	100.0	

5 **Action plan for 2012/2013**

Item	Action	Action Date	Lead
To engage patients between 15 and 25 in the PRG	<ul style="list-style-type: none"> • PRG suggestion that they could be a resource used to assist in developing this engagement. The partners will discuss this further with the PRG and develop a plan of engagement throughout 2012/3 • Poster and leaflet campaign in practice aimed at this age group. Clinicians to actively discuss with those patients in this under represented age band who attend the practice. • New mail shot to this group 	03/13 07/12 09/12	MH with PRG All partners MH
To continue to build and develop customer care skills in the Reception team	<ul style="list-style-type: none"> • The practice has a programme of training projected for 2012/2013 which will help develop and maintain customer care skills for its entire staff. This will be tailored to the primary care environment utilising the resources provided by the trainers at the Medical Defence Union Training department. 	2012/3	AZ/MH
Improvements to telephone access	<ol style="list-style-type: none"> 1. Identify from the telecommunications supplier whether the system could provide <ul style="list-style-type: none"> • Statistics on numbers of calls waiting by day of week and time • Identify the length of time waiting and calls lost. • Provide the capability for Receptionists, when taking calls, to see how long someone has been waiting and respond appropriately • Provide information to callers about where their position is in the queue. 2. In addition to identify the cost of these upgrades. 3. Discuss introduction of on-line appointments. 	07/12 07/12 09/12	MH MH Partners

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Access to appropriate clinician in an acceptable time frame	<ul style="list-style-type: none"> • Installation of the new Patient Information System • Patient Information Leaflet – Nurse Minor Illness Clinics • Introduction of telephone triage/consultations • Training for Receptionists in telephone answering script • Regular Audits of access levels 	<p>06/12</p> <p>08/12</p> <p>06/12</p> <p>06/12</p> <p>Start</p> <p>05/12</p>	<p>AZ/MH</p> <p>MH</p> <p>Partners</p> <p>AC</p> <p>AC</p>
Build on and develop patient confidence in the clinicians skills and improve patient experience of consultations	<ul style="list-style-type: none"> • Daily opportunities for case discussion and debriefing in a non judgemental environment. • Speakers on consultation skills for clinical meetings • Schedule of Consultant speakers from local hospitals at clinical meetings targeted at areas where knowledge gaps have been identified • Presentations by in house clinical leads 	<p>04/12</p> <p>2012/3</p> <p>2012/3</p> <p>Monthly</p>	<p>All clinicians</p> <p>KZ</p> <p>KZ</p> <p>Clinical leads</p>