

**The Christmas Maltings and Clements Practice
D83012**

Patient Participation Report 2013/14

1. Our Patient Participation Group

1.2 If this is not your PRG's first year, is the PRG still representative of the practice population? If there are underrepresented groups, how does the practice try to engage with them?

We started our PRG in April 2011, and we review the membership of the group every six months. Our patient group is open to all patients aged 16 years and over, and the over-riding principles are inclusivity and user-friendliness. There is no upper limit to the size of the group – anyone is welcome to join, and there is no positive or negative discrimination. Communication with the group is via e-mail, which means that membership is available to a wide range of patients – such as the housebound, people who work long hours, single parents, those without a car, the disabled, and wheelchair users. There is no requirement for travelling. However, we recognise (as do all members of the group) that the one requirement for membership is access to an e-mail address and the ability to use internet e-mail. But the advantages are considerable, and mean that patients have the opportunity to join the group and participate at a time and day that suits their individual circumstances. There is no requirement for a group meeting at the practice. Over this last year, the PRG has varied in size between 60 and 105 members.

On a wider basis, our patients communicate with us electronically on a daily basis. Presently we have in excess of 7,000 patients who already contact us by electronic communication.

We recruit new members to the PRG on an ongoing basis by:

- Advertising in every GP consulting room and in all clinical rooms
- Advertising on Amscreen TV screens
- Dedicated Patient Group section on the practice website
- Patients can join the group using the website
- Including details in every new patient pack
- Advertising in our three surgeries
- Information leaflets are available in our three surgeries

We believe that our current modes of recruitment are as varied and comprehensive as possible. We welcome all to our group. We feel that our patient group is representative given the information required to join the group. Patients can join the group, leave the group, re-join the group as they wish. This enables patients to be part of the group at a time when it suits them.

Breakdown of the group:

59% female and 41 % male

Age range from 17 years to 84 years

Ethnicity: 78% British, 2% Estonian, 10% unknown

Component 2. Method and Process for Agreeing Priorities for the Local Practice Survey

Component 2

As part of component 2 of the DES Practices are required to agree which issues are a priority and include these in a local Practice Survey.

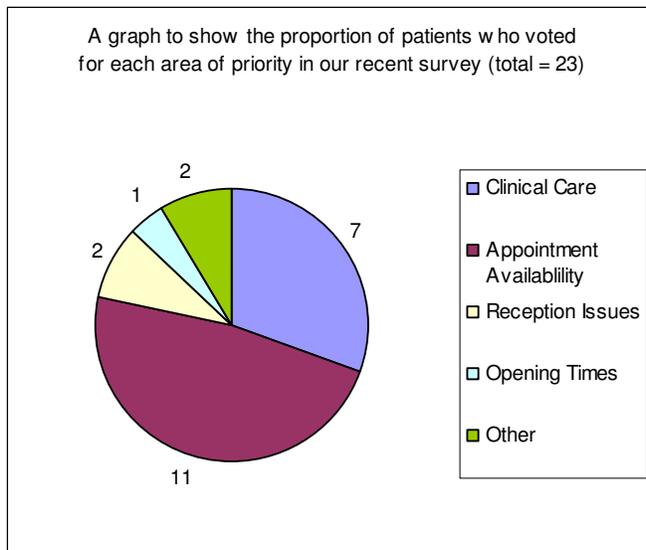
The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs and including the identification of:

- Patients priorities and issues
- Practice priorities and issues including themes from complaints
- Planned Practice changes
- Care Quality Commission (CQC) related issues
- National GP and/or Local Patient Survey issues

2.1 How were the views of the PRG sought to identify the priority areas for the survey questions i.e a meeting, via email, website etc?

On 26th July 2013, we emailed 48 members to ask for their views and priorities for the 13/14 annual survey. Areas for consideration were: clinical care; appointment availability; reception issues; opening times. We received 23 replies:

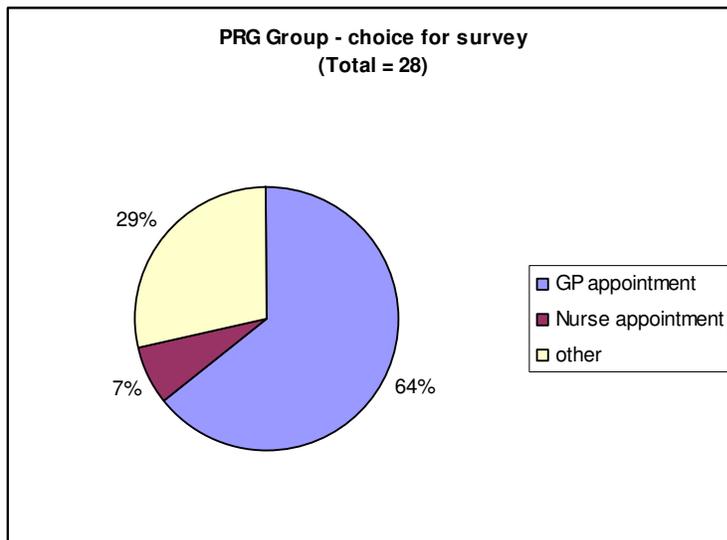
- 48% chose appointment availability
- 30% chose clinical care
- 9% chose reception issues
- 4% chose opening times
- 9% chose other



