

Milton House Surgery Berkhamsted

Local Patient Participation Report 2013-14

Methodology

The following process was adopted for the start of this year's patient survey:

1. We first sent an email to last year's Patient Representative Group members (PRG) to advise that we would be contacting them shortly concerning this year's survey and asking them to let us know if they no longer wanted to participate.
2. Following receipt of some "non delivery" messages and also some specific "no thank you" replies, we undertook a review of the email distribution list to:
 - a. Remove those where contact had been lost or had declined to continue participating
 - b. Remove patients who were on the distribution list but no longer registered with this practice
3. Following this review the profile of our remaining patients was updated. Whilst we were happy with the resulting profile we also took the opportunity to invite further patients to become involved by:
 - a. Advertising this in the Waiting Room
 - b. Advertising this on our website
 - c. Requesting doctors/staff were aware of this and earmarked three days during the autumn to ask patients they came into contact with on those days
 - d. Volunteer details were taken and added to the members database

This then gave us a PRG profile as follows:

		<u>Age Group</u>								
<u>Male</u>	<u>Female</u>	<u>Under 16</u>	<u>17-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-64</u>	<u>65-74</u>	<u>75-84</u>	<u>Over 84</u>
17	42	0	4	5	7	12	12	13	5	1

4. The Business Manager, Patient Services Manager and Lead GP then met to discuss what areas we would base this year's survey on and an outline number of areas was agreed.
5. We then submitted these to the PRG and invited ideas for the questions to be asked in this year's survey about these areas
6. Whilst awaiting responses we then did a review of other local surgery websites to glean ideas from the questions they had asked the previous year
7. Responses from PRG assessed and new Questions formulated and suggested methods of making the survey available adopted e.g. paper copies as well as online versions made available random asking of patients visiting the surgery on specific days etc.
8. The survey was then created through our website provider software and advertised on our website with paper copies made available in the waiting room and also the consulting rooms.
9. The survey was left open until January to try to ensure an increase in the completion of surveys by patients (which occurred) and then the results were analysed by the Business Manager, Patient Services Manager and Lead GP

10. The results were also emailed to the PRG and invitations to comment on findings within a certain timescale issued and suggested actions sought from the PRG at the same time
11. Responses were analysed and an action plan drawn up which was then sent to the PRG by email and feedback requested
12. Action plan amended in line with feedback
13. Creation of a document for publication to summarise outcomes and actions taken following last year's survey as suggested by the PRG
14. Publication of the survey and document in 13 above on our website and as a paper version in the Waiting Room

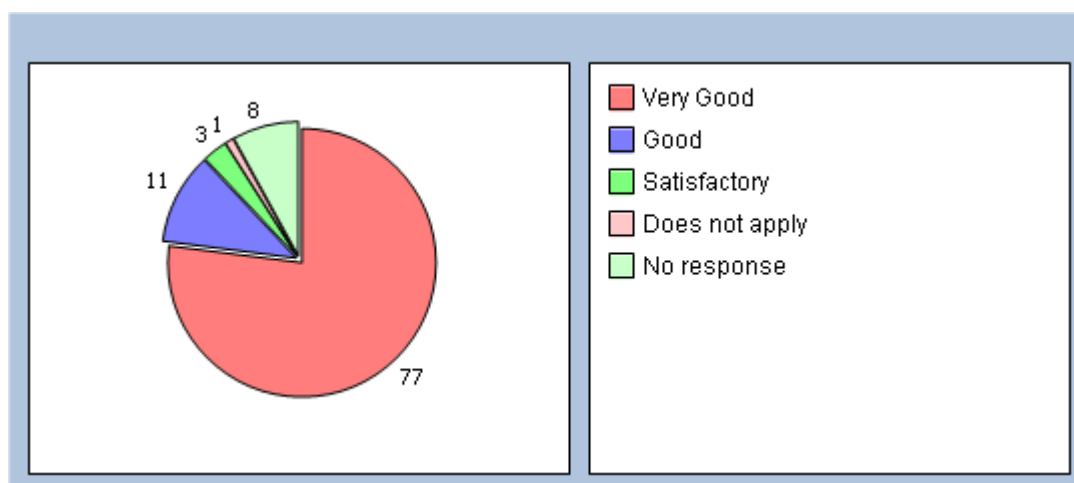
Milton House Patient Survey 2013/2014

Survey Questions and Results

Thinking about your latest visit to the surgery:

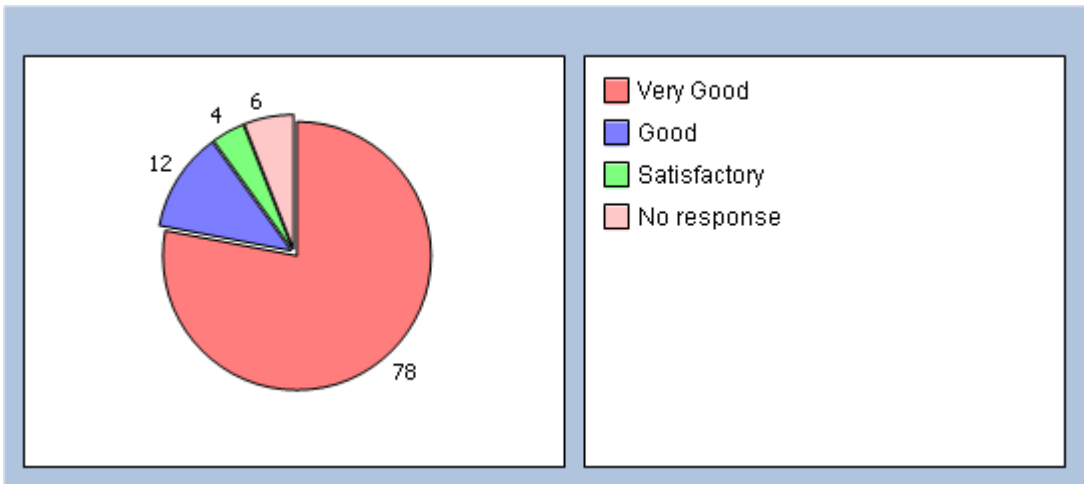
How good was the GP/Nurse at putting you at your ease?

Very Good **77%**
 Good **11%**
 Satisfactory **3%**
 Poor **0%**
 Very poor **0%**
 Does not apply **1%**
 No response **8%**



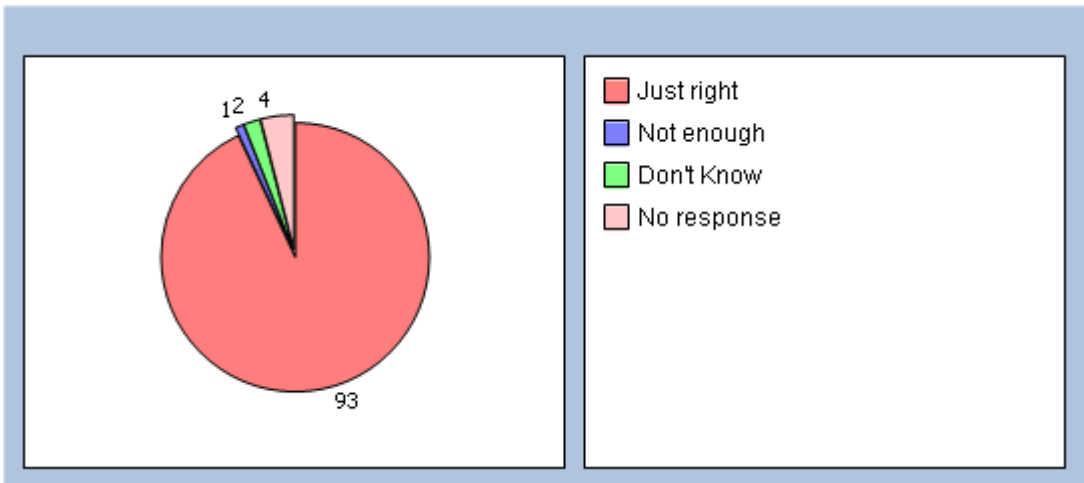
How good was the Doctor/Nurse at listening to you?

