

**2013/2014**

**3rd YEAR OF OUR**

**PATIENT PARTICIPATION ‘DES’**

**SURVEY**

**REPORT**

Chris Rushton

Manager

January 2014

**INTRODUCTION:**

The practice agreed in April 2012 to implement the national patient participation directly enhanced service (DES) as we believe that patient views and comments can highlight issues for change so an improved or less frustrating service to patients. This was initially for two years, but then extended for 3rd being this 2013/14.

The practice previously operated face to face meetings with its patient group up until 2009, meeting, open to all but resulting in meeting the same 12 patients every time. This group did help with the move to new premises, but then felt its main purpose had ceased.

The practice being a member of the Health On the Streets (HOT’s) project, restarted as a shared patient group, with patient reps from each of the 5 member practices. Initially we intended to use this group for the 2011/12 DES, but we felt the rules didn’t allow it.

Therefore, we opted to implement a virtual patient group, using email, in the hope that the practice would get an increased number of patients, span of patients more representative of our population, willing to contribute and flexible on the times when people could contribute. This worked and we doubled our patient numbers. We encouraged registered patients to be part of the group with slips attached to prescriptions, waiting room posters, staff briefed to discuss with patients, slips at reception and at the local chemist.

Returned slips generated a welcome email from the manager with the patient email address being added to a group contact email list. This virtual group email contact list was then used to assess the survey questions. In year 1 as covered in the first report, the PCT ‘core’ questions of a template survey and to add any local ones were considered by our group, so developed the 2011/12 practice patient questionnaire. This was then published to patients as available to completer on line via survey. Monkey survey by internet or via paper form handed back to the practice. For 2012/13 we linked the forthcoming GP GMC revalidation need to use one of the two nationally identified external companies (CFEP) with this year 2012/13 survey and asked the practice group to agree some additional questions for CFEP to include. Sealed replies were sent back to CFEP that resulted in two reports, one being CFEP core national questions, the other the local group questions. For 2013/14 we reverted back to a local questionnaire, again approved by the patient group and accessed via Monkey survey by internet or via paper form handed back to the practice.

**UPDATE ON YEAR 2 ACTION PLAN of 2012/13:-**

The 2nd year – previous year **2012/13** Patient participation DES agreed action plan is as detailed below:-

1. **Waiting time** – To complete a month survey to identify if Doctors and nurses start their surgeries on time, (within 10 minutes), review at a meeting the list of common treatments/diseases that need more time.
2. **See Practitioner of Choice** – Communicate that patients can ask for this, though understand may then have a longer wait than the next available GP or nurse.
3. **Speak to practitioner on phone** – Publish to both patients and staff that this can already be requested instead of face to face consultation.
4. **See practitioner within 48 hours** – this result was difficult to understand when survey showed a high awareness of our on the day service – So will continue to highlight the on the day options.
5. **Telephone access** – Review phone process, messages and its priority within the staff.

**All of these 5 points of the 2012/13 action plan are assessed as achieved** – based on the fact that we did complete the survey, meetings and implemented actions.

**Profile of the patient group:**

All registered patients could be members of the practice patient group. Any that indicated didn’t have email were then included via post. From those patients that completed the slips, their:-

Age range - < 30 = 4.1%

* 30-40 = 8.4%
* 40-50 = 16.7%
* 50-60 = 33.4%
* 60-70 = 16.7%
* 70-80 = 12.5%
* 80-90 = 4.1%
* 90-100 = 4.1%

Ethnicity - 16.7% were not from white English.

This is about in line with our practice profile, last completed by the PCT on the practice behalf, and attached as an appendix to this report.

**Practice steps taken to match representation with registered patient’s profile:**

The practice felt that for the period that the slips were attached to prescriptions, at reception, at the chemist, supported by waiting room posters, we would capture a % of all those registered patients that were attending the surgery and/or being issued with prescriptions, so representative of the practice patients using our services.