On the 15th August 2013, we emailed 48 members to inform them of the views of the group and asked them to tell us which aspects of 'appointment availability' they would like us to focus on. The choices being:

- 1 – doctors appointments
- 2 – nurse and healthcare assistant appointments

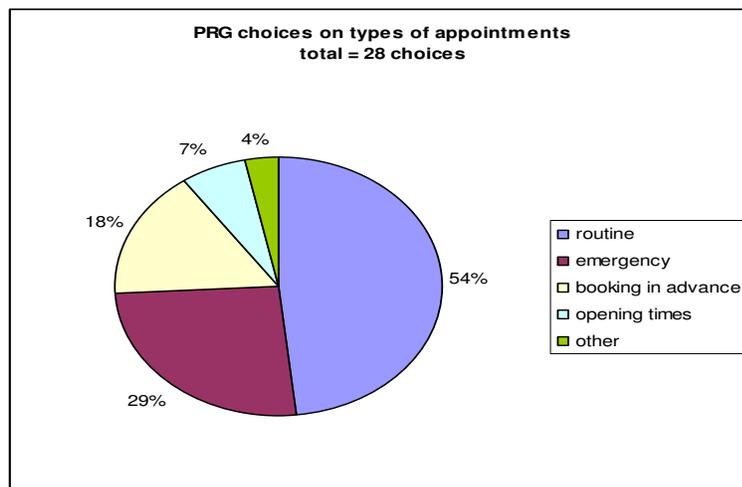
We received 28 responses to the email.



- 18 members chose GP appointments
- 2 members chose nurse appointments
- 8 members chose other options

We asked that they tell us their priorities regarding GP appointments, the choices being:

- 3 – Getting a routine appointment
- 4 – Getting an emergency appointment (this is a same day appointment)
- 5 – Booking appointments in advance
- 6 – Flexibility of opening times
- 7 – Other – please state



- 15 members chose routine appointments
- 8 members chose emergency/triage appointments
- 5 members chose booking in advance
- 2 members chose opening times
- 1 member chose other

Further analysis of choices 1 – 7 showed:

35% were concerned with availability of GP appointments

29% were concerned about obtaining a routine appointment with a GP

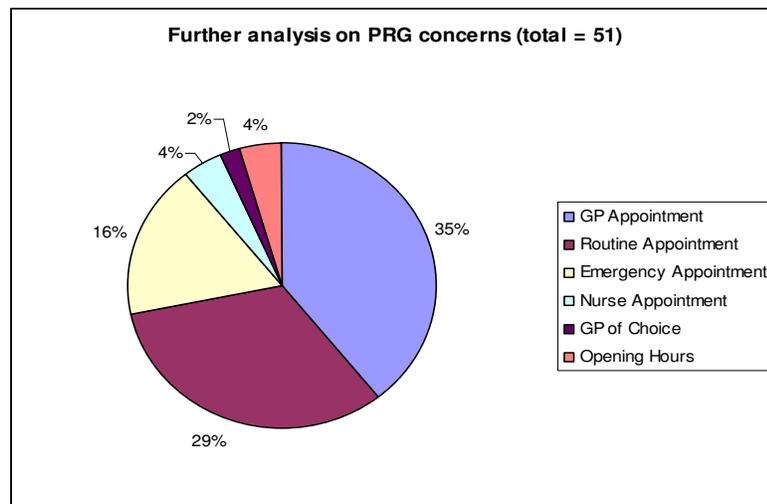
16% were concerned with obtaining an emergency appointment

4% were concerned with availability to see a nurse

2% were concerned about getting an appointment with the doctor of your choice

4% were concerned with opening hours

10% were concerned about booking an appointment in advance



2.2 How have the priorities identified been included in the survey?

On 16th September 2013, we sent emails to 50 PRG members outlining their chosen priorities. We attached a draft Patient Appointment Access Questionnaire which could be used in the survey and asked the members of the PRG for their views and comments on the questionnaire to be used to gain information from the wider patient population.

The Access Questionnaire was in two parts:

Part 1 - asked three questions about routine appointments

Question 1 - Were you satisfied with the date and time of your appointment?

Question 2 – How many days in advance did you book your appointment?

Question 3 – Do you consider this to be an acceptable time to wait for an appointment?

Part 2- asked two questions about emergency/triage appointments

Question 1 – Were you happy with the time and date of your appointment?

Question 2 – Are you satisfied with the service you received today?

We had 13 replies from PRG members. Comments included:

“the questionnaire looks good to me”

“The layout is fine and I hope that the result of the survey will be a good one”

“it appears to clearly cover all relevant information required to assess the above”

“I would suggest adding an additional question about routine appointments: “Were you able to book your appointment with your preferred doctor?”