Very Good **78%**
 Good **12%**
 Satisfactory **4%**
 Poor **0%**
 Very poor **0%**
 Does not apply **0%**
 No response **6%**



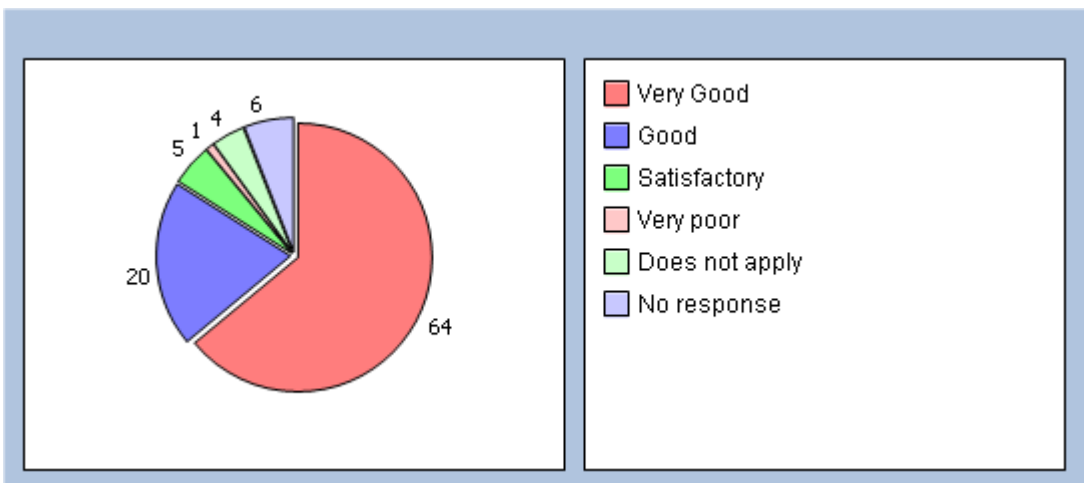
Did you feel the Doctor/Nurse gave you enough time?

Just right **93%**
 Too much **0%**
 Not enough **1%**
 Don't Know **2%**
 No response **4%**



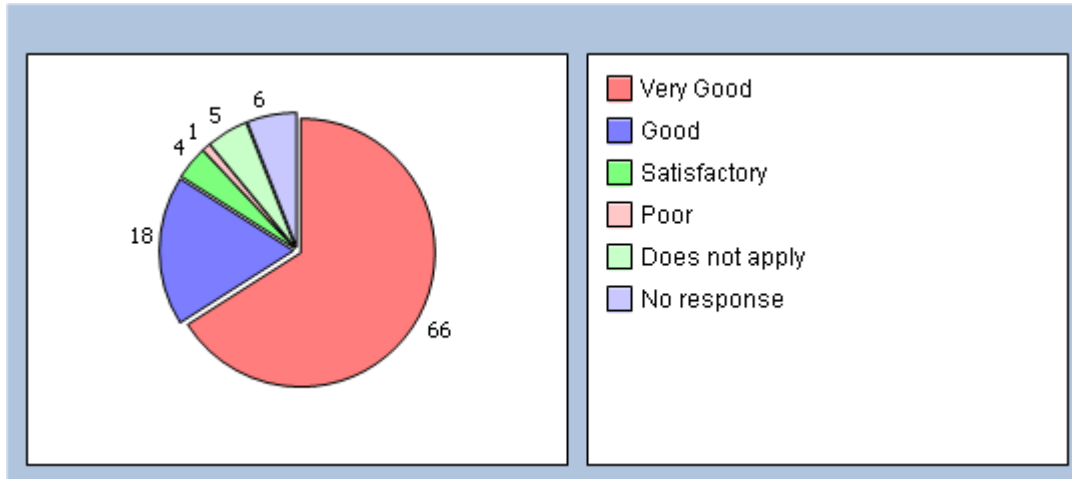
How good was the Doctor/Nurse at assessing your medical condition?

Very Good **64%**
 Good **20%**
 Satisfactory **5%**
 Poor **0%**
 Very poor **1%**
 Does not apply **4%**
 No response **6%**



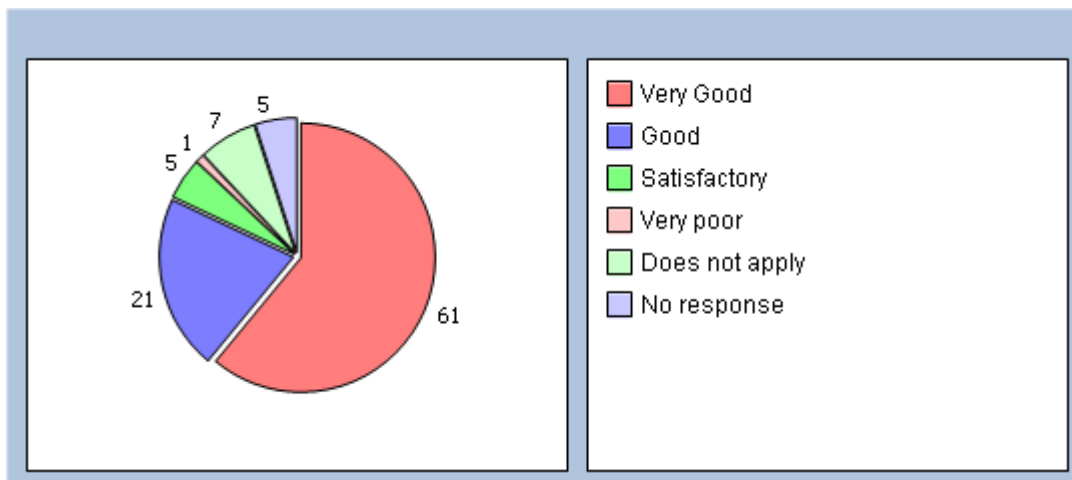
How good was the Doctor/Nurse at explaining your condition and treatment?

Very Good **66%**
Good **18%**
Satisfactory **4%**
Poor **1%**
Very poor **0%**
Does not apply **5%**
No response **6%**



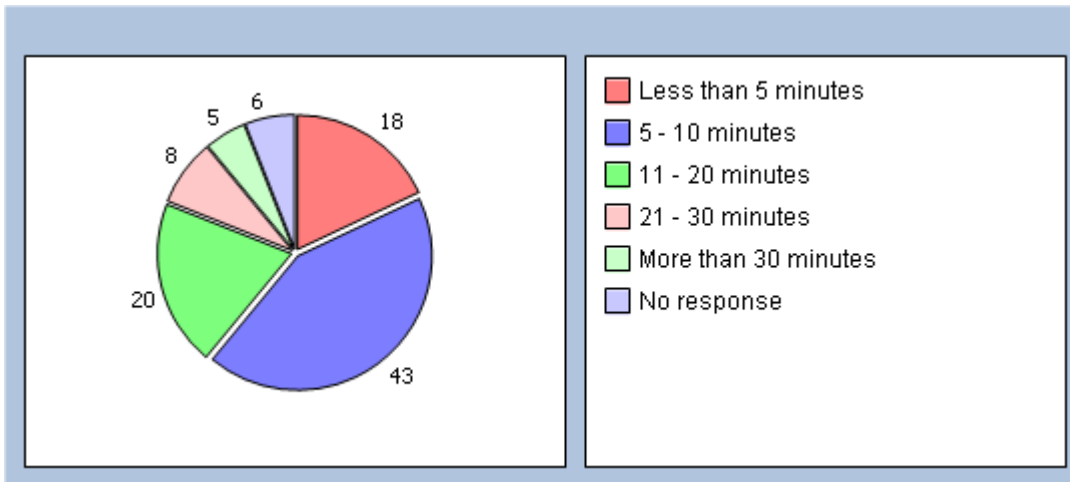
How good was the Doctor/Nurse at involving you in decisions about your care?

