

# CHEW MEDICAL PRACTICE

## Patient Reference Group

### Annual Report & Action Plan 2012/2013

#### **Review: How and why the Patient Reference Group (PRG) was established.**

Following on from the Patient Participation Group, which has been in existence since 2006, Chew Medical Practice has brought together a smaller group of patients, as the PRG, to look in detail at how the surgery works, based on the experience of those who use it.

Recruitment of the current members was achieved by advertising within the practice and on the Practice web site.

The option to become a member of the PRG is still available via the web site.

#### **Update: What has the Group done so far?**

The Group met for the first time in September 2011, to discuss topics to include in a wider patient survey. A set of ground-rules were established to make sure that the process is as productive as possible. (see section: *Aims & Objectives of the PRG*)

Since then, members have kept in touch with the surgery by email and post, and they have commented on drafts of the survey forms in 2012 and 2013. They have helped to distribute the surveys as widely as possible, to make sure that the responses are really valuable.

Each year they have discussed the findings with the Practice and agreed action plans for improvement, at meetings and by email and post.

Notes of all PRG meetings are published on the Practice Website.

#### **How we engage with our Patient community**

Apart from the PRG, the Practice encourages suggestions and comment from its patients. A suggestions box is installed in the Practice reception/waiting room and a well-used "Contact Us" facility is available on the Website with responses monitored and actioned by Practice staff.

The Practice participates in ad-hoc health promotion activities (e.g. Carer support sessions, Atrial Fibrillation promotion etc.) and is actively involved in Research Projects.

The Practice continues to develop its IT systems to improve communications for patients with on-going developments to the on-line "PatientAccess" system and planned introduction of SMS text reminder messaging for appointments.

Further training/development for Dispensary staff is planned to enable a Pharmacy Technician role at the Practice to offer increased medication advice to patients without the need to see a doctor.

## Chew Medical Practice Profile and Population details.

### Gender

9174 registered Patients of which **4627 are Male & 4547 are Female**

### Age

Number of Patients Under 9yrs = 905 (10%)  
Number of Patients 10 - 19 = 1078 (12%)  
Number of Patients 20 - 29 = 793 (9%)  
Number of Patients 30 - 39 = 824 (9%)  
Number of Patients 40 - 49 = 1436 (16%)  
Number of Patients 50 - 59 = 1386 (15%)  
Number of Patients 60 - 69 = 1400 (15%)  
Number of Patients 70 - 79 = 894 (10%)  
Number of Patients 80 - 89 = 381 (4%)  
Number of Patients 90 - 99 = 76 (1%)  
Number of Patients over 100 = 1 (1%)

### Ethnicity

Unknown	2%
African – ethnic category 2001 census	1%
Bangladeshi or British Bangladeshi – ethn categ 2001 census	1%
Black African	1%
British or mixed British – ethnic category 2001 census	83%
Chinese – ethnic category 2001 census	1%
Chinese and White – ethnic category 2001 census	1%
English – ethnic category 2001 census	1%
Ethnic category – 2001 census	1%
Ethnic category not stated – 2001 census	1%
Greek – ethnic category 2001 census	1%
Indian or British Indian – ethnic category 2001 census	1%
Irish – ethnic category 2001 census	1%

Italian – ethnic category 2001 census	1%
Oth White European/European unsp/Mixed European 2001 census	1%
Other – ethnic category 2001 census	1%
Other Asian background – ethnic category 2001 census	1%
Other Mixed background – ethnic category 2001 census	1%
Other White background – ethnic category 2001 census	1%
Other White or White unspecified ethnic category 2001 census	1%
Pakistani or British Pakistani – ethnic category 2001 census	<u>1%</u>
Polish – ethnic category 2001 census	<u>1%</u>
Scottish – ethnic category 2001 census	<u>1%</u>
Traveller – ethnic category 2001 census	<u>1%</u>
White and Asian – ethnic category 2001 census	<u>1%</u>
White and Black Caribbean – ethnic category 2001 census	<u>1%</u>
White British	<u>1%</u>
White British – ethnic category 2001 census	<u>13%</u>
White Irish – ethnic category 2001 census	<u>1%</u>
Total	9174

### **Patient Reference Group Profile 2013**

The 30 members of the PRG are aged between 16 and 80.

