

## SURVEY REPORT 2014

The merger between Patford House Surgery and Sutton Benger Surgery took place in April 2012, forming Patford House Partnership. The 2013/4 Patient Participation DES has given the Partnership the opportunity to more formally review progress since the merger and assess and prioritise which areas we now might focus on.

The Patient Participation DES for the period 2013-4 has 6 requirements:

1. Develop a structure that gains the views of the patients and enables the practice to obtain feedback from the practice population such as a Patient Reference Group.
2. Agree with the PRG which issues are a priority and include these in the local practice survey
3. Collate patient views through a local practice survey and inform the PRG of the findings
4. Provide the PRG with the opportunity to comment on and discuss the findings of the local practice survey.
5. Agree with the PRG an action plan setting out the priorities and proposals arising out of the local practice survey.
6. Publicise the local patient participation report on the practice website and update the report on subsequent achievement.

### **1. Develop a structure that gains the views of the patients and enables the practice to obtain feedback from the practice population such as a Patient Reference Group.**

The PPG has evolved over time, initially established at Patford House prior to the merger in 2010 and in Sutton Benger in 2011.

Until recently, 2 PPGs ran in parallel – one at each site. However from January 2014, these merged to become a single Patford House Partnership PPG which currently has 10 members. The ethnicity of PPG members reflects that of the surgery overall and is predominantly white British. The age split of the PPG is not as representative of the surgery's patient population as we would ideally like and we have actively sought new members to join the group. This has been through 'adverts' on the website, information held in new patient packs, direct face to face invitations and information about membership publicised on PPG notice boards in the waiting rooms.

While this has resulted in quite a poor response in terms of new members joining the group, we have in parallel tried to develop communication channels that would appeal to the less represented patient groups – we now post information and seek views from patients via Facebook and Twitter. We hope this will appeal especially to younger patients.

We also encourage patients to provide informal feedback to us through our 'Suggestions Box' situated in reception. While patients generally appear somewhat

reluctant to join a 'formal' PPG, we have received helpful and insightful feedback through the use of the suggestion box and we will continue to encourage patients to communicate with us in this way.

The final draft of the questionnaire was approved by both the PPG at PH and at SB.

## **2. Agree with the PRG which issues are a priority and include these in the local practice survey**

After consultation with the PPG and the GPs, it was decided to keep the questionnaire design similar to the previous year as this included the areas of focus the PPG and the surgery believed were important. Minor alterations were made, but the close similarity to the previous year's questionnaire meant that year on year comparisons were straightforward and could give us a clearer picture on how patient's views might have changed over the period.

## **3. Collate patient views through a local practice survey and inform the PRG of the findings**

The 3<sup>rd</sup> annual Patford House Partnership survey commencing during December 2013 and was completed in January 2014.

We were delighted to receive nearly 400 responses from our patients, 65% of these from Patford House Surgery and 35% from Sutton Benger Surgery. This was an improvement on the 349 responses last year and we would like to thank all our patients who took the time to complete the questionnaire and provide their feedback.

The analysis of results enabled us to see differences in patient views between the two sites. We felt this was important as the two sites are different in terms of both patient population and in terms of processes and facilities.

During December and January, patients attending the surgeries were asked to complete a questionnaire. The questionnaire was also made available on the partnership website to enable those who do not attend the surgery frequently to provide their input. Facebook and Twitter were used to publicise the fact that the survey was being carried out.

## **4. Provide the PRG with the opportunity to comment on and discuss the findings of the local practice survey.**

The results of the survey were presented to the PPG meeting on 5<sup>th</sup> March 2014 and actions were discussed.

## 5. Agree with the PRG an action plan setting out the priorities and proposals arising out of the local practice survey.

The majority (63%) of respondents were female, as in previous years.

The age of the respondents were as follows:

16-18	4%
19-30	6%
31-50	30%
51-70	40%
71+	20%

Clearly this response profile shows that only a minority (10%) of respondents were under 30. Some 18% of our patients are 16-30 years of age and we were keen to gain opinions from all sectors of our patient population. To this end, we sent a text message to all our patients under 40 asking them to take part in our survey.