Very Good **61%**
Good **21%**
Satisfactory **5%**
Poor **0%**
Very poor **1%**
Does not apply **7%**
No response **5%**



How long did you wait for your consultation to start?

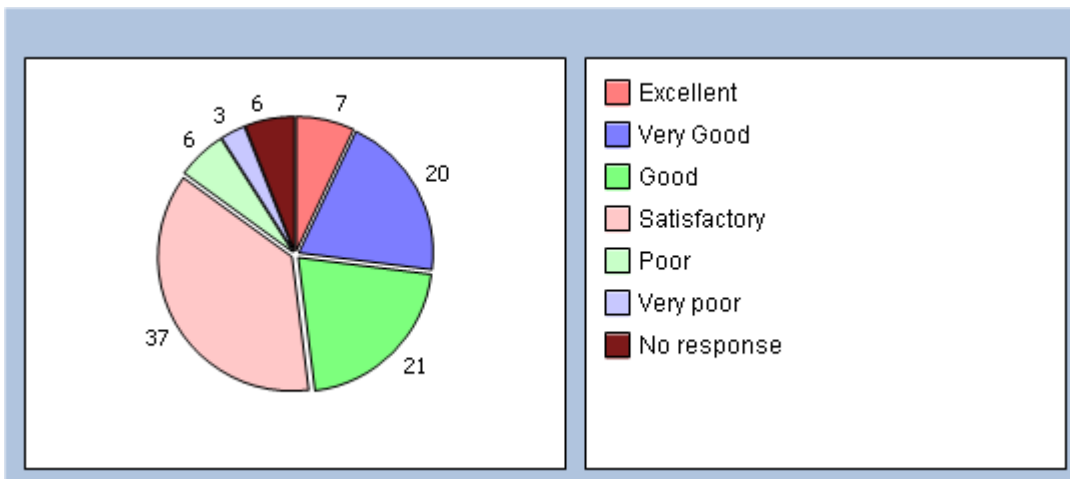
Less than 5 minutes **18%**
5 - 10 minutes **43%**
11 - 20 minutes **20%**
21 - 30 minutes **8%**
More than 30 minutes **5%**
No response **6%**



Thinking about the surgery premises please rate the following aspects:

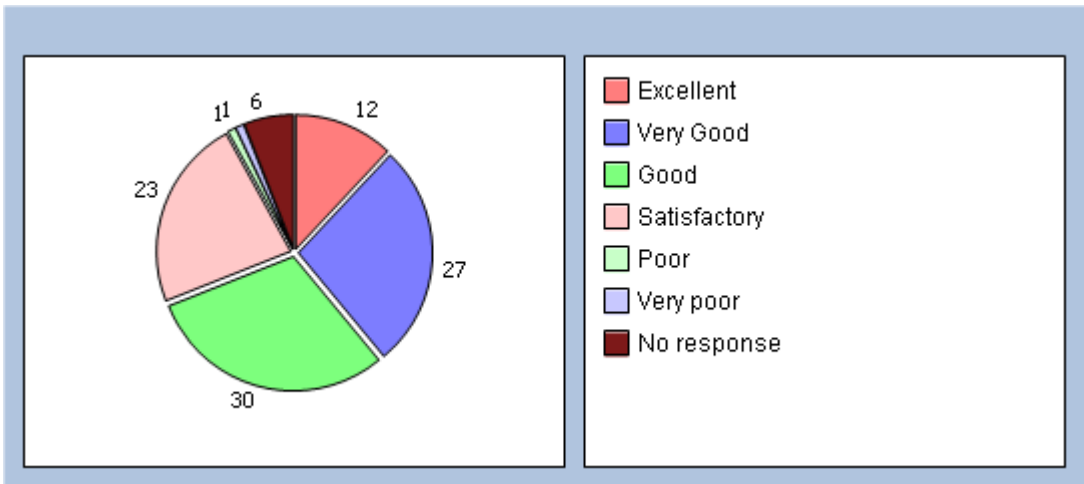
The layout of Reception in particular for patient confidentiality

Excellent **7%**
 Very Good **20%**
 Good **21%**
 Satisfactory **37%**
 Poor **6%**
 Very poor **3%**
 Does not apply **0%**
 No response **6%**



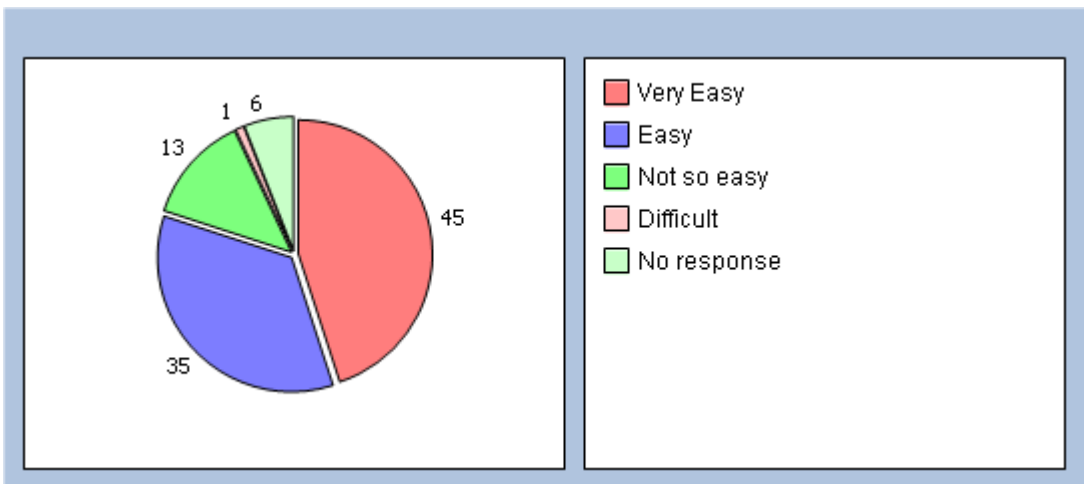
The Waiting Room for comfort and information provided

Excellent **12%**
 Very Good **27%**
 Good **30%**
 Satisfactory **23%**
 Poor **1%**
 Very poor **1%**
 No response **6%**



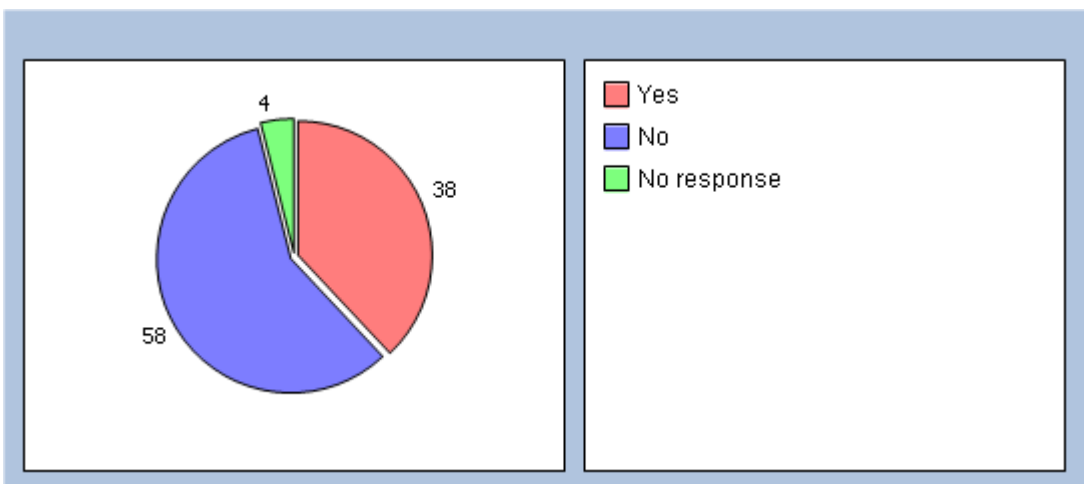
How easy do find it to see a doctor in an upstairs room?

Very Easy **45%**
 Easy **35%**
 Not so easy **13%**
 Difficult **1%**
 Very difficult **0%**
 Impossible **0%**
 No response **6%**



Were you aware that you could request a downstairs room when making an appointment?

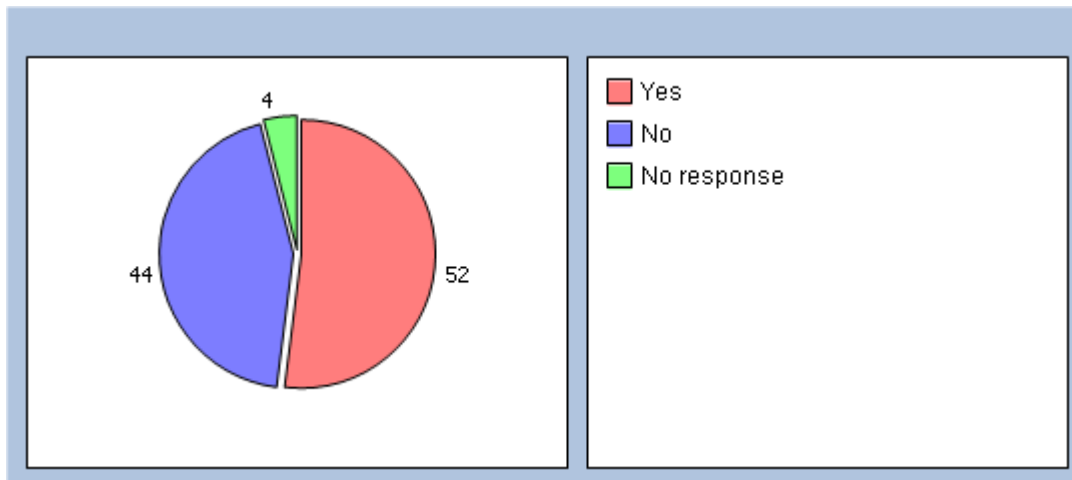
Yes **38%**
 No **58%**
 No response **4%**



Patient Communication

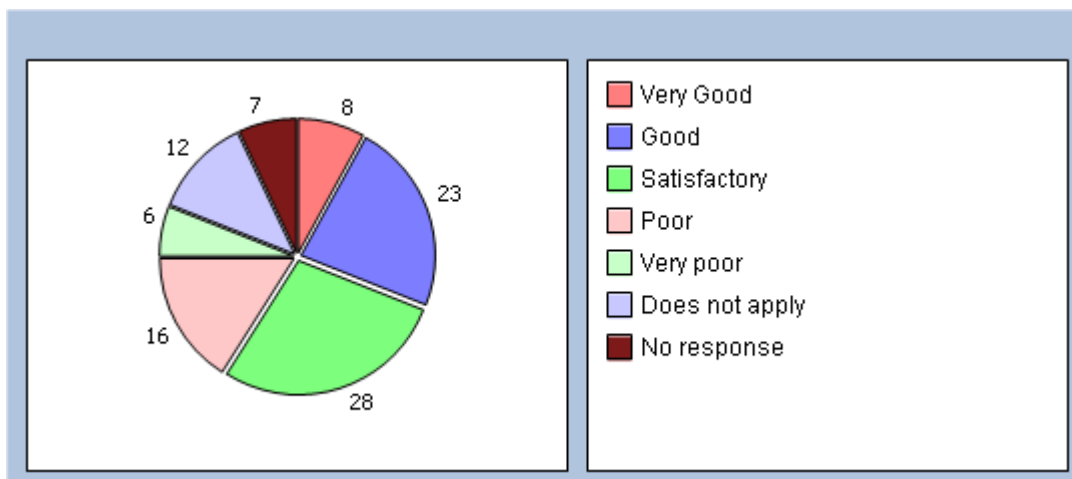
Were you aware you could download information from our website including forms to advise us of a change of details etc.?

Yes **52%**
No **44%**
No response **4%**



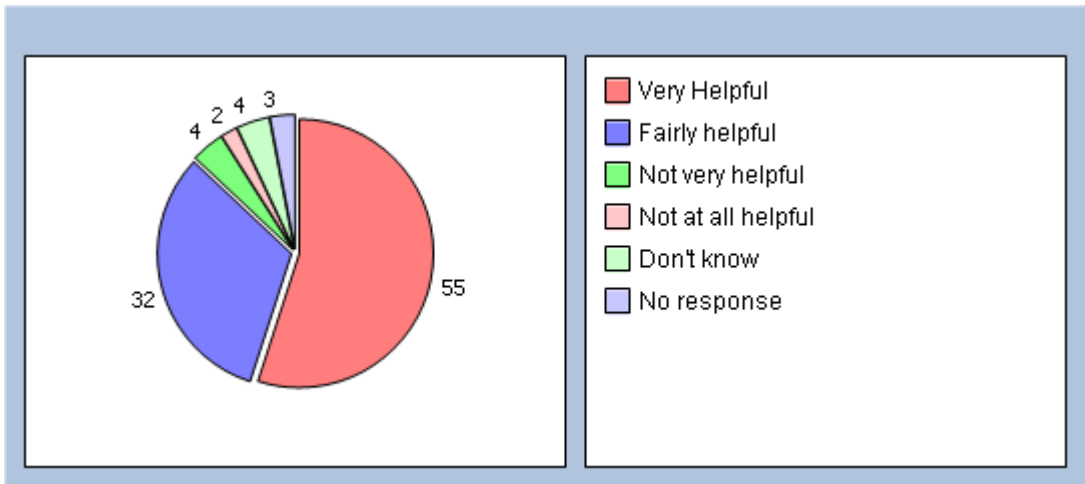
How good are we at keeping patients informed if there are delays in being seen by the doctor/nurse?

Very Good **8%**
Good **23%**
Satisfactory **28%**
Poor **16%**
Very poor **6%**
Does not apply **12%**
No response **7%**



How helpful do you find the Receptionists at this practice

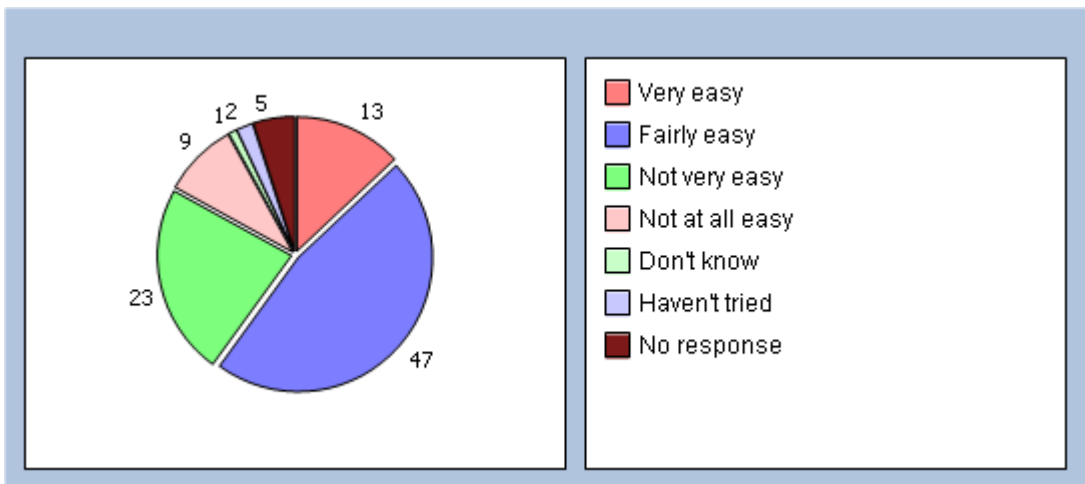
Very Helpful **55%**
Fairly helpful **32%**
Not very helpful **4%**
Not at all helpful **2%**
Don't know **4%**
No response **3%**



Ease of Access

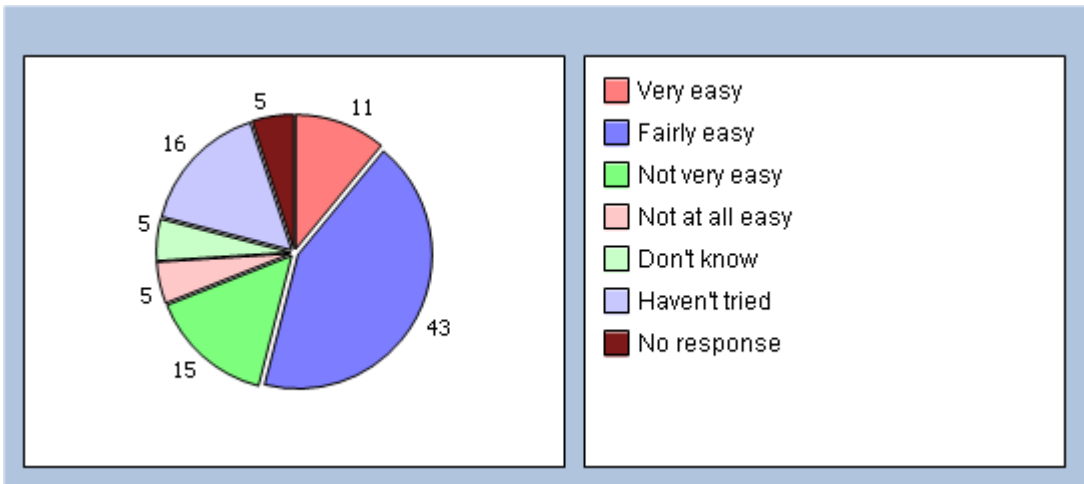
How easy is it to get through on the telephone?

Very easy **13%**
 Fairly easy **47%**
 Not very easy **23%**
 Not at all easy **9%**
 Don't know **1%**
 Haven't tried **2%**
 No response **5%**



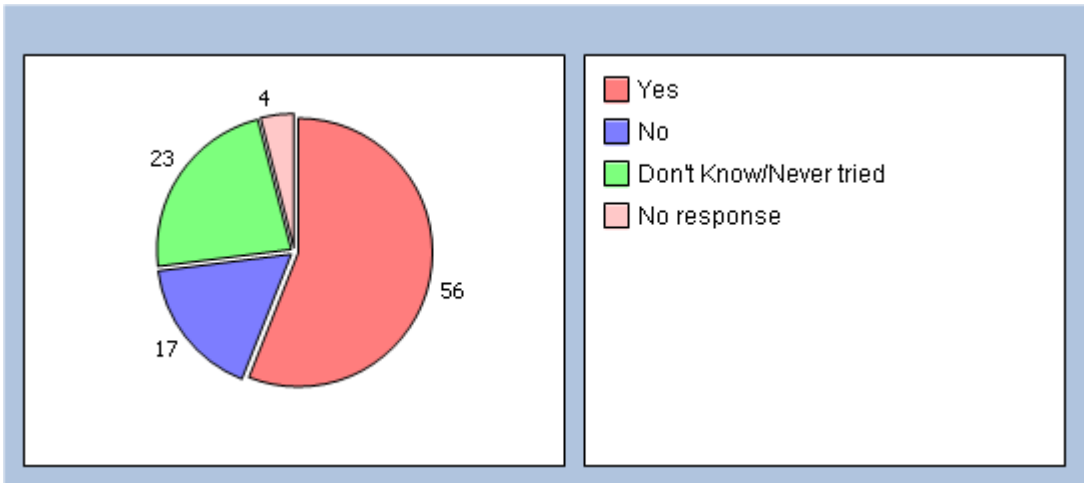
How easy is it to speak to a doctor/nurse on the telephone?

Very easy **11%**
 Fairly easy **43%**
 Not very easy **15%**
 Not at all easy **5%**
 Don't know **5%**
 Haven't tried **16%**
 No response **5%**



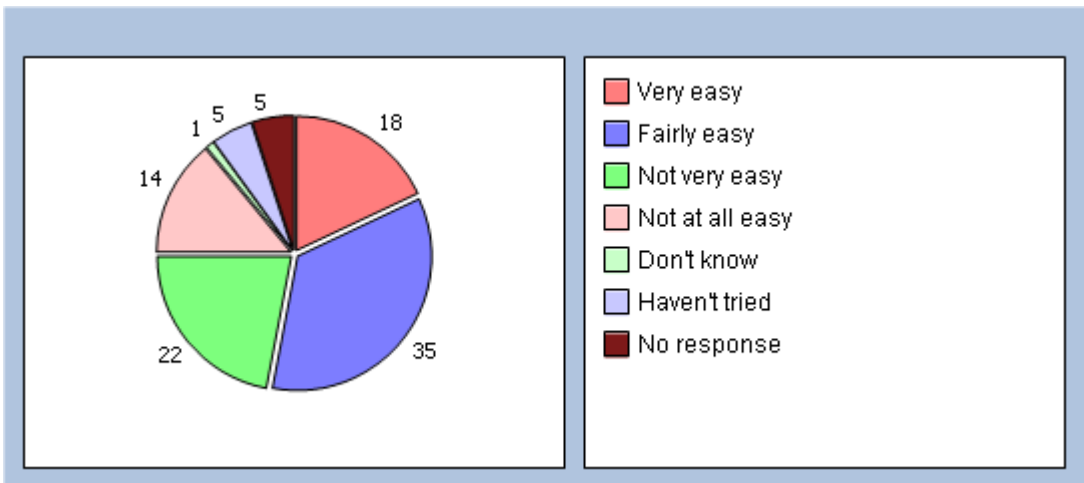
If you need to see a GP urgently can you normally get seen on the same day?

Yes **56%**
 No **17%**
 Don't Know/Never tried **23%**
 No response **4%**



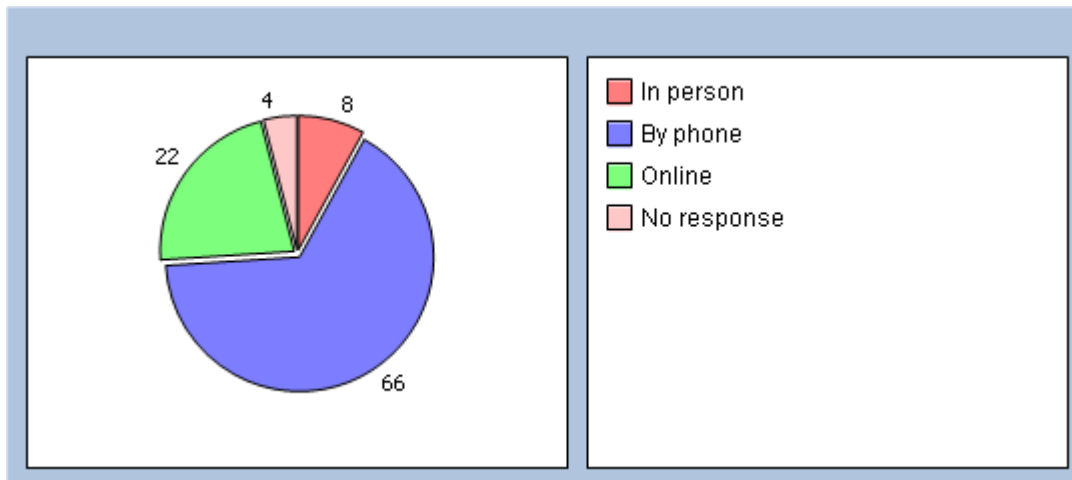
How easy is it to book ahead in this practice?

Very easy **18%**
 Fairly easy **35%**
 Not very easy **22%**
 Not at all easy **14%**
 Don't know **1%**
 Haven't tried **5%**
 No response **5%**



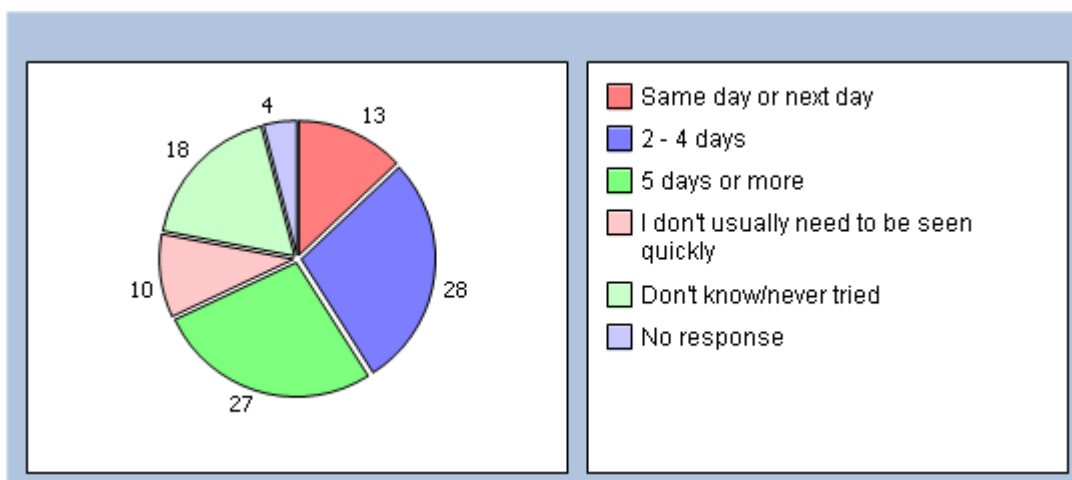
How do you normally book appointments at this practice?

In person **8%**
By phone **66%**
Online **22%**
Does not apply **0%**
No response **4%**



If you want to see a PARTICULAR doctor, how quickly do you usually get seen?

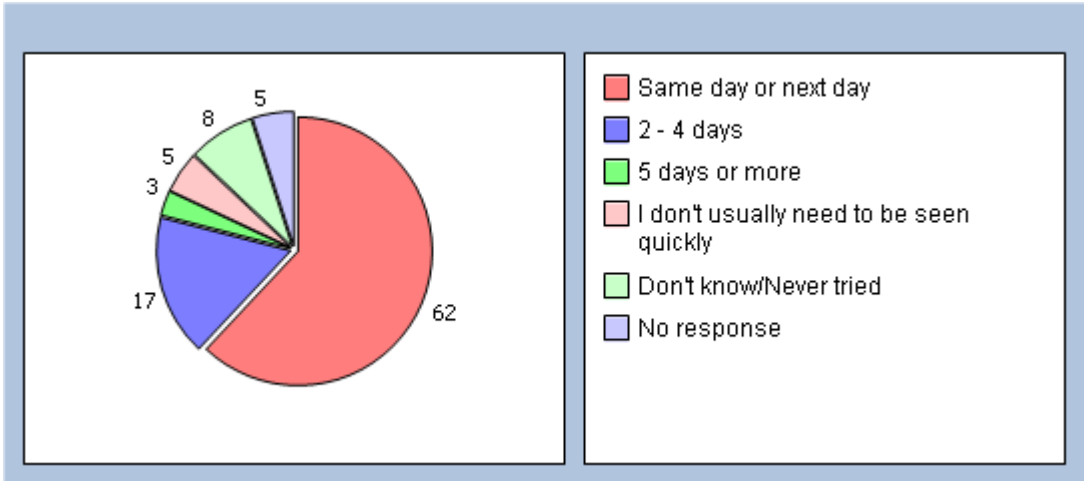
Same day or next day **13%**
2 - 4 days **28%**
5 days or more **27%**
I don't usually need to be seen quickly **10%**
Don't know/never tried **18%**
No response **4%**



What is the name of the particular doctor you want to see?

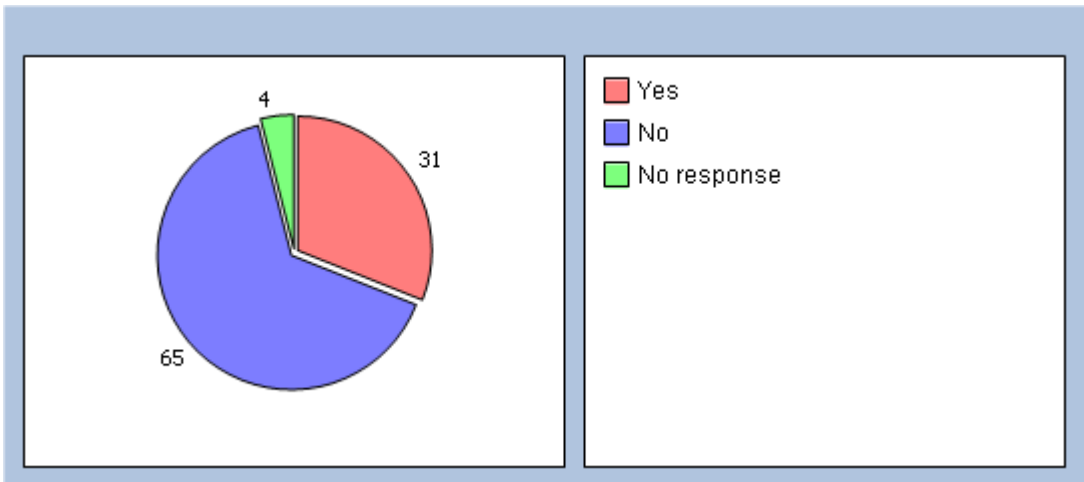
If you are willing to see ANY doctor, how quickly do you usually get seen?

Same day or next day **62%**
2 - 4 days **17%**
5 days or more **3%**
I don't usually need to be seen quickly **5%**
Don't know/never tried **8%**
No response **5%**



Would you be prepared to be a member of the Milton House Patients' Focus Group?

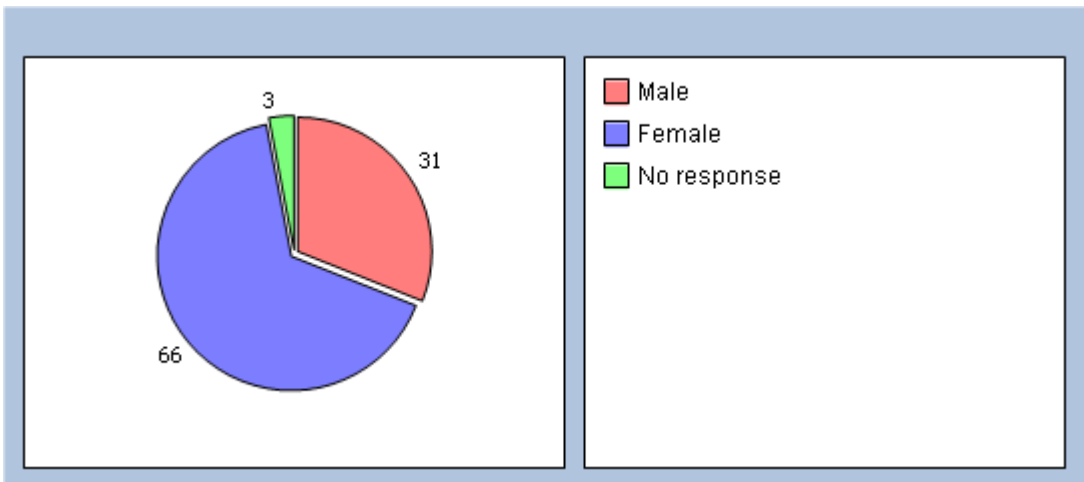
Yes **31%**
 No **65%**
 No response **4%**



It would help us to understand your answers if you could tell us a little about yourself:

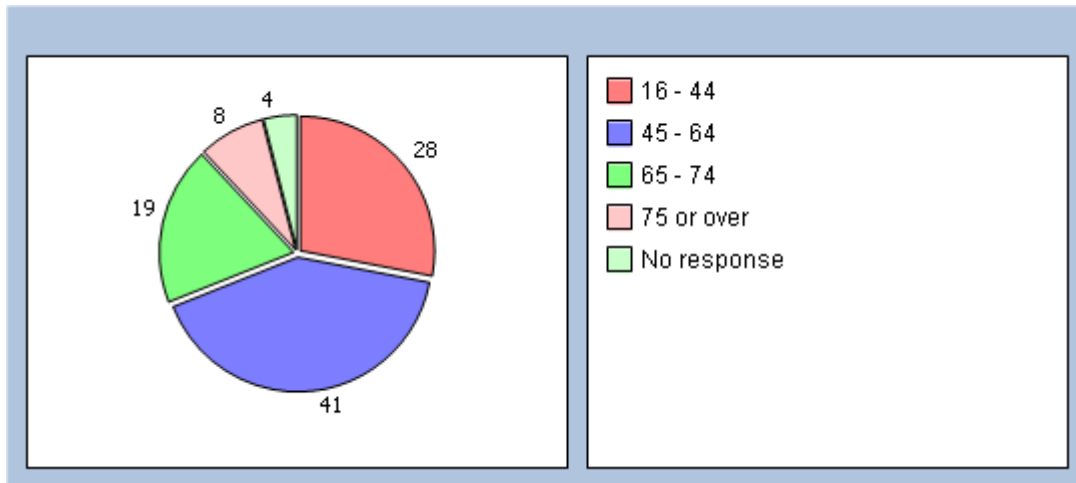
Are you?

Male **31%**
 Female **66%**
 No response **3%**



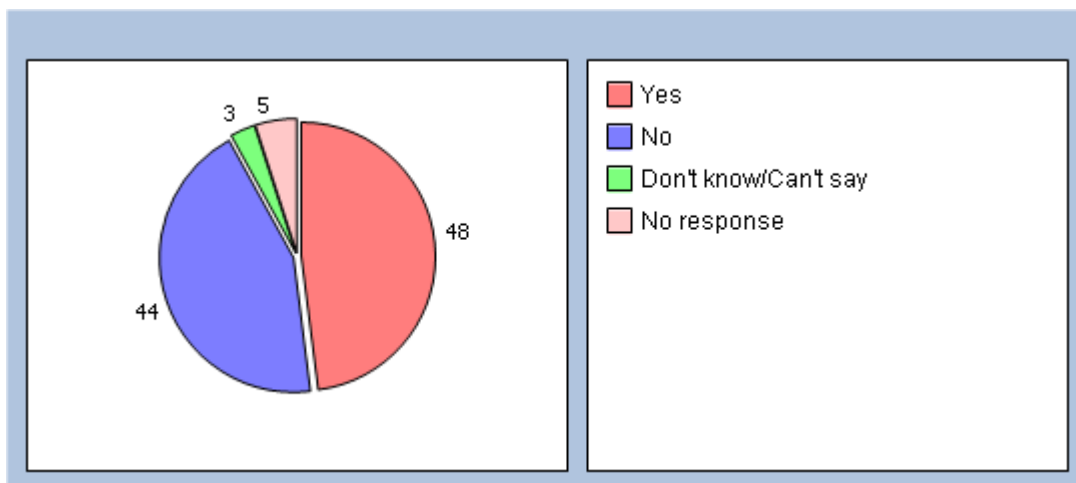
How old are you?

Under 16 **0%**
16 - 44 **28%**
45 - 64 **41%**
65 - 74 **19%**
75 or over **8%**
No response **4%**



Do you have a long standing health condition?

Yes **48%**
No **44%**
Don't know/Can't say **3%**
No response **5%**



Details of the Action Plan sent to PRG following 2013/14 survey results

Experience with the doctor/nurse

No actions are proposed to this section of the survey in view of the fact that in each of the first 5 questions over 80% of patients responding answered in the categories "Very Good" and "Good".

However, we need to obtain your suggestions on what we need to do to address a potential issue with waiting times.

It is a potential issue as, in previous surveys we have asked the question whether patients prefer to be seen on time or are happy to wait because they know the doctor is giving the patient the time they require and will do so for them. A large majority of the response was in favour of the latter approach. However, we are seeing a few more comments this year that this view may be changing and in which case we will need to propose some action.

In this year’s survey, 61% of patients were seen in less than 10 minutes waiting time. This leaves more than a third who waited longer, the bulk of these patients waiting for up to 20 minutes.

Some of this wait could have been due to “Duty Doctor” appointments i.e. where this doctor will see regular patients in the morning but have to be on emergency call for the whole day and an emergency happens. Others may be because the patient has a complex problem or has multiple problems to discuss. We do not have the statistical information to back this up as a lot of patients completing the survey were unable to remember the name of the clinician they were waiting to see.

In recent months we have been using our call screen system to make patients aware of delays in being seen as soon as we can and following a Suggestion box entry from a patient and hope this is proving useful.

PROPOSED ACTION:

During the next 12 months to undertake a further survey to monitor the number patients being kept waiting more than 15 minutes for their appointment and obtaining their views on this by completing a feedback slip (specimen below) which could be left in the waiting room and passed to reception on the way to their appointment.

If you have waited more than 15 minutes to be seen for your appointment please help us by completing the information below. Thank you.	
Name of Dr/Nurse waited for:	
Length of time you waited to be seen AFTER your allotted appointment time i.e. do not include early arrival times	minutes
Please rate on a scale of 1 – 10 how prepared/happy you were to wait this long: (with 0 being “extremely unhappy” and 10 being “very happy”	0 1 2 3 4 5 6 7 8 9 10 (Please circle the appropriate number)

This will avoid the “I can’t remember who I’m seeing” responses (of which there were numerous in the survey) because it will be timely. We can then collect the information from these slips and use it to discuss with the clinicians at our regular surgery meetings and see whether previous patient thoughts have changed and what action could be taken. Results can be made available on our website and in the waiting room.

Our Premises

Premises are an on-going concern for us and many of you will be aware of our attempts to find an alternative site. With the change in the NHS Primary Care structuring last year we have had to start again.

All responses to the questions in this section highlight sufficient patient concerns in key areas of our surgery premises.

PROPOSED ACTION:

1. Use this information to support any new application for alternative premises and understand therefore any timeframe which is likely to be involved
2. Once timeframe known, assess possibility of altering existing premises to try to mitigate the issues faced e.g. create an additional downstairs consulting room, a confidential area off reception etc

Patient Communication

Just over half of patients were aware that information and forms could be downloaded from our website. This is better than expected but still far short of what we would wish to see.

PROPOSED ACTION:

1. Continue to promote website facilities through the surgery, including prescription messages such as “when did you last look at the Milton House website”, designing waiting room/consulting room posters as part of a co-ordinated campaign and ensuring Patient Services Team members are fully aware themselves to promote this to patients
2. Regularly review services with a view to providing website access to additional services/administration as appropriate

A high proportion of respondents felt we were “poor” or “very poor” in keeping patients informed if there were delays in being seen.

We have already changed the Check In screen function to show the number of patients waiting to be seen before you when you check in and have recently begun to place messages on the “Call Screen” in the Waiting Room following a completed Patient Feedback form.

However, if the doctor has telephone patients to see, this number is included in the Check In screen information and therefore will give a false position. Also, the Call Screen information is manually input, will therefore incur delays before it is broadcast and is currently only being completed when the Patient Services Manager is in the surgery – there is currently no electronic link between the systems to avoid the manual input.

Receptionists do not automatically check the situation and inform patients checking in at the Reception desk.

PROPOSED ACTION:

1. Establish with our clinical software provider if telephone appointments and other similar entries can be ignored when working out the number of patients ahead of someone checking in
2. Explore ways of avoiding the manual input dependence of one person to provide information on delays the patients have asked for
3. Ensure Reception staff always check for delays and advise any patient checking in at the Reception desk

Our receptionists were considered very helpful by 55% of respondents. There was no category between “Very Helpful” and “Fairly helpful” which, on reflection, should have been created but 6% felt they were not helpful.

PROPOSED ACTION:

1. Ensure regular slot in team meetings for discussions concerning good and bad patient experiences encountered in Reception or on the telephone
2. Use external courses more so team members also get sent on appropriate courses with an “external viewpoint” to consider applying at the surgery

Ease of Access

Whether getting through on the telephone or wanting to speak to a doctor/nurse on the telephone, 32% and 20% respectively of the respondents found it not very easy at all. This is disappointing.

There are 6 lines available and manned for the peak period from 8.30 a.m. for the first hour or so which includes staff from other areas helping out. This is our full capacity. We do not know the times of the day those patients having a poor experience are trying to get through – we had assumed it was first thing but perhaps not and we need to find out more.

PROPOSED ACTION:

1. Explore provision of software with our telephone provider to help track/monitor peak times of calls, call hang ups etc. to validate our assumption or otherwise to ensure capacity is available when required
2. Ensure staff log all comments received about “getting through” including time tried, number of attempts etc.
3. Explore automated booking of appointments through the telephone rather than the website facility which would be available 24/7
4. Explore ways of reducing the need for calling at peak times by looking at the timing of our appointments release and further promotion of online booking e.g. released the evening before for the next morning etc.
5. Being stricter with patients calling outside requested times for results by asking them to call back at the allotted times

Appointments

17% of respondents felt they could not be seen the same day if they needed to be seen urgently. Our message has not completely got across as you will be seen that day if it is urgent.

PROPOSED ACTION:

1. Amend website and Waiting Room TV messages to ensure patients are aware of this.
2. Discuss at next Patient Services Team meeting

36% of patients felt it was not easy to book ahead at this practice. We are constantly reviewing how our appointments are released. We increased the 2 weeks ahead released appointments to one month ahead and then saw a significant increase in “Did Not Attend” appointments despite our new text message reminder service being in place. This was a complete waste and prevented other patients making use of these appointments.

We have therefore returned to two weeks ahead but have also introduced “one week ahead” and “one day ahead” release of appointments to reduce the number of patients needing to call on the day. Whilst this has gone down well it is to the detriment of those wanting to book more than 2 weeks ahead. At the end of the day there is only a finite amount of appointments available. We release them in stages to cater for as many requirements as possible and to avoid a repeat of a few years ago where all appointments were available on a “first come first served” basis. This led to

complete “gridlock” within less than a week and having no appointments to book at all for the whole of the following month!

PROPOSED ACTION:

Continue with the twice yearly review of appointments’ release/patient complaints/capacity etc. between the partners and the Business/Patient Services managers

PRG Feedback on Proposed Action Plan

Most of the feedback was in agreement with the proposed Action Plan e.g.

“This all seems very sensible to me. Well done!” and

“Dear Mr Smith

Having just read the attached Survey Action Plan I wanted to make one comment. Milton House Surgery is fantastically well run, with wonderful doctors, and extremely helpful admin staff. OK, the car park is seriously lacking, but I'll live with that!”

However, we were asked to amend the proposed feedback to also ask if it would make a difference if the patient was told about the delay as soon as they arrived. We will amend the slip to include this.

The point that does not seem to have any proposed action is access to medical staff by telephone which I take to mean consultations. If there is scope for increasing these appropriately and freeing up more face to face time, action points might include:

- advertising their existence more
- where appropriate to the issue having reception staff suggest a telephone consultation rather than an appointment
- having an opportunity for an evening phone consultation session one day a week if this is not currently available'

We will add an action to advertise telephone appointments better as we are already doing these things but clearly patients are unaware. Each doctor already has 6 morning and 2 evening telephone slots on the days they work (except for evening duty doctor) and staff will “convert” a face to face appointment slot to 2 telephone slots if there are no phone slots left but face to face ones remain available. The nurses also have telephone slots each day. If we run out of face to face appointments, the receptionist will ask if a phone slot would be acceptable instead and doctors will ask reception to arrange telephone appointments if they wish/can discuss results by the telephone rather than face to face.

We were also asked to ensure we included an update on the actions of last year’s survey to try to encourage more participants to become involved if they can see that their feedback is being acted upon.

Details of this can be found on the next page.

Update on the Outcomes from our last Patient Survey (2012/2013)

Following the patient responses to our previous survey we proposed several changes in the areas surveyed. Below is a tabular summary of what has happened so far:

Action Plan – update following actions taken during 2013/14

Action	How	Update March 2014
Be more selective in the patient communication method used depending on area and subject matter	Review the Patient Representatives Group feedback before sending/publishing patient communications to ensure appropriateness	Reviewed on an on-going basis and in particular ahead of the quarterly newsletter issues
Instigate an ongoing campaign to obtain more patient email addresses and to obtain their agreement to use these to send Newsletters and other information about the surgery and the NHS changes which lie ahead	<ul style="list-style-type: none"> • Website feature • In house surgery posters and slip to complete with required information including notices “Do we have your up to date contact information?” placed on both exit doors • Change to our new patient “additional information” form seeking email address and consent at the outset • Patient Services staff awareness increased to seek this information from patients at opportune moments 	<ul style="list-style-type: none"> • Not yet arranged for the website • Poster in Reception • Form changed to obtain this information • Discussed at Team meetings
Advertise Nurse Practitioner services more widely to encourage take up	<ul style="list-style-type: none"> • Create handout for doctors to give to patients who attend a doctor appointment for something a nurse practitioner can treat • Website feature • Waiting Room TV message and copies of above handouts in waiting room • Explore including online appointments being made available for NP’s however need to monitor closely in case patients booking these slots for other things 	<ul style="list-style-type: none"> • Handout created and given to GPs • “Can our Nurse Practitioner help?” section on website in “Breaking News” – but now needs its own page creating. Handouts issued but not maintained – to be addressed • On-going discussions at nurse meetings – no decision yet

Action	How	Update March 2014
Increase awareness and take up of the Text Reminder service	<ul style="list-style-type: none"> • Website feature • In house surgery posters and slip to complete with required information • Change to new patