

# **LEISTON SURGERY**

## **Patient Participation Report 2013/14**

## 1. Our Patient Participation Group (PPG)

The Leiston Surgery Patient Participation Group (PPG) was formed in 2006. The group meets quarterly during a Friday lunchtime. Currently there are five PPG members (four male and one female). Two members recently left the group for personal reasons. The group is chaired by the Practice Manager. A GP is periodically invited to the meetings if there are specific items that require a doctor's input. Outside speakers attend the group from time to time. For instance in December 2013, a representative from HealthWatch attended the meeting to discuss her organisation's remit which includes acting as the patient's voice on health and social care and signposting.

The Surgery has previously tried to make the PPG more representative by recruiting younger patients and those from the ethnic minorities. Posters have been placed in the waiting room to encourage a diverse membership. We recognise the need to explore alternative methods of engaging with other groups, including online and through social media. We anticipate the possibilities for doing this will increase as greater numbers of patients register for online services and provide the practice with an email address.

We have successfully worked with different groups in the past. For instance, a pastoral worker at Alde Valley School engaged with younger patients and passed on their views. We aim to explore further methods during 2014-15, and this forms part of our action plan for the year ahead.

## 2. Agreeing Priorities for our Local Practice Survey

The PPG agreed priority areas for the survey at its meetings on 14th June and 6th September 2013

These included:

- Obtaining views about our services and staff on an annual basis in order to benchmark our progress
- Obtaining patient opinions about internal and external services including the Practice Dispensary and the quality of Hospital Aftercare
- Exploring reasons why people use A&E and the Out of Hours Service
- Reducing the number of missed appointments and gathering patient views about appointment charges

Questions were included to obtain opinions about these priority areas and a number of new questions were added. In addition, a number of national GP patient survey issues were included.

### 3. Details and Results of the Practice Survey

The survey was conducted during October and November 2013. The patient survey was publicised at the reception desk and in the waiting area. The patient survey was undertaken in the Surgery at the time of consultation via a paper survey handout with consecutive patients taking part. A dedicated member of the team handed out the surveys to patients attending appointments and was on hand to assist anyone who needed help to complete it. As some of the questions related to the consultation, an area of the waiting room was set aside for patients to fill in the questionnaire after they had finished seeing the doctor. Email surveys were not considered at this stage due to the low numbers of patient emails recorded at the time. This has subsequently increased and could be utilised in future surveys.

A total of 333 patients responded to the survey. No demographic data was collected, e.g. age and sex of respondents. This could added to future surveys we conduct to improve analysis.

A copy of the survey and analysis of the results and analysis are attached as [Appendix A](#).

### 4. Discussion of the Survey Results with our PPG

The survey results and findings were discussed at the PPG meeting on 13 December 2013. Outcomes included:

- Opening hours – review of options for providing surgeries during non-core hours
- Dispensing – review of processes with view to implementing a new electronic prescription service in the longer term

### 5. Agreeing an Action Plan with our PPG

Our Action Plan is included as [Appendix B](#). The Action Plan picks up on a number of areas highlighted in the survey as needing further exploration or improvement. These include:

- Exploring how to get a wider profile of our patients contributing their views and ideas about the running of the practice
- Satisfaction with reception and whether this is linked to staffing levels
- Review of other Surgery services including extended hours, the dispensary and enabling patients to stay healthy
- Continuing to review options for how to improve appointment attendance

The PPG was consulted about the action plan at its meeting on 18 March 2013.

It was agreed that additional areas to consider are whether the Practice could identify a private room where patients can speak to a receptionist confidentially if required.

Weekend opening was also re-discussed. It was explained to the PPG that funding for such services only covers pre-booked appointments and a full service would not be available.

The PPG felt that we could advertise our morning surgeries more widely.

The PPG agreed we should abide by the strong feelings expressed against introducing an appointment fee.

## Step 6. Publishing the Local Patient Participation Report

Updates from our previous survey action plans are as follows:

### **2011/12 Action Plan**

- a) Level 1 and 2 sexual health clinics – not provided due to commissioning changes
- b) Questions about A&E and Out of Hours were included in subsequent surveys

### **2012/13 Action Plan**

- a) An alternative method of medical advice in the form of promoting the 111 Service – posters are in the surgery and on our web site
- b) Addition of ramp access as soon as finances allow: A lift was added to the ground floor for external entry
- c) Addition of a canopy to the upper entrance by April 2013: It was subsequently agreed that the benefits gained by providing a canopy were not commensurate with the resources needed to complete the work.
- d) Proposal of a DNA scheme for patients who persistently DNA to be seen in a separate clinic: The partners feel that the numbers of persistent offenders are too small to implement this successfully. In the meantime, the practice will continue to utilise mobile text messaging reminders.

### **Practice Opening Hours**

Patients can access services between 8.00am and 6.30pm Monday to Friday

Patients can make appointments by phone or face to face with reception. Test results can be given over the phone although we ask that patients call in the afternoon as it is less busy. The dispensary is also open all day. Repeat medication requests can be handed in or left in the script boxes. They can also be ordered via the surgery website at [www.leistonsurgery.com](http://www.leistonsurgery.com)

The Practice currently provides the following extended hours appointments to see a GP:

Mon	7:00 – 8:00am
Tue	- -
Wed	7:15 – 8:00am
Thu	7:30 – 8:00am
Fri	7:30 – 8:00am

## APPENDIX A – PATIENT SURVEY 2013/14

### 2013-14 Survey Questions

The questions were discussed by the PPG at meetings held on 14<sup>th</sup> June and 6<sup>th</sup> September 2013, where agreement was reached over the main areas of priority. The survey included general questions about our services and staff as well as specific questions about patients' use of external services. In addition, the issue of patients who regularly miss their appointments without cancelling was explored further by asking for patient views about charging an appointment fee.

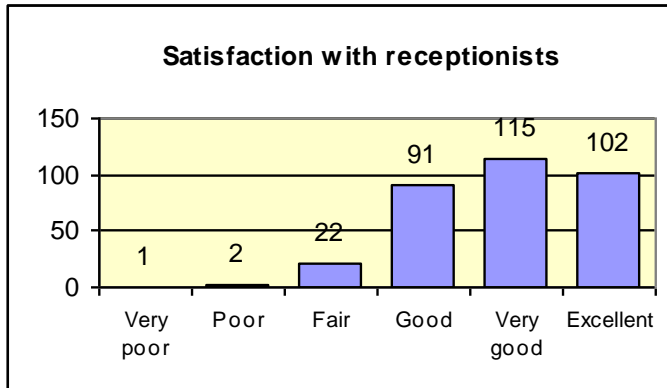
A total of 15 questions, some multi-part were included in the patient questionnaire, are listed below.

- Q1 – How do you rate the way you are treated by the receptionists
- Q2a – How do you rate the hours that your practice is open
- Q2b – What additional hours would you like the practice to be open
- Q3 – If you need to see a GP urgently, can you normally be seen on the same day
- Q4a – Ability to get through to the practice on the phone
- Q4b – Ability to speak to a doctor on the phone when you have a question or need medical advice
- Q5 – If you have a disability of any kind, please rate below how user friendly you find the premises
- Q6a - Satisfaction with doctor's questioning
- Q6b - Satisfaction with how well doctor listens
- Q6c - Satisfaction with how well doctor puts patient at ease
- Q6d - Satisfaction with how much doctor involves patient
- Q6e - Satisfaction with doctor's explanations
- Q6f - Satisfaction with time doctor spends
- Q6g - Satisfaction with doctor's patience
- Q6h - Satisfaction with doctor's caring and concern
- Q7a - Ability to understand problem after visiting doctor
- Q7b - Ability to cope with problem after visiting doctor
- Q7c - Ability to keep healthy after visiting doctor
- Q8 – The quality of hospital aftercare
- Q9 – Reasons for attending A&E in the past year
- Q10 – Reasons for contacting the Out of Hours Service
- Q11 – Rating the quality of the Dispensary Service
- Q12 – Comments on the previous question
- Q13 – Whether patients felt an appointment fee should be introduced
- Q14 – Comments on the previous question
- Q15 – Overall satisfaction with the practice

## 2013-14 Survey Results

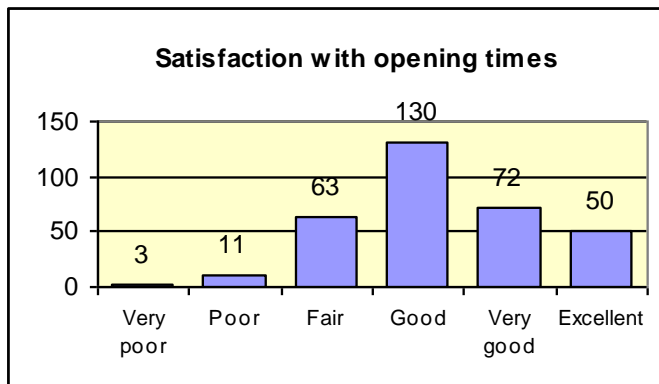
The results of the survey have been analysed and are shown on the following pages. A breakdown in graph format for each assessment is added to ease interpretation. Where questions include 'Don't know' or 'Never tried' as responses, the figures have been removed from the percentage calculation as they do not have any bearing on the result. Where this is the case it may appear that the percentages do not add up.

### Satisfaction with receptionists Q.1

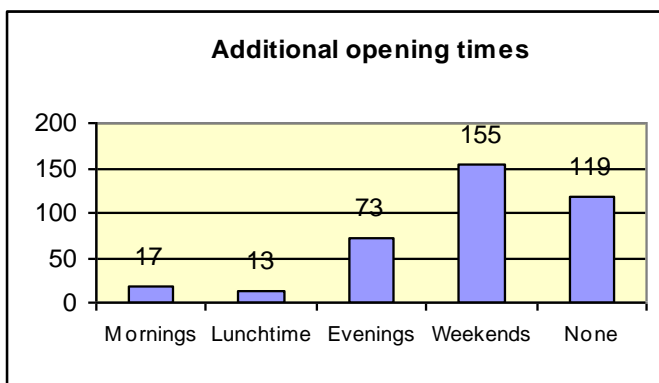


	2011/12	2012/13	2013/14
Good, very good or excellent	84.35%	83.45%	76.6%
Fair, poor or very poor	15.65%	16.55%	23.4%

### Satisfaction with opening times Q.2a and 2b

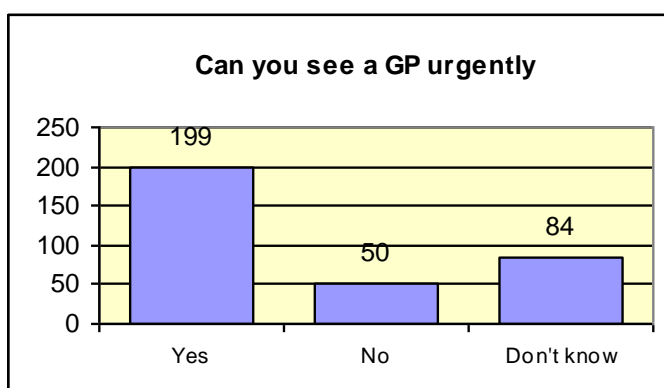


	2011/12	2012/13	2013/14
Good, very good or excellent	95.00%	92.00%	92.5%
Fair, poor or very poor	5.00%	8.00%	7.5%



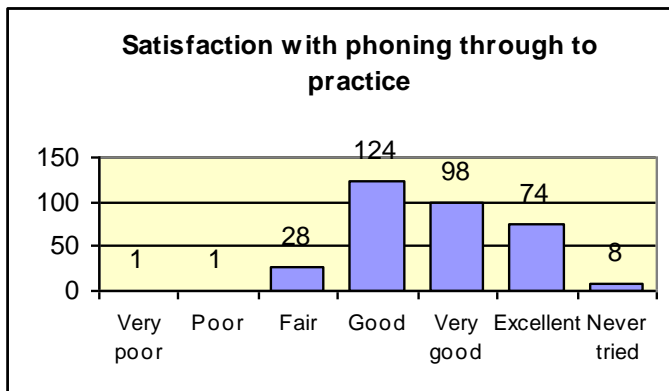
	2011/12	2012/13	2013/14
Weekends	39.71%	42.81%	41.11%
Evenings	15.44%	12.67%	19.36%
No need	35.25%	36.30%	31.56%

### Same day urgent availability of doctor Q.3



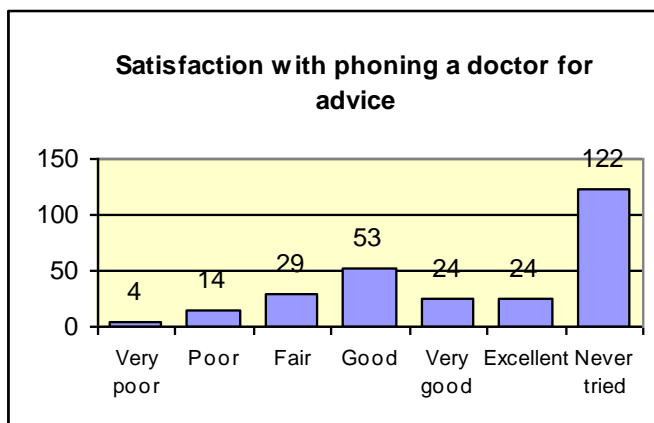
	2011/12	2012/13	2013/14
Could get to see GP	76.52%	79.61%	79.92%
Couldn't get to see GP	23.48%	20.39%	20.08%

### Ability to get through to the practice – Q.4a



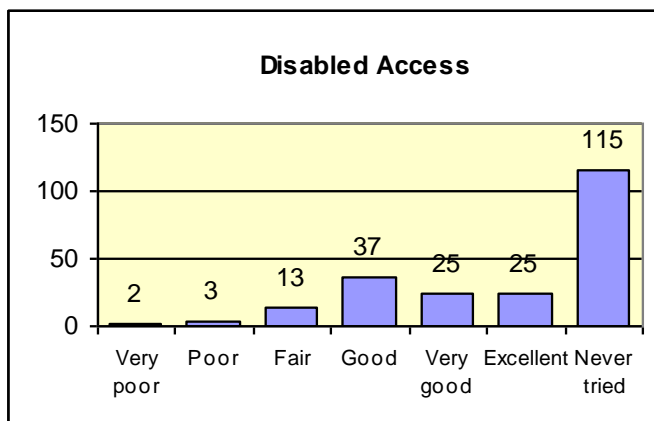
	2011/12	2012/13	2013/14
Good, very good or excellent	95.65%	91.49%	90.80%
Fair, poor or very poor	4.35%	8.51%	9.20%

### Satisfaction with phoning through to doctor for advice – Q.4b



	2011/12	2012/13	2013/14
Good, very good or excellent	75.86%	68.24%	75.31%
Fair, poor or very poor	24.14%	31.76%	24.69%

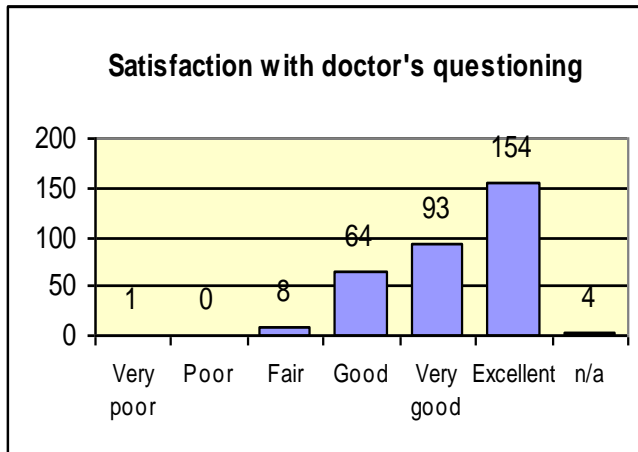
### Disabled Access – Q.5



	2011/12	2012/13	2013/14
Good, very good or excellent	77.27%	87.85%	82.86%
Fair, poor or very poor	22.73%	12.15%	17.14%

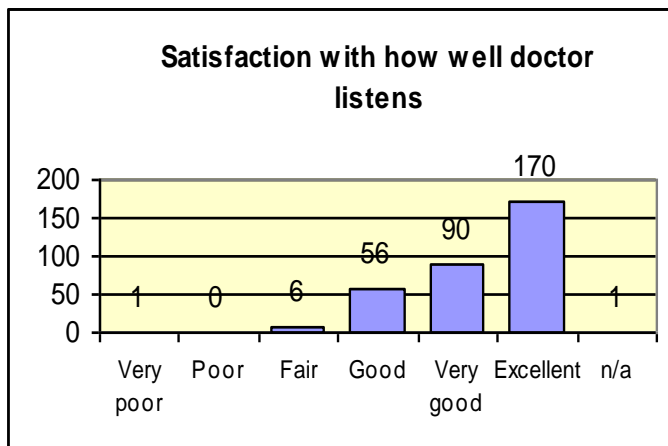
## The following results are specific to the consultation

### Thoroughness of GP questioning – Q.6a



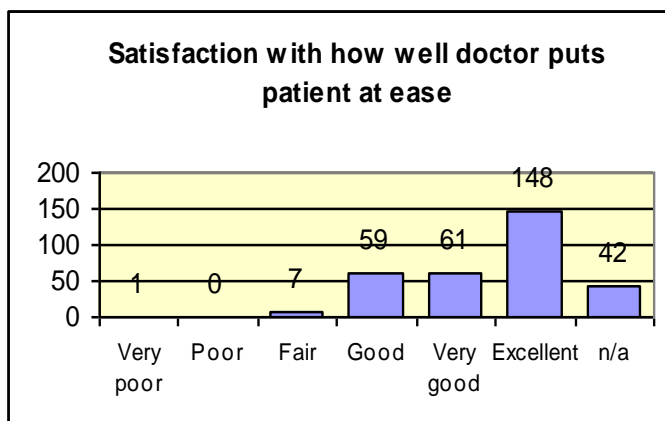
	2011/12	2012/13	2013/14
Good, very good or excellent	93.75%	97.06%	97.19%
Fair, poor or very poor	6.25%	2.94%	2.81%

### How well the GP listened – Q.6b



	2011/12	2012/13	2013/14
Good, very good or excellent	96.43%	97.82%	97.83%
Fair, poor or very poor	3.57%	2.18%	2.17%

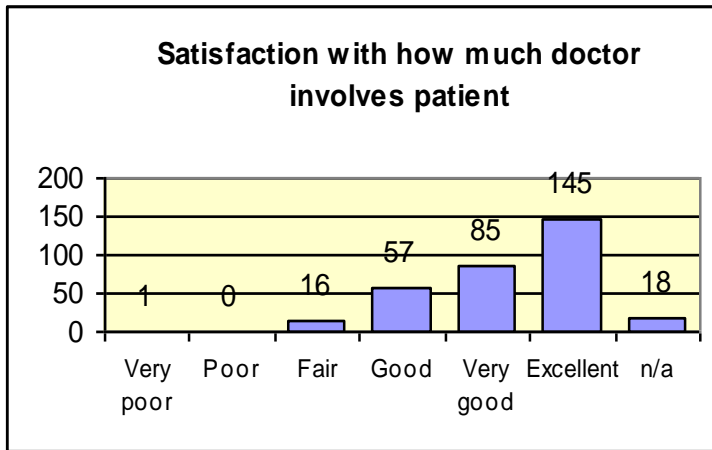
### How well the GP put the patient at ease – Q.6c



	2011/12	2012/13	2013/14
Good, very good or excellent	93.00%	97.48%	97.10%
Fair, poor or very poor	7.00%	2.52%	2.90%

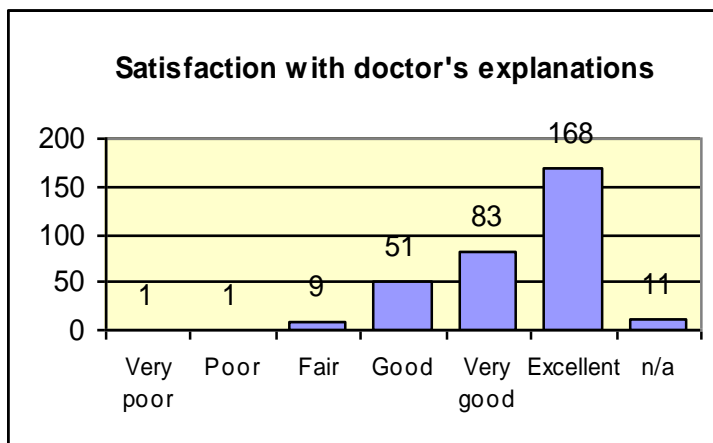


### How much the GP involved you in decisions about your care – Q.6d



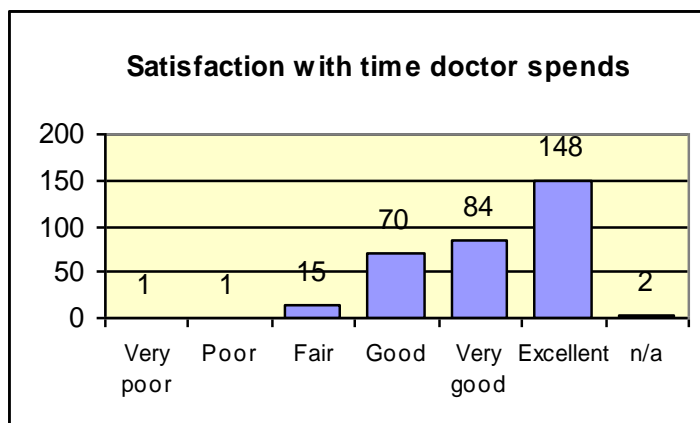
	2011/12	2012/13	2013/14
Good, very good or excellent	91.43%	97.68%	94.41%
Fair, poor or very poor	8.57%	2.32%	5.59%

### How well the GP explained their problems or treatment – Q.6e



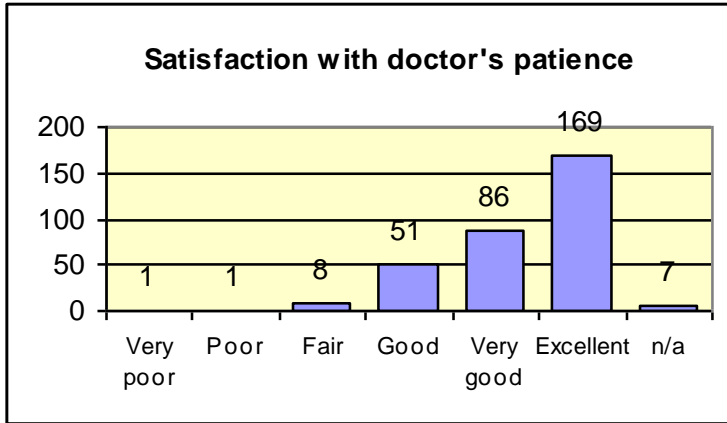
	2011/12	2012/13	2013/14
Good, very good or excellent	96.26%	97.77%	96.49%
Fair, poor or very poor	3.74%	2.23%	3.51%

### The amount of time spent in consultation – Q.6f



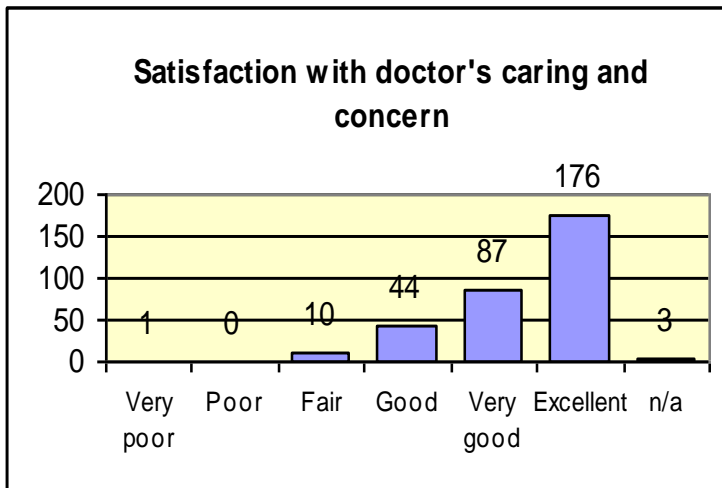
	2011/12	2012/13	2013/14
Good, very good or excellent	94.29%	95.52%	94.67%
Fair, poor or very poor	5.71%	4.48%	5.33%

**The GP's patience with your questions or worries – Q.6g**



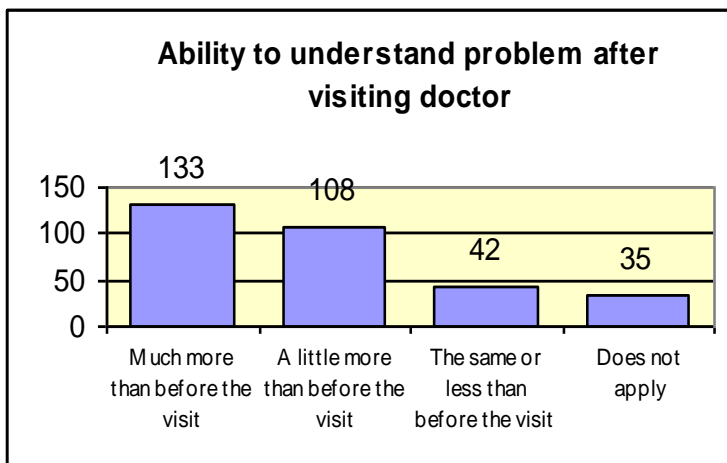
	2011/12	2012/13	2013/14
Good, very good or excellent	94.50%	96.64%	96.84%
Fair, poor or very poor	5.50%	3.36%	3.16%

**The GP's caring and concern for you – Q.6h**



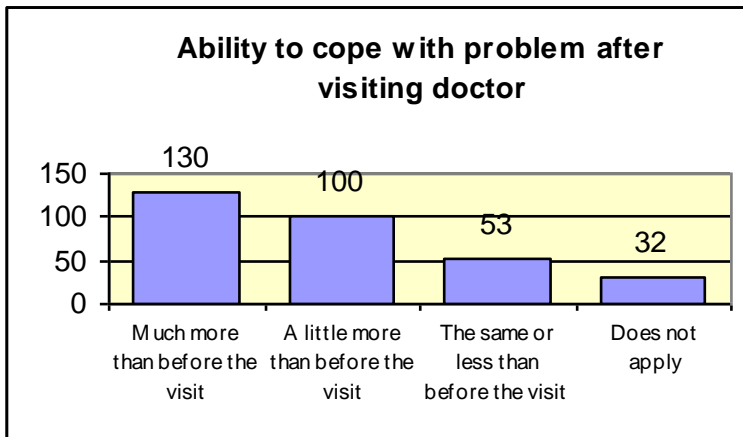
	2011/12	2012/13	2013/14
Good, very good or excellent	93.58%	97.03%	96.54%
Fair, poor or very poor	6.42%	2.97%	3.46%

**Ability to understand the problem after visiting the doctor – Q.7a**



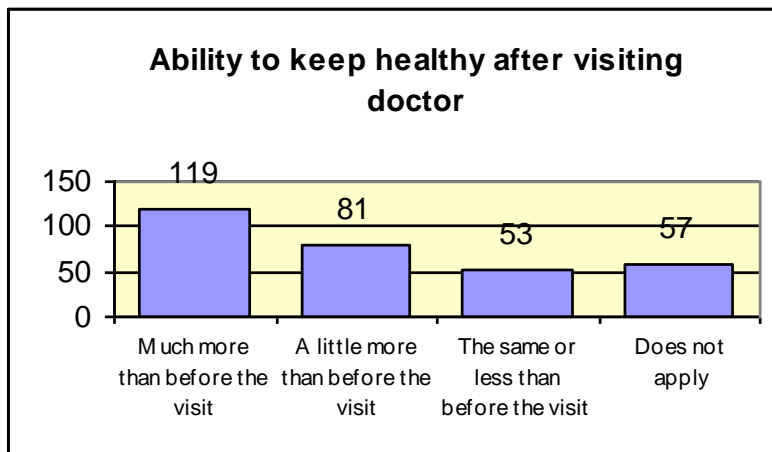
	2011/12	2012/13	2013/14
Much more	55.06%	52.10%	47.00%
A little more	31.46%	30.67%	38.16%
Same or less	13.48%	17.23%	14.84%

**Ability to Cope with the Problem after visiting the doctor – Q.7b**



	2011/12	2012/13	2013/14
Much more	50.56%	46.61%	41.27%
A little more	26.97%	33.90%	31.75%
Same or less	22.47%	19.49%	16.83%

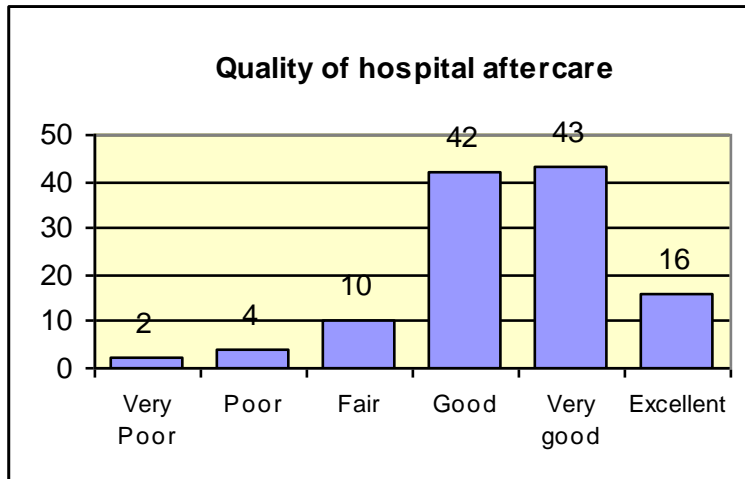
**Ability to Keep Healthier after visiting the doctor – Q.7c**



	2011/12	2012/13	2013/14
Much more	47.14%	40.93%	47.04%
A little more	25.71%	33.16%	32.02%
Same or less	27.14%	25.91%	20.95%

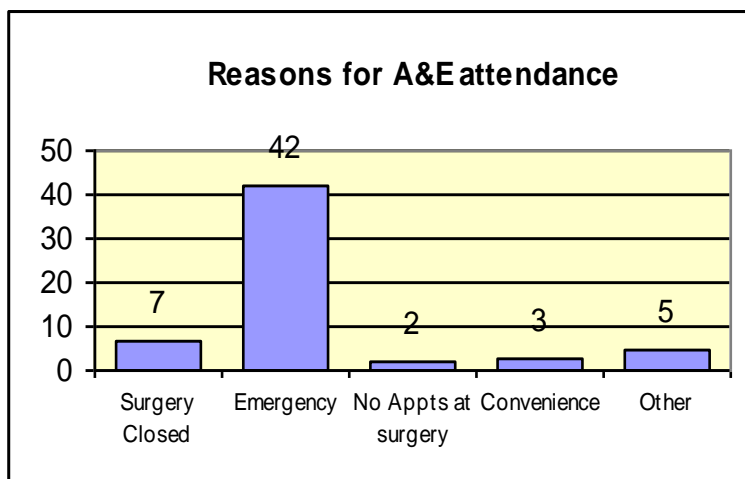
The following results are non specific to the consultation

Quality of hospital aftercare – Q8



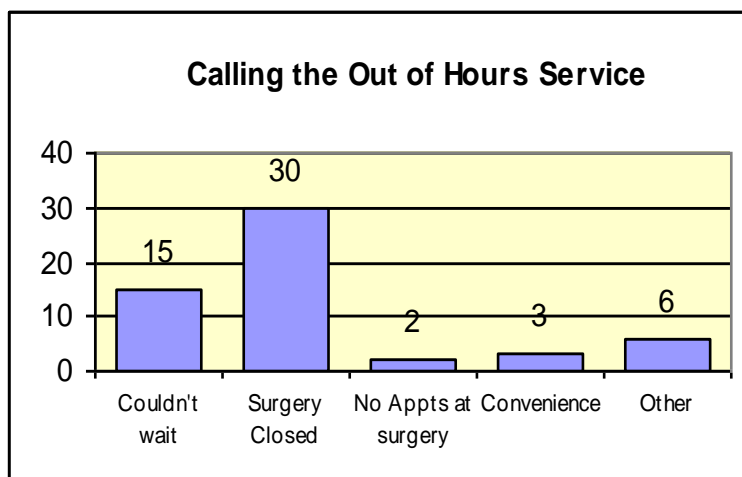
The results show that: 86.32% felt the quality of hospital aftercare was good to excellent. 13.68% disagreed.

Reasons for attending A&E in last the year – Q.9



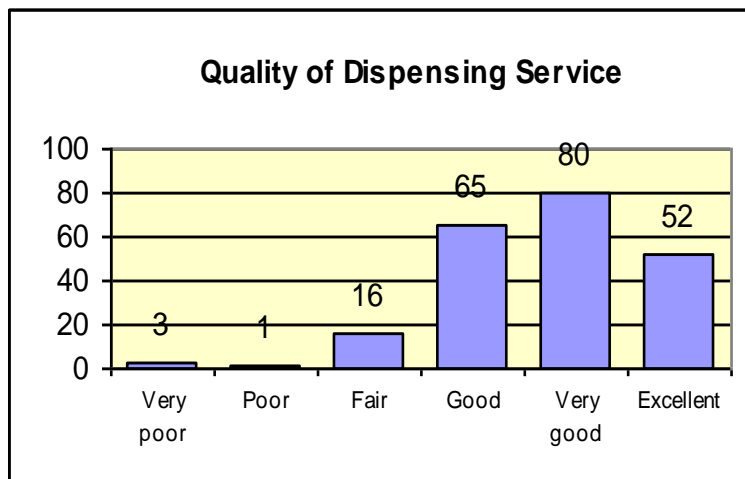
The results show that: 71.19% visited as emergencies. The question is if they were valid emergencies?

Reasons for contacting the Out of Hours Service – Q.10



In hindsight, this question could have been phrased differently.

## Rating the quality of the dispensary service – Q.11



The results show that: 90.78% felt the dispensing service was good to excellent. Less than 10% disagreed.

## Comments for dispensary quality – Q.12

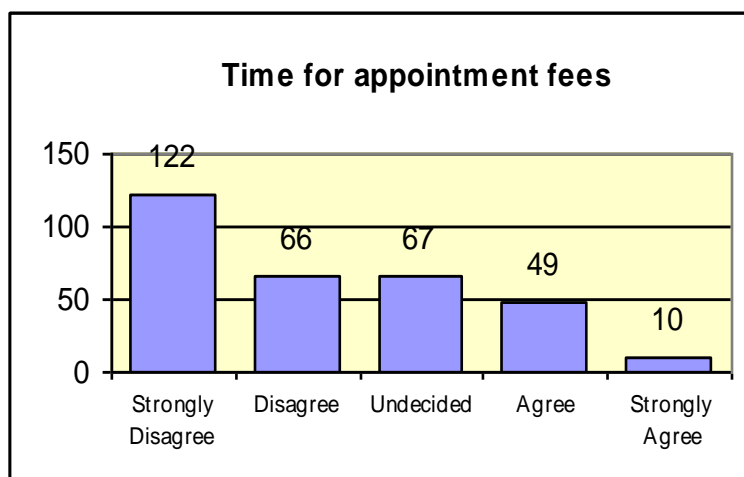
### Positive Comments

- Very helpful and kind
- Good to have a choice of collection locations (county surgery patients)
- I have found all staff and doctors sympathetic to my needs
- It is very rare that they don't have the required medicine
- I'm grateful to be able to collect medicines from local P.O

### Negative Comments

- Never on time
- Dispensing service is good however new prescription order system is a problem
- Sometimes they get easily confused about where the tablets are going
- Not good in the evenings when can't get prescriptions from chemist
- They have been known (in my case) to dispense incorrectly. I always check before leaving surgery

## Time to introduce appointment fee? – Q.13



56.87% were against the introduction of an appointment fee.

18.79% were in favour.

21.34% were undecided.

## Comments concerning idea of an appointment fee – Q.14

### Comments against a Fee

These have been broken down into broad category headings:

#### NHS Principles

- Any introduction of fees is against the basic principle of the NHS
- The NHS is supposed to be free at the point of delivery - against the basis of the NHS
- The NHS is free
- The NHS must remain free at the point of entry for all. If some patients are habitually failing to attend appointments they should be dealt with individually
- Free at the point of demand!
- Should be funded by taxes

#### Affordability

- I am a single parent who works so get tax credits and would really worry about being able to afford to visit the doctor as I have asthma
- Okay if you have the funds. I am on a budget, pension credit
- I find it really hard to pay for prescriptions
- I find it hard enough to pay for prescriptions
- I pay for this service
- Appointment fee would quickly lead to full charges
- People who are already struggling financially will either not attend the surgery or will go to A&E, putting further strain on the service
- Would be expensive to see a doctor often
- I can't afford to pay for every appointment I have
- Already pay enough tax and NI
- Paying enough taxes to already fund this

#### Health Equity

- This may impact on the health of children, the poor and elderly. Access to free health care is one of the few things that makes the UK a great place
- Those of us who have a chronic or acute illness or disability, particularly those who are aged and usually living off rapidly diminishing savings would be disadvantaged
- If the fee were for those who don't attend without cancelling, then yes. Otherwise no, as this affects the most in need in society
- At the dentist we now have a two tier system for the haves and have nots. The NHS should be the same for all
- If there was a fee more people would self-diagnose with bad results. Not everyone goes to the dentist because they can't afford it
- Wouldn't be able to come if I or my children were ill
- Fear that serious conditions may be missed as some people would or could not pay
- Only with safeguards that people who cannot afford it are exempt from charges
- If fees are introduced it will end up like America where people who can't afford it will not seek medical attention even if needed and it will cause more serious conditions

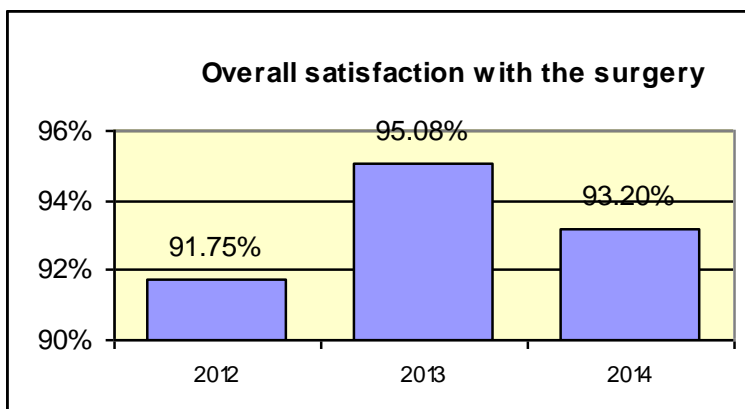
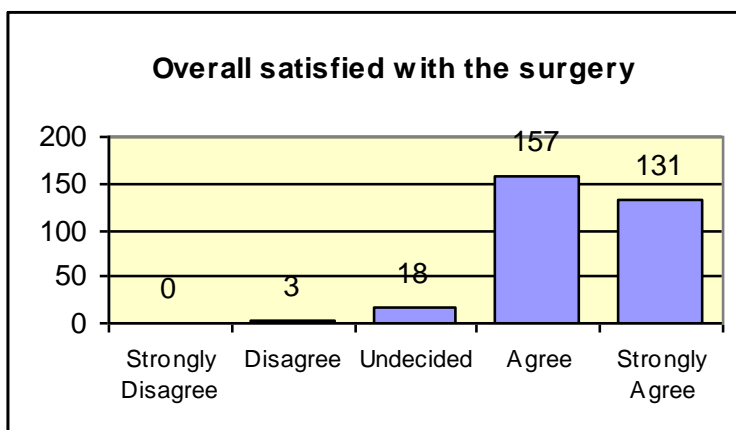
#### Other

- It wouldn't be so bad if they got it right the first time but you keep having to come back so most patients would be bankrupt if they started making you pay for appointments
- I would never come, go to hospital instead
- The cost of administering the fee is likely to outweigh the benefit of the service

### Comments in favour of a fee

- Could be asked for a deposit when making appointment to be refunded if appointment is kept
- It might encourage people to keep appointments
- Providing the fee is kept at an acceptable cost
- Possibly - with discounts for those who can't afford it
- For a reasonable amount
- Would stop time wasting
- For routine appointments, not emergencies
- Charge for missed appointments with no exceptions ie benefit claimers
- Maybe a fee for non-attendance
- Charge patients who don't attend their appointment
- A fee should be charged for missed appointments
- Perhaps a fee for non-attendance
- Possibly the fee should be refunded if the patient attends. This would allow the fee to be set higher
- Patients should certainly pay if they cancel for no good reason or simply fail to turn up!
- Fines for non-attendance would be more suitable
- Patients should be charged for missed appointments
- There should be a fee if people do not attend their appointment and have not cancelled beforehand
- Possible charge for missed appointments?
- Fee for DNAs
- A missed appointment fee would be ok
- When I read how many missed appointments there have been with both doctors and nurses - I strongly agree. Pay for missed appointments

### Overall satisfaction with the surgery – Q.15



## **SUMMARY OF RESULTS AND SURGERY RESPONSE**

333 patients completed the 2013-14 survey during October-November 2013. These were completed in the surgery. A member of staff was on hand to help patients fill in the form and answer any queries they had.

### **Access**

Satisfaction with the receptionists had dropped sharply this year to 76.5% (Q1). This is marked contrast to the MORI postal survey results for the year which show a 92% satisfaction rating for the reception team. Satisfaction with getting through on the phone (Q4) also declined slightly to 90.8%. One project proposed in our action plan is to assess whether staffing levels need adjusting at certain times. The first step is for the Reception team to complete a demand survey, logging all calls and enquiries received across one week in the practice, so a better view of workload is obtained.

Satisfaction with phoning through to a doctor has improved from 68% to 75% (Q4b)

Opening times - satisfaction remains high at 92.5% (Q2a). However, over 60% of respondents would like to see additional opening times at the weekends or evenings (Q2b). This is an area the Surgery will review, though staffing the Surgery outside core hours is dependent on funding and availability of staff, as well as providing sufficient numbers of staff to provide safe cover.

There was a decline in satisfaction with disabled access (Q5) despite recent investments in this area. A closer look at the result shows that over 100 people answered this question. It is unlikely that 1/3 of patients completing the survey were disabled, so it is difficult to interpret anything from these results. We feel it would be worthwhile undertaking a disability audit and obtaining the views of patients with different sorts of disabilities to establish the types of problems they face when visiting the surgery, as well as revising the question used in future surveys.

The Dispensary results were pleasing (Q11). A small number of comments were left, both positive ones plus some areas of complaint. There are a number of staffing changes taking place within the dispensary over the coming months, after which there will be an opportunity to review systems and elicit the views of patients at the time they visit the Dispensary.

Following concerns raised by the PPG about levels of non-attendance (DNAs), a question was asked to gauge attitudes about introduction of an appointment fee (Q13/14). Less than 20% of respondents were in favour of a fee. The question elicited a large number of comments. Arguments against the fee included it being against the principles of the NHS, affordability for patients and the possible impact on health. Respondents in favour of a fee felt it may help reduce DNAs. The practice is keen to review pro-active measures that help patients keep their appointments, such as text messaging and other tools that are available.

### **GP Care**

The Surgery has maintained exceptionally high results on questions specific to the consultation, Over the eight questions (Q6A-F), an average 96.4% of patients rate their care as excellent, very good or good, higher than national and local average.

Results on the three questions about how patients feel after they have left the appointment have shown a slight decrease to previous years' results, but in general indicate that 78% of patients feel that a visit to their GP has helped them understand, cope with and stay healthy afterwards.



It may be beneficial to collect opinions about other care given in the Surgery, such as the nursing team; or seeing if specific patient groups need more help and support to stay healthy, and what forms this may take.

### **Other care**

**Hospital aftercare** (Q8) had a high satisfaction rating of 86%, which was encouraging following recent changes in the way these services are commissioned locally.

**A&E** (Q9). The majority of patients stated they attended as emergencies (71%). However 9 respondents said they attended due to no available appointments at the Surgery or because it was closed. A recent project at the surgery led by Ipswich A&E department shows that no patients have been “streamed” back to the practice for the problems they present with at A&E during working hours. It may be helpful to obtain more objective data about the times and reasons patients are accessing A&E.

**Out of Hours** (Q10). In hindsight it was felt the question could have been better phrased for more meaningful results.

## APPENDIX B – ACTION PLAN

Action	By Whom	By When
<p>Explore methods of making patient group more representative, identifying exemplars of good local and national practice and seeing if and how they could work for Leiston surgery</p> <p>Also to collect some demographic data from survey respondents when conducting the survey</p>	Practice Manager	Dec 2014
<p>Undertake demand survey at the Reception desk to review workload, identify busy teams and check that sufficient numbers of staff are on duty</p> <p>Review options for a private area where patients can talk to a receptionist privately if needed</p>	Deputy Practice Manager	July 2014
<p>Review whether alternatives to current provision for extended hours are feasible.</p> <p>Advertise the existing early bird appointments more widely</p>	Partners	June 2014
<p>Review work processes in the dispensary, with view to implementing new electronic prescription service</p>	Practice Manager/GP	December 2014
<p>Non-attenders – explore alternative options in line with recent research about what is proven to work best, e.g. collecting more mobiles for text messaging reminders</p>	Practice Manager	September 2014
<p>Disability audit</p> <p>Improve question about disabled access</p>	Deputy Practice Manager	July 2014
<p>Review options for next year's survey questions, e.g. staying healthy, views about our nursing services and the value of our management of chronic diseases and long term conditions</p>	Practice Manager, Partners and PPG	July 2014