95% of survey respondents defined themselves as White British. While this is a high proportion, it is likely to be in line with the overall surgery demographic split by ethnicity and indeed that of the local area as a whole.

9% of responses were from people who were carers and 8% of responses from disabled patients.

55% of respondents had a long term condition (eg asthma, heart disease, high blood pressure).

We asked patients how often they attended the surgery and 46% told us they attended 2-4 times per year. A further 42% visited 5 times or more while just 12% visited 0-1 time a year.

**ACTION:** next year investigate whether the survey can be completed online (rather than printed from our website) to encourage those who don't often attend the surgery to take part.

The results were very clear that the vast majority of patients (83%) are happy to see either a male or female GP and most (61%) feel it is not so important that they are able to see their own GP.

Patients responded that they would like to have the ability to choose whether they are seen at Patford House or Sutton Benger. Currently, patients are seen at the surgery at which they are registered. However, on reflection it is debatable how this question was interpreted by patients and further investigation needs to be done to clarify.

**ACTION:** to decide how best to glean this information from patients

Patient communication channels have diversified over the year – we are increasing our use of text reminders and have started to make use of social media such as Facebook and Twitter. However, the survey demonstrated that the majority of patients prefer email over other communication tools.

**ACTION:** Clearly in order to effectively reach our patients by email, we must ensure patients provide us with up to date email addresses. We will publicise this in our waiting rooms, on our website and put reminders in our newsletter. Patients can provide this information over the phone, at the desk in reception or via our website.

### **Availability of Appointments**

This was one area where the survey identified significant differences between Patford House and Sutton Benger. We asked patients how easy they found it to obtain a non-urgent appointment at a suitable time. PH patients rated us 3/5 while SB patients were significantly happier at 4.4/5.

We asked a similar question regarding urgent appointment and while the gap was smaller, there was still a difference between our two surgeries (3.6 vs 4.4).

**ACTION:** We recognise that patients often need to wait for a non-urgent appointment and we will again be reviewing our appointments at PH, in particular analysing the number of appointments available at short notice versus appointments that can be booked in advance. We will also review how we utilise our Nurse Practitioner to ensure she sees and treats all patients with minor illnesses and reviews all on the day acute cases, therefore relieving some of the pressure from the GPs.

It must be stressed however, that ALL urgent cases are seen on the same day.

Part of our review of appointment availability will include a campaign to minimise the number of appointments wasted by patients failing to arrive (DNA's – Did Not Attend). We have a huge number of DNAs each month and this compounds the problem of appointment availability. In the 6 months to 1<sup>st</sup> March, there were 637 DNA'd appointments, representing over 100 hours of wasted clinician time.

**ACTION:** Put up posters in all waiting room and reminders on the website and newsletter – informing patients they must cancel any appointments that are no longer required and the various ways they can do this (phone, online etc).

We have also recently extended our opening hours even further to provide an 'early bird' surgery from 7am at Patford House Surgery every Thursday morning. We hope that this will result in an increase in patient satisfaction with our opening hours, as we now provide both early morning and late evening appointments each week.

We asked patients to rate the level of helpfulness provided by reception and overall patients scored 4.3/5 (roughly in line with last year's results). However this was another area where differences were found between the two sites. PH scored 4/5 while SB scored 4.7/5. This difference may in part be due to the issue of appointment availability at Patford. However, we will again review our induction process and ongoing training programme for all reception staff.

### **Telephone System**

By far the highest level of patient dissatisfaction shown in the survey responses related to the phone system in Calne. As mentioned in our previous survey reports, we were contractually tied to our current system and supplier until mid-2013 and therefore have been unable to make any improvements until very recently. With the appointment of our new Practice Manager we have now reviewed and identified a new system with our current supplier which we hope will result in an improvement in our phone handling abilities together with reduced costs to patients phoning the surgery from a non-geographical number.

**ACTION:** The new phone number is due to go live in the first half of March and patients will be notified as soon as we have received confirmation from British Telecom regarding our new local rate number.

### **Awareness of Services**

In general there has been an overall increase in awareness by patients of the services the Partnership offers. This is particularly marked for those patients registered at SB.

Awareness of online functionality (appointments, repeat prescriptions) on our website increased significantly over the year, particularly amongst patients registered at Sutton Benger (6% to 41%). Similarly there was an increase in awareness of text message appointment reminders (28% to 48%) in this patient group and the fact that appointments are 10 minutes for a single problem/issue. This has no doubt contributed to an increase in SB patient satisfaction with waiting times for appointments which now stands at 72%. However, less than half of patients at either site were aware that we have an active PPG.

**ACTION:** Awareness at SB still lags behind that of PH patients, and this highlights a need for further publicity in some areas at SB. A review of publicity for the PPG needs to be undertaken, with a view to increasing patient awareness.

### **Overall Patient Satisfaction**

We were delighted that the survey demonstrated that overall satisfaction rates amongst patients are very high at 82%. However, they have fallen slightly in the last year from 86%, but this can mostly be attributed to patient dissatisfaction with the Calne telephone system and the delay there has been in replacing it.

## **Actions From Last Year**

As a result of last year's survey, the Partnership committed to a number of changes and progress on these are summarised below:

1. Patford House Partnership newsletter publication extended to Sutton Benger surgery  
While fewer issues than planned were published during the year, the February issue has been made available in waiting rooms at both surgeries and on our website
2. The surgeries are now active on both Facebook and Twitter which serve as a complementary communication channel, targeting particularly those who attend the surgery less frequently and the younger patient population.
3. The phone system at Patford House was put out to tender and as a result a new contract signed with the existing provider. This means that the surgery number will revert to a local rate number (01249) in early March. There have been significant delays to this change in part due to the appointment of a new practice manager for the Partnership in October and in part due to technical/hardware changes that needed to be implemented by our provider and BT.
4. Sutton Benger patients are now routinely called annually if they suffer from a long term health condition. This is in line with practice at Patford House and improves clinical care of those patients who need regular monitoring.
5. With the retirement of Dr Charles Wilkinson in April 2013, all clinicians (GPs and nurses) split their time between both sites supported by locums including Dr Jonathan Ingham where necessary.
6. To assist with appointment availability, we recruited our Nurse Practitioner at Patford House who deals with all on the day acute issues as well as dealing with all minor illnesses.
7. Reception training and staff induction process – rolling programme of training

### **6. Publicise the local patient participation report on the practice website and update the report on subsequent achievement.**

The final report will be posted on the website by 31<sup>st</sup> March 2014. We will also publicise its availability on Facebook/Twitter and ensure copies are available in the waiting rooms in both surgeries.

## OPENING TIMES AND CONTACT NUMBERS

### PATFORD HOUSE SURGERY

	Morning	Afternoon
Monday	08.30-13.15	13.45-18.00 18.30-19.30
Tuesday	08.30-13.15	13.45-18.00
Wednesday	08.30-13.15	13.45-18.00
Thursday	07.00-13.15	13.45-18.00
Friday	08.30-13.15	13.45-18.00
Weekend	CLOSED	CLOSED

Contact numbers:

Tel 01249 815407

Fax 01249 823929

Email [wccg.patfordhouse-surgery@nhs.net](mailto:wccg.patfordhouse-surgery@nhs.net)

Out of hours 111

### SUTTON BENDER SURGERY

	Morning	Afternoon
Monday	08.45-12.45	14.00-18.30
Tuesday	08.45-12.45	CLOSED
Wednesday	08.45-12.45	15.30-18.30
Thursday	08.45-12.45	14.00-18.30
Friday	08.45-12.45	14.00-18.30
Weekend	CLOSED	CLOSED

Contact numbers:

Tel 01249 720244

Fax 01249 721165

Email [wccg.suttonbenger-surgery@nhs.net](mailto:wccg.suttonbenger-surgery@nhs.net)

Out of hours 111