“I think the layout and content of the questionnaire are fine although I think it would be useful to add an; “Any other comment” field”

“I think that the questionnaire layout should provide easy to fill in and give constructive information about the service provided”

“I think the questionnaire is adequate to find out the concerns of the public”

Following this feedback from the PRG, we therefore added a free-text ‘comment’ box to the questionnaire.

Step 3. Details and Results of the Local Practice Survey

Component 3

As part of component 3 of the DES Practices are required to collate patients views through a local practice survey and inform the Patient Reference Group (PRG) of the findings.

The Practice must undertake a local Practice survey at least once per year. The number of questions asked in the local practice survey will be a matter for the Practice and the PRG to agree. Questions should be based on the priorities identified by the PRG and the Practice.

Was a survey carried out between 01.04.13 and 31.03.14?

In fact, we carried out 2 surveys. The first survey was carried out between 21st October to 8th November 2013. The second survey was carried out between 3rd – 14th February 2014 to ascertain whether improvements in Patient Access had been made following the changes we made in response to the first survey). Our practice list size is 17,700.

3.2 What method(s) were used to enable patients to take part in the survey (i.e survey monkey, paper survey, email, website link) and why?

FIRST SURVEY: METHODS

We decided to collect real-time data from patients using the service since those patients had direct experience of booking either a routine or an emergency appointment with a doctor and had then had their appointment. On arrival at the surgery, patients were invited to take part in the survey by our receptionists and were given a questionnaire. After they had had their appointment, patients posted their completed questionnaires into ‘patient questionnaire’ boxes. Personal details were not required.

3.3 Was the survey credible (was the response rate sufficient to provide ‘the reasonable person’ with confidence that the reported outcomes are valid)?

Most definitely. a) Our PRG had prioritised GP appointments as a concern, and they had agreed that this should be the topic for the annual patient survey. They advised that we should focus on the availability of routine appointments and the availability of emergency/triage ‘same day’ appointments. The PRG approved the questions to be used in the survey questionnaire.

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b) The survey collected real-time data from 1378 patients – see below.

3.4 Please provide a copy of the survey and the analysis of the results of the survey.

FIRST SURVEY: RESULTS

The first survey was carried out between 21st October to 8th November 2013.

Routine appointments: We collected 900 completed questionnaires from patients attending for a routine appointment = 63% of all routine appointments [n = 1426] that were available during the time of the survey.

Triage/emergency appointments: We collected 478 completed questionnaires from patients attending for a triage/emergency appointment = 27% of all emergency appointments [n = 1773] during the survey.

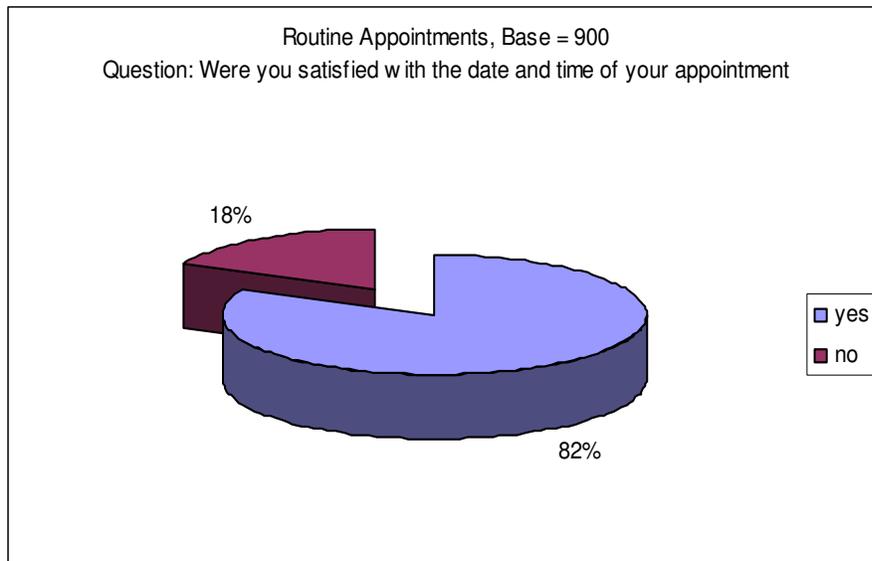
In total, the survey received responses from approximately 8% of the whole practice population.

Routine appointments:

Question 1 – Were you satisfied with the date and time of your appointment?

82% answered 'yes'

18% answered 'no'



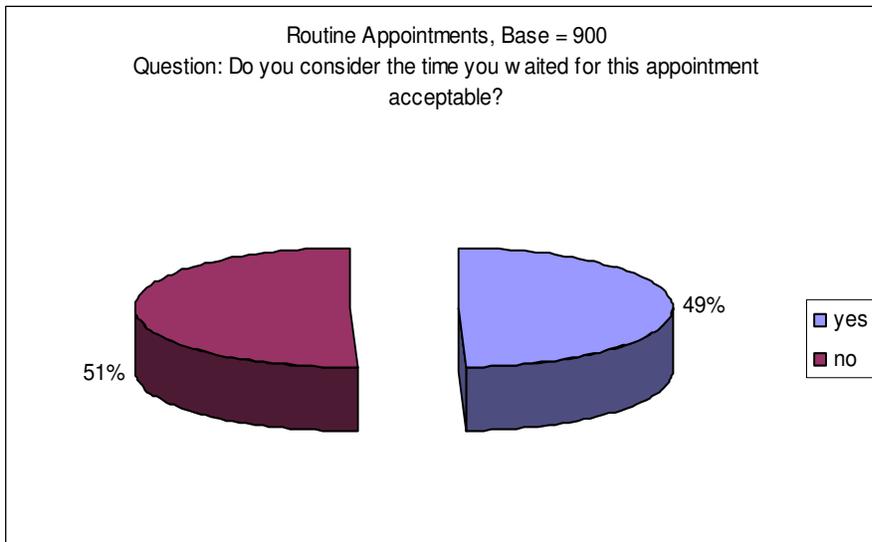
Question 2 – How many days in advance did you book your appointment?

Answers were not suitable for analysis. Most were comments.

Question 3 – Do you consider this to be an acceptable time to wait for an appointment?

49% answered 'yes'

51% answered 'no'

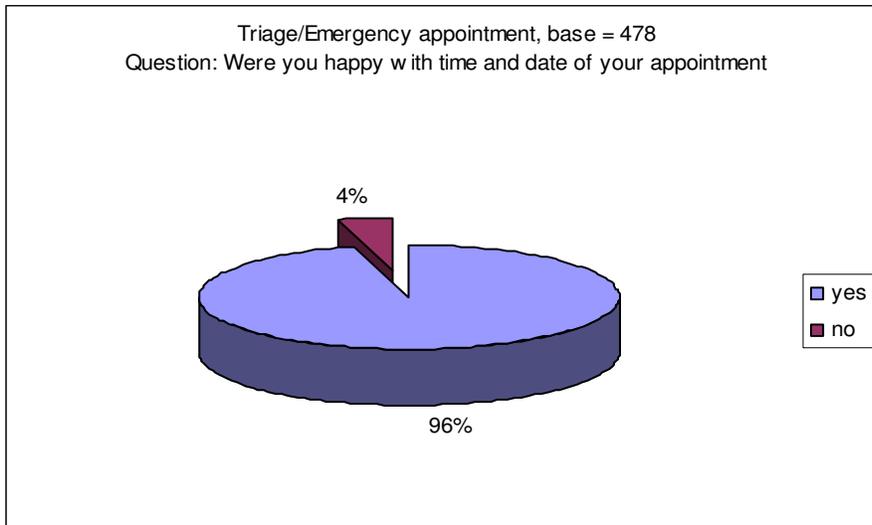


Triage/emergency appointments

Question 1 – Were you happy with the time and date of your appointment?

96% answered 'yes'

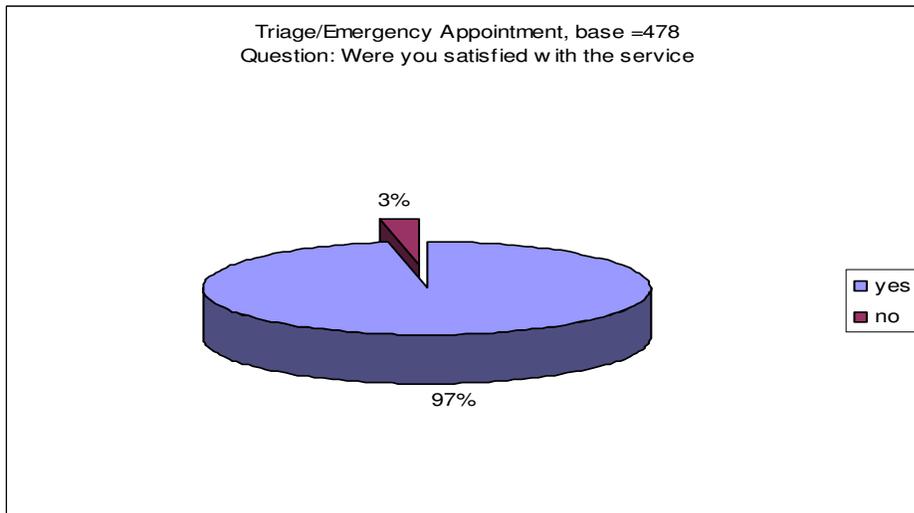
4% answered 'no'



Question 2 - Are you satisfied with the service you received today

97% answered 'yes'

3% answered 'no'



Next steps:

We sent the 1st survey results to 50 PRG members asking them for their feedback. We informed the group that we were planning on making changes to the appointments system in the New Year in response to the survey results, and that we would then repeat the survey In February.

We received 4 replies from the PRG, and the members' comments were as follows:

- 1 - "The survey results for the general appointments are disappointing"
- 2 - "Very impressed with the Triage / Emergency result in both Pie Charts....The first part of the other survey is also acceptable.....but I am concerned about @the time waited@ result is unacceptable basically 50 / 50."
- 3 - "Seems there is still work to be done to reduce routine appointment waiting times. Excellent result for emergency appointments, well done"
- 4 - " Seems to be good news showing a positive result on the emergency treatment part of the service. But it would appear to be a very unsatisfactory result as far as the practice is concerned with 51% being not satisfied with routine appointments and it looks as though there's a great deal of work to do in this area."

On 17th November 2013, a meeting took place between the Partners and practice manager. The patient survey was discussed at length. Although it was recognised that the new appointment system that had been put in place in January 2013 had resulted in consistent improvements in the routine waiting time for an appointment it was decided that the appointment system still needed to be reviewed further in order to improve Patient Access.

On 1st January 2014 a reviewed and improved version of the appointment system was put in place. The particular emphasis this time was on increasing the number of routine appointments, if necessary by spending money on extra locum doctors to assist us.

SECOND SURVEY: METHODS

These were identical to the first survey. On arrival at the surgery, patients were invited to take part in the survey by our receptionists and were given a questionnaire. After they had had their appointment, patients posted their completed questionnaires into 'patient questionnaire' boxes. Personal details were not required.

The second survey was carried out from the 3rd February to 14th February 2014

RESULTS OF SECOND SURVEY:

Routine appointments: We collected 463 completed questionnaires from patients attending for a routine appointment = 52% of all routine appointments [n = 885] that were available during the time of the survey.

Triage/emergency appointments: We collected 346 completed questionnaires from patients attending for a triage/emergency appointment = 29% of all emergency appointments [n = 1174] during the survey.

In total, the second survey received responses from approximately 5% of the whole practice population.

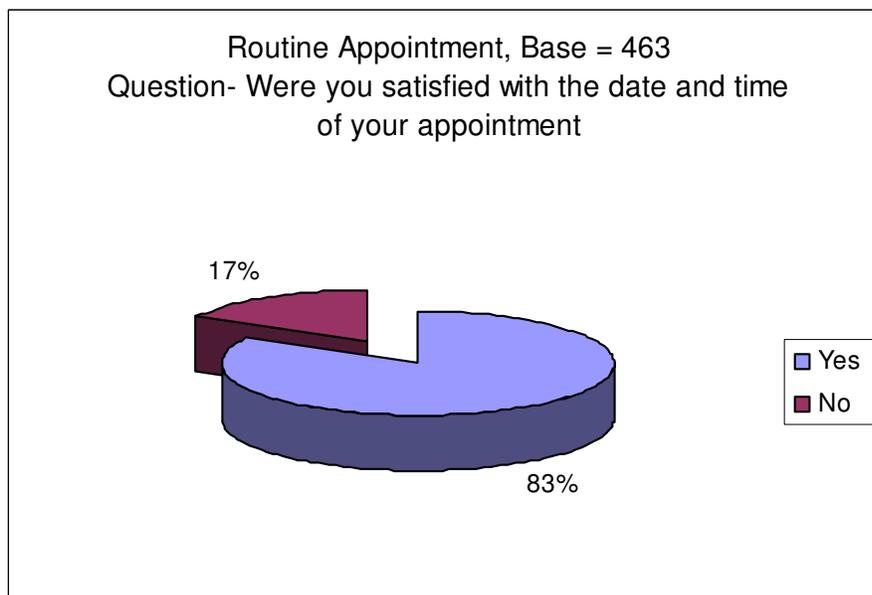
Outcome:

Routine appointments:

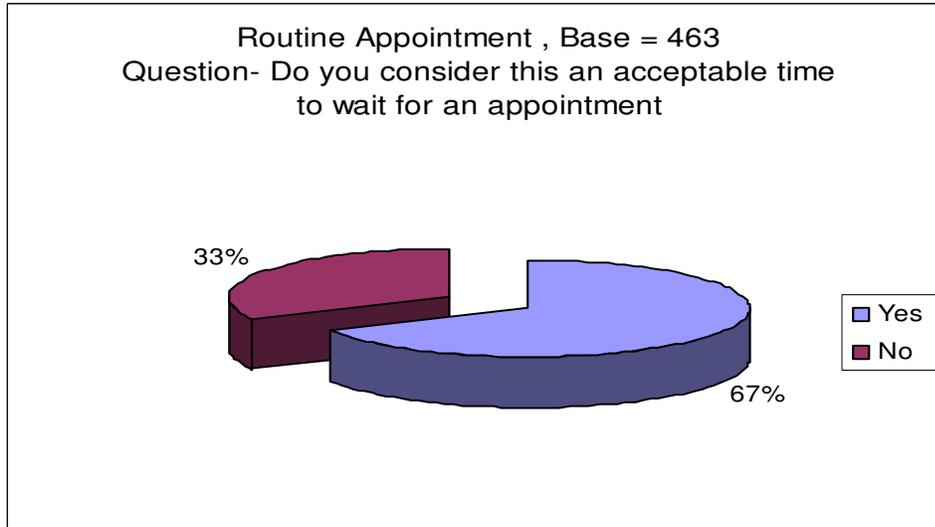
Question 1 – Were you satisfied with the date and time of your appointment?

83% answered 'yes' (plus 1%)

17% answered 'no' (less 1%)

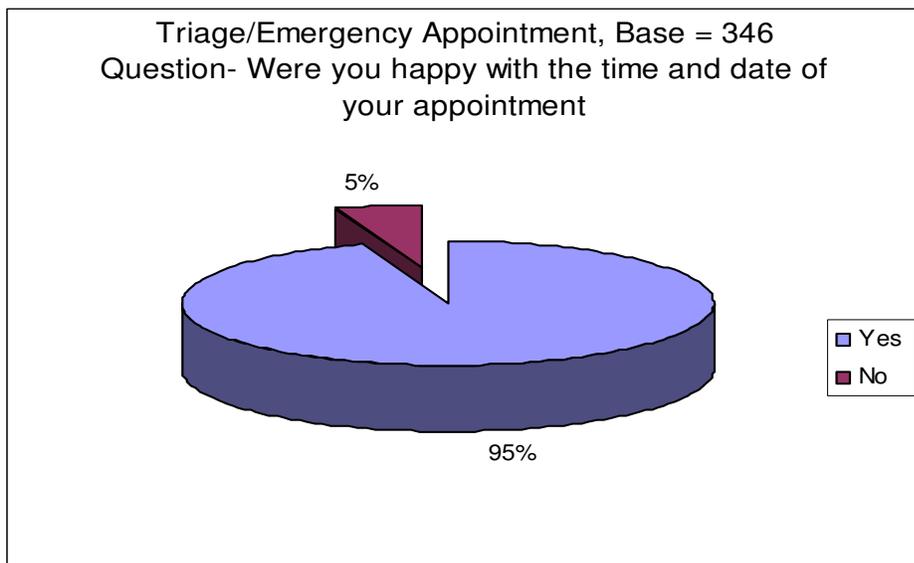


Question 2 – Do you consider this to be an acceptable time to wait for an appointment?
67% answered 'yes' (**i.e. an 18% improvement from the first survey)
33% answered 'no' (i.e. reduction of 18%)

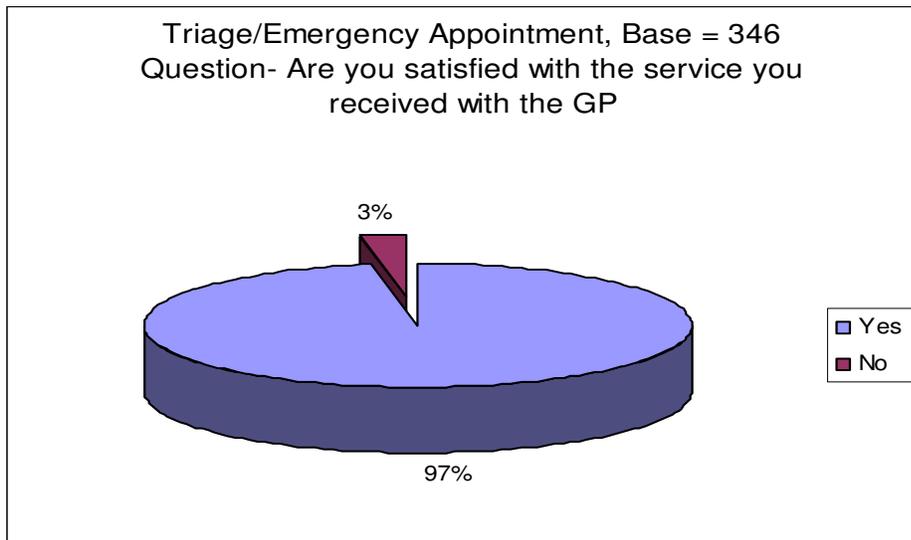


Triage/emergency appointments

Question 1 – Were you happy with the time and date of your appointment?
95% answered 'yes' (less 1%)
5% answered 'no' (plus 1%)



Question 2 - Are you satisfied with the service you received today
97% answered 'yes' (0% shift)
3% answered 'no' (0% shift)



The SECOND SURVEY therefore shows a significant increase in the percentage of people who found the wait for their routine appointment to be acceptable – i.e. an increase from 49% satisfaction to 67% satisfaction. With regards to triage/emergency appointments, there was very little difference between the first and second surveys, with 1% fewer patients satisfied with the time and date of their triage/routine appointments. However, this is still an excellent result with 95% of patients being satisfied with the time and date of their appointment. Satisfaction with the service delivered during triage/emergency appointments remained high at 97%.

Component 4. Discussing Survey Results with the Patient Reference Group (PRG)

Component 4

As part of component 4 of the DES Practices are required to provide the Patient Reference Group (PRG) with the opportunity to comment and discuss findings of the local practice survey and reach agreement with the PRG of changes in provision and manner of delivery of services. Where the PRG does not agree significant changes, agree these with the PRG.

4.1 How were the survey results discussed with the PRG and any proposed outcomes agreed?

Results of 1st Survey

As discussed above, on 17th January 2014, we sent the survey results of the 1st survey to 50 of our PRG members. We told the group that we would repeat the survey. We received 5 replies.

Replies included:

“The survey results for the general appointments are disappointing”

“Very impressed with the Triage / Emergency result in both Pie Charts....The first part of the other survey is also acceptable.....but I am concerned about @the time waited@ result is unacceptable basically 50 / 50.”

“Seems there is still work to be done to reduce routine appointment waiting times. Excellent result for emergency appointments, well done”

“ Seems to be good news showing a positive result on the emergency treatment part of the service. But it would appear to be a very unsatisfactory result as far as the practice is concerned with 51% being not satisfied with routine appointments and it looks as though there’s a great deal of work to do in this area.”

The PRG agreed that steps should be taken to improve the situation, and that the main problem was lack of available doctor consulting time for routine appointments. The plan then involved alterations to the appointments system with the particular emphasis on increasing the routine appointment provision by the use of locum doctors if needed.

Results of 2nd survey

On 28th February 2014, we sent emails to our 50 PRG members detailing the results of the second 2nd survey. We asked our members to send us their feedback. We received 4 replies.

Feedback:

“A welcome improvement on the 51% dissatisfaction in November but still 1/3 of all patients are not happy. However, hopefully it will continue to improve. “

“I note that triage appointment appear to be running satisfactorily but that the results for the GP appointments are still showing that a large proportion of patients are still dissatisfied with waiting times. The percentage rates are down but it still leaves a third of your patients who are unhappy with waiting times and as the base for the surveys are down, that could be an even larger amount of the original.”

“thanks for the information the emergency appointments look to be satisfactory but the general appointments still seem to be below standard it still takes two to three weeks to see a doctor.”

“Thank you for sending me the results of your surveys. Fortunately I have not needed to see a doctor in the period mentioned but I am very impressed by your efforts to find patient satisfaction and the success of such.

With many thanks for all you are doing to help us.”

Component 5. Agreeing an Action Plan with the Patient Reference Group (PRG)

Component 5

As part of component 5 of the DES the practice is required to agree with the PRG an action plan setting out the priorities and proposals arising out of the local patient survey. They are also required to seek agreement from the PRG to implement any changes and where necessary inform the PCT.

5.1 What action plan was agreed and how does this relate to the survey results?

On March 12th 2014, we emailed 50 members a report detailing the choices the group had made starting with our email to the group in July 2013 and concluding with the email informing the group of the results of the 2nd survey which took place in February 2014. We asked the group to propose an Action Plan to take us forward. We received 3 replies:

Feedback on the report:

- 1 – “I am impressed by the thoroughness of practice’s consideration of and response to patients’ views. “
- 2 – “Thanks for the feedback”
- 3 – “Thank you for the update”

Action Plan suggestions:

We received 3 replies with suggestions for the ‘**Action Plan**’:

“As I have replied earlier, despite the improvement reported on your survey results, I still think that the **waiting times for appointments for a specific doctor** are not being addressed. “

“Thank you for the update.

“I suggest you **continue as you are but maintain a measure device** so as not to become complacent, and then do another survey within a given period of time you are happy to obtain feedback within”

“I am impressed by the thoroughness of the practice’s consideration of and response to patients’ views. My own experience of the appointments system has been good, though I continue to **find the inability to make appointments more than 3 weeks ahead somewhat constraining when one wishes to see a particular doctor**”

In summary the suggestions for the Action Plan were:

- 1 – continue as we are and continue to audit appointment availability**
- 2 – measure the waiting times to book an appointment with the doctor of choice**

5.2 How was the PRG consulted to agree the action plan and any changes?

Consultation with PRG to agree Action Plan:

On 21st March 2014, we sent the group (44) an email with the following content:

In our email of 12th March 2014, we detailed what actions had been taken on behalf of the Patient Representative Group based on the decisions you made as a group and your choice of priorities for the annual patient survey. We asked you to put forward proposals for an Action Plan to take us forward.

The proposals were:

- 1 – Continue with the improved appointment system and continue to audit the availability of routine and emergency/triage appointments
- 2 – Patient survey on the ‘wait’ for an appointment with a specific doctor.

Please consider the following questions:

- 1 - Are you happy with these two proposals as our Action Plan?

2 - If yes, are you happy for us to organise patient surveys as we have done in the past year?
If you are not happy with the Action Plan, please send us your comments for consideration.

We received 8 replies.

7 members said 'yes' to both proposals

Comments were:

1 - "Thank you for the update, I am happy with the two proposals as the Action Plan & also for you to organise patient surveys as previously."

2 - "I think the points in the Action Plan seem sensible and potentially helpful. I would imagine that the main flaw if any in all this exercise is the frequency level of visits by individuals so that it is hard to obtain any true picture of long term trends due to the number of patient visits being often infrequent and random."

3 - "Thankyou for your results of the Patient Survey.

1) I am fortunate in that I have not had to visit the doctor recently so cannot comment.

2) Yes please continue with Patient Surveys, I think they are well worth doing.

Thank you for your endeavours."

4 - " You are doing a great job. Agree wholeheartedly with your 2 latest proposals. Keep up the good work."

5 - "I am happy with your proposed action plan"

6 - "The answer to both questions is yes"

7 - "Yes to questions 1 & 2"

1 member sent the following comment:

"Honestly, I think the proposals are really missing the point. Simply access to doctors is the issue, times at which they are available is not adequate to provide a service and the wait time is too long. Simply put organise doctors to be available over a wider opening time and increase the number of doctors to reduce the waiting time.

I think the service is very poor and nothing appears to be improving."

Therefore, the following Action Plan was agreed:

ACTION PLAN:

1. To continue with the improved appointment system and to continue to audit the availability of routine and emergency/triage appointments

2. To institute a patient survey on the 'wait' for an appointment with a specific doctor, and to use this data to inform any further changes to the current appointments system.

The Action Plan for 2014/2015 follows on from the work already done this year. From the above responses, the availability of getting an appointment with a specific doctor is a high priority and the PRG has decided it should be part of the Action Plan for 2014/2015.

On 26th March 2014 we sent a letter to the PRG thanking them for their continued commitment and support and to inform them of the outcome of the email of 21st March from which the Action Plan had been agreed. We informed the group that the Annual Report would be published on the website.

5.3 If there are any elements that were raised through the Survey that have not been agreed as part of the action plan what was the reason for this?

See Section 2.1. Other issues raised by the PRG (23 replies) as part of our initial consultation with them regarding priority areas for consideration in the Patient Survey were as follows:

- Clinical care (30%)
- Reception issues (9%)
- Opening times (4%)
- Other... (9%)

However, following the PRG's feedback on the First Survey, the Second survey, and their selection of proposals for the 2014/2015 Action Plan, it has become increasingly clear that the issue of paramount importance to the Group is doctor availability. This is encapsulated by the only negative feedback we received from a PRG member as shown in Section 5.2:

“Honestly, I think the proposals are really missing the point. Simply access to doctors is the issue, times at which they are available is not adequate to provide a service and the wait time is too long. Simply put organise doctors to be available over a wider opening time and increase the number of doctors to reduce the waiting time.”

The other responses to the first survey as shown in Section 3.4 were also very much in favour of us keeping doctor availability as the main priority area:

1 -“The survey results for the general appointments are disappointing”

2 -“Very impressed with the Triage / Emergency result in both Pie Charts....The first part of the other survey is also acceptable.....but I am concerned about @the time waited@ result is unacceptable basically 50 / 50.”

3 -“Seems there is still work to be done to reduce routine appointment waiting times. Excellent result for emergency appointments, well done”

4 -“ Seems to be good news showing a positive result on the emergency treatment part of the service. But it would appear to be a very unsatisfactory result as far as the practice is concerned with 51% being
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not satisfied with routine appointments and it looks as though there's a great deal of work to do in this area."

Therefore, there looks to be a clear consensus that our next audit and survey should focus on 'time to first routine appointment with a specific named doctor'. However, we very much value the prioritisation performed by the PRG; we will therefore endeavour to incorporate questions relating to clinical care as we address Point 1 of the Action Plan and as we analyse the results of our Patient Survey this year.

We very much value the contribution made by the PRG to our two Patient Surveys and the analysis of the results this year, and will be delighted for them to work with us next year.

5.4 Are any contractual changes being considered? If so please give details and confirmation that these have been discussed with the AT.

No, not in relation to this Action Plan

Step 6. Publishing the Local Patient Participation Report

Component 6

As part of component 6 of the DES the practices is required to publicise this Local Patient Participation Report on the Practice website and update the report on subsequent achievement *by no later than 31/03/2014*. A copy must also be sent to the AT by then.

6.1 Are there any further actions that have occurred from the:

2011/12 Action Plan - no

2012/13 Action Plan - no

In addition the Practice is required to provide details of Practice opening hours and how Patients can access services through core hours

6.3 What are the practices opening hours and how can patients access services during core hours (8am

**Practice Opening Hours:
Monday to Friday – 8am to 6.30pm**

Where a Practice is commissioned to provide Extended Hours the Practice is required to confirm the times at which patients can see individual health care professionals

6.4 Do you provide extended hours? If so, what are the timings and details of access to Health care Professionals during this period.

Clements Surgery, Thursday extended hours – 6.30pm to 8pm, GP, nurse and healthcare assistant on duty
Christmas Maltings Surgery, Saturday extended hours – 9am to midday, GP and nurse on duty
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7. Practice Declaration – *this is only required as part of the report submitted to the AT*

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Participation DES 2013/14 .

Signed and submitted to the AT and published on the Practice website on behalf of the Practice by:

Name: Dr Paul Stephenson
Surgery code: D83012

Signed: Dr Paul Stephenson
Date: 27th March 2014

Website: www.christmasandclements.co.uk

FOR AT USE ONLY

Date Report Received by the AT: _____ Receipt Acknowledged by: _____

Report published and evidenced on Practice website by required deadline: _____