There is a good mix of men and women from across the Chew Valley area, including regular users of the surgery and some who rarely visit.

There are people with chronic diseases, people who care for older relatives and young children - in other words, a reasonably representative cross-section of patients.

The group has more women than men and more older patients than younger ones. Local organisations were approached to try and improve the balance, and efforts continue to be made to recruit new members.

### **Aims & Objectives of the PRG**

The purpose of the group can be found in the paper "Patient Participation: summary of Dept of Health requirements". It is a positive initiative which will increase the ability of patients to influence the development of services at the surgery.

The group is deliberately representative of many different patient viewpoints and needs. To make the group as productive as possible, all participants are asked to respect the following approaches to the work of the group. These points apply as much to the doctors and other surgery staff engaged with the work of the group as they do to the patients.

Ground rules for the group were established to ensure the Patient Reference Group is both productive and enjoyable.

1. The group has been established to look at areas of general interest, not as a forum for complaints or issues relating to individual patients. The surgery is very happy to deal with those issues outside the meetings.
2. There may be disagreement about priorities, both within the group and between the group and the surgery. This is healthy and should lead to improved results. All members of the group are asked to be respectful of the views of others, and to recognise that all members of the group have an equal right to express their views.
3. The group is here to influence the partners in their decision-making, and the partners will consider the views of the group seriously. However, Chew Medical Practice is a business with commercial drivers as well as the constraints of largely NHS funding. There may therefore be times when the surgery is not able to respond as members of the group would like. If this is the case, the surgery will provide clear explanations.
4. Patient confidentiality is of utmost importance, and individual patients should not be named at any point during meetings, although anonymous case studies may be very useful.
5. Members of the group may discuss the business of the group with other patients – this will help to ensure that as many voices as possible are heard, and members of the group are encouraged to feed other people's views back to the surgery. However, there may be times when members of the group are asked to keep particular information confidential, and the surgery expects members to honour this.

## **2012/2013 Survey Statistics and Engagement**

The survey was conducted from 07/01/2013 to 08/02/2013.

The surveys were handed out in the surgery, distributed by patients to their neighbours, and was available for completion on the Practice website.

134 people completed the survey: 71 in hard copy, 63 online

Take-up was disappointing this year, with 134 responses compared with 328 in 2012.

### **Of those who would say:-**

62% were female & 38% were male.

The age profile was

17 – 24	2 / 2%	65 – 74	30 / 25%
25 – 44	24 / 20%	75 – 84	21 / 18%
45 – 64	40 / 33%	85 or over	3 / 2%

**A detailed record of all results, including all positive & negative “comments” is available from the Practice Web site at <http://www.chewsurgery.co.uk/ppg.htm>**

### **Key results are shown below:-**

#### **Section 1: Urgent care**

Have you needed urgent (same day) care from a doctor at the surgery in the last year (ie within the normal working day, not Out of Hours)?

Yes	61 / 47%	No	70 / 53%
-----	----------	----	----------

1.1 If you answered Yes to question 1.1, what was your experience of the process?

	Excellent	Good	Adequate	Poor
Time taken to get through on the phone	22 / 41%	24 / 44%	6 / 11%	2 / 4%
Receptionist’s manner and helpfulness	30 / 56%	17 / 31%	6 / 11%	1 / 2%
Time taken for doctor to call you back	28 / 50%	23 / 41%	4 / 7%	1 / 2%
Doctor’s manner and helpfulness	40 / 74%	11 / 20%	2 / 4%	1 / 2%
Time taken for a doctor to arrive for a home visit if you had one	1 / 50%		1 / 50%	
			Yes	No
When the doctor rang you back, were you offered an appointment?			35 / 67%	17 / 33%
If not, were you satisfied that your problem was resolved over the phone?			29 / 97%	1 / 3%
Did you request a home visit?			4 / 8%	49 / 92%
If so, did the doctor agree to visit?			3 / 75%	1 / 25%
Did you need to follow up with any further phone calls on the same day or afterwards about the same problem? <i>If so, please tell us below whether or not the experience was satisfactory.</i>			13 / 27%	36 / 73%

## Summary

Almost half of respondents had used the same-day urgent care system, and the experience has been very positive. The comments in particular express how much patients value the speed of response and access to same-day appointments. Two thirds were offered an appointment, and of the remaining third all but one were satisfied with the telephone advice they were given. This suggests that the high level of complaints received by the surgery about the duty doctor system is not representative of most patients' experience.

### Section 2: Coming out of hospital

2.1 Have you, or someone you care for, been admitted to hospital in the past year?

Yes	27 / 22%	No	98 / 78%
-----	----------	----	----------

2 If you answered Yes to question 2.1, what was your experience of the care you received from the surgery after you were discharged? *Please tick whichever of the statements below best describes what happened (may be more than one)*

I was contacted by the surgery soon after my discharge	4 / 17%
I rang the surgery to ask for a home visit and received one promptly	2 / 8%
I rang the surgery to ask for a home visit and was asked to come to the surgery instead	
I needed changes to my medication and these were arranged promptly	7 / 30%
I needed changes to my medication and there were difficulties arranging this	1 / 2%
I had no contact with the surgery	10 / 43%

## Summary

About one fifth of respondents had experience of dealing with the surgery after a hospital discharge (a few respondents said they had, but turned out to be talking about a hospital discharge elsewhere in the country). Of these, almost half had no contact with the surgery, and a third had their medication changed promptly. This is what the practice would expect, as we are not normally notified of discharges until two or three weeks later. Comments suggest that some patients would certainly appreciate more involvement from the surgery, although it is hard to know how to achieve this.

### Section 3: The new surgery

Tell us what you think about the following aspects of the new surgery building:

	Excellent	Good	Acceptable	Poor
Access by car	51 / 44%	43 / 37%	16 / 14%	6 / 5%
Access on foot	48 / 48%	34 / 34%	14 / 14%	3 / 4%
Parking	29 / 26%	31 / 27%	35 / 31%	18 / 16%
Reception arrangements	59 / 50%	47 / 40%	8 / 7%	3 / 3%
Waiting area	66 / 57%	43 / 37%	7 / 6%	0
Information – finding your way around	48 / 42%	53 / 47%	12 / 11%	0
Information – finding out what's going on	33 / 30%	57 / 52%	18 / 16%	2 / 2%
Toilets	35 / 29%	77 / 64%	9 / 7%	0

Dispensary – collecting prescriptions	58 / 50%	43 / 37%	12 / 10%	2 / 3%
---------------------------------------	----------	----------	----------	--------

#### Summary

The inside of the surgery generally scores very highly for patient satisfaction. The small number of complaints are clearly not widely held views. The biggest area of dissatisfaction is parking and driving into / through the site, although over half of patients rated the parking as excellent or good.

#### Section 4: General attitudes to the surgery

Please tell us whether you agree or disagree with the following statements. *Please tick one box on each line*

	Strongly agree	Agree	Disagree	Strongly disagree
I would recommend this GP practice to a friend	55 / 48%	54 / 47%	6 / 5%	
I am able to get through to the practice easily by telephone	46 / 41%	55 / 50%	8 / 7%	2 / 2%
I am able to get an appointment when I need one urgently	33 / 31%	60 / 57%	9 / 9%	3 / 3%
I am able to get a routine appointment when I want one – with a doctor of my choice	21 / 19%	55 / 49%	28 / 25%	8 / 7%
I am able to get a routine appointment when I want one – with any doctor	33 / 31%	62 / 59%	10 / 9%	1 / 1%
I am treated with dignity and respect by the staff	56 / 50%	53 / 48%	2 / 2%	0
This GP practice involves me in decisions about my care and treatment	36 / 37%	58 / 60%	3 / 3%	0
This GP practice provides accurate and up to date information on services and opening hours	47 / 42%	62 / 55%	4 / 3%	0

#### Summary

95% of respondents would recommend the surgery to a friend, which is reassuring, and 98% feel that they are treated with dignity and respect by staff. Satisfaction with getting an appointment, especially with a named doctor, is lower, though, at just 68% for a specific GP. From the comments it is clear that patients feel that it is unreasonable to expect to wait two or more weeks to see a named doctor.

#### Section 5: Patient experience

Thinking about the last time you had an appointment at the surgery, please say which of the words in the left hand column best expressed how you felt at different stages of the process. So if you felt frustrated when you made the appointment, put a tick in the box under the Making an appointment column and in the Frustrated line. *Please choose one word or phrase for each column.*

	Making an appointment	Arriving and checking in	Finding information	Waiting	Consultation
Respected	40 / 24%	29 / 20%	9 / 8%	21 / 16%	43 / 26%
Pleased	39 / 23%	45 / 31%	30 / 27%	26 / 20%	28 / 17%
Valued	12 / 7%	13 / 9%	10 / 9%	11 / 8%	22 / 13%
Cared for	18 / 11%	11 / 8%	6 / 5%	7 / 5%	34 / 20%
Involved	14 / 8%	10 / 7%	3 / 3%	8 / 6%	21 / 13%
OK	32 / 19%	34 / 24%	49 / 45%	54 / 41%	14 / 8%
Not listened to	3 / 2%		1 / 1%		
Hurried	1 / <1%				2 / 2%

Frustrated	7 / 5%		2 / 2%	5 / 3%	1 / <1%
Angry	1 / <1%				
Anxious		2 / 1%		1 / 1%	1 / <1%

### Summary

The results of this section were different online, where the choice was limited to one word per column, compared with the paper survey, where most respondents ignored the instructions. Therefore the number of responses is much higher than the number of respondents as many patients ticked several answers. In general the responses were neutral or positive, with very small numbers of negative choices – most of which are explained in the comments.

How often do you visit the surgery to see a doctor or nurse?

At least weekly	0	Once or twice a year	25 / 22%
Once a month or more	36 / 31%	Less than once a year	3 / 2%
3 or 4 times a year	52 / 45%		

5.1 How did you find out about this survey?

Handed to me in the surgery	38 / 35%
Put through my letterbox	22 / 20%
Sent by email by a friend	4 / 3%
Other (please say what)	3 / 2%
On surgery website	43 / 40%

### Chew Medical Practice Action Plan

	<i>Problem</i>	<i>Action</i>		<i>By when</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	KD	31/7/13
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	KD/HB	31/7/13
3	Inaccurate or missing information on practice website	Check all parts of website to make sure information is appropriate and up to date	KD/SV	31/7/13
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	KD/SV	31/7/13
5	Parking	Monitor use of disabled spaces	KD	31/7/13
6	Dispensary sometimes put up repeat medication that patients do not think they	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	SO/MB	30/4/13



	requested	patient		
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>	SO/MB	30/4/13
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	TG/CW	30/4/13
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)	KD	31/3/13
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	TG/ML	31/10/13
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	KD/SV	31/7/13
12	Surgery rearranges appointments too often	Audit reasons why we move appointments for patients, and look for ways to reduce it	SO	31/7/13
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	KD	31/7/13
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	KD	30/4/13
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	SO/TG	31/7/13
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	KD	30/4/13
17	Some patients feel that doctors are sometimes abrupt or patronising	Make all GPs aware of patient perception	KD	30/4/13
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	KD	31/10/13

In conjunction with the PRG ,the responses to the Practice survey were analysed and key themes and areas of improvement were identified. The following action plan was has been agreed.

KD Kate Davenport, Practice Manager SO Sally Orchard, Asst Practice Manager  
TG Tonia Grant, Reception Manager HB Helen Boyde, Secretary. SV Shaun Vallender, Project Support Officer CW Clare Watkins, Admin Support Officer  
MB Maria Bartlett, Lead Dispenser ML Maggs Lodge, Reception Supervisor

### **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 attention is available during core hours when there is a duty doctor available 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 services are operated from 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. Child Health, Health visitor, joint injections, minor surgery etc. are also offered by the Practice bookable via our reception.