This was supported by HOT’s (Health On The Streets) as one of the 5 practices whom are members and sit on its quarterly steering group. HOT’s raised the practice survey with its groups, usually being difficult to interact with groups. District nurses case manager, midwives and Health Visitors were also aware to raise it with their clients.

From the age range and ethnicity results, it does appear to show a trend match with our practice population.

**Steps to reach agreement with the patient group on priority issues:**

Draft local questions were developed and agreed by the practice patient group. This year questions sort to confirm a wide range of items that affect the patient from the building, telephones to care by the practice staff, guided by past survey questions.

When the draft questionaires were approved, it was advertised to patients for completion via survey monkey on the internet or completing paper forms and handing these back into the practice. Results were then shared with our patient group and the year 3 action plan developed from this.

**Encourage use of the Survey**

To obtain our patients views, we now had to publicize the agreed survey, which was done in a number of ways:-

* Posters in practice
* E-mail to patient group confirming its gone live
* Slips attached to prescriptions
* Slips to pharmacies to attach
* Practice staff briefed a number of times to raise with attending patients.
* Raised at a number of GP meeting.
* Survey ran for at least three months, thereby coving a number of registered patients attending the surgery and/or collecting prescriptions, so using our services..

**Discuss the results and action plan**

Once the survey was completed, its results were discussed at a practice meeting on the 8th January 2014. This meeting developed a suggested draft action plan that was e-mailed to our patient group for their consideration, input, comments and agreement. The email included the ability to also verbally discuss with the practice any views etc. Patient group comments and agreement of action plan were received.

**Survey action plan:**

The survey highlighted the following findings as agreed with the patient group to be included as the practice action plan.

**Summary of evidence relating to findings:**

These areas were identified because of:-

a) The areas forming the action plan are highlighted as dissatisfaction in the patient survey results.

b) Complaints reviews were also considered to help identify themes that were included in survey questions.

c) Verbal comments to reception also considered and again addressed by the survey questions, mainly being the delays to when patients are seen.

**Practice actions as result of the 2013/14 survey:**

From the 2013/14 Des patient survey, the following practice priority areas so associated actions were agreed with the patient group:-

1. **Waiting time** – This being from the patients booked appointment time to when the patient is seen. With a low % satisfied, whilst working within the directed 10 minute per each appointment time but being a practice to aim to deal with all patient issues that consultation if possible, we intend to focus on areas that we can amend, like starting times of surgeries so agreed to complete. Conversdations with patients indicate an acceptance if delay occurs because another patient needs that time, as they might, but not regular late starting for example, so agreed to **complete a 2 month survey on Doctor start times verse 1st appointment time.**
2. **Discuss this audit, highlight delays, why, actions if possible to change.**
3. **Remain focus on high priority to answer telephone calls** (Although much improved result in this tears survey, felt need to maintain its focus for this next year)

**Implementation:**

The whole 2013/14 survey process to agreed action plan with the practice patient group has only just finished, so the implementation of this will be in early part of the 2014/15 period.

**Practice hours**

The follow is an extract of the opening hour’s information detailed in our practice patient leaflet, along with a lot of other practice information:

**‘Opening times** – Our Reception is open Monday to Friday 8am to 6pm, except on a Thursday when the practice is closed for training between 1pm and 3pm. (except during bank holiday weeks when it is still open). We also run a pre-appointment only Monday evening surgery 18:30 to 20:45, none pre-booked patients must still contact the GP Out of Hours service during this time. **Please only telephone for on day appointments up to 10:00 hours.’**

The practice leaflet has been checked and approved by WYCSA.

Patients can access the service by attending surgery, telephoning us, fax and email are options for prescription requests or if registered with us for our internet appointment booking and repeat prescription requests. We have also introduced a text messaging appointment reminder service for those patients that have pre-registered for it.

Thank you,

Report produced by Chris Rushton,

Manager,

22nd January 2014.

**The Practice profile 2010 information is already attached to the year 1 report for period 2011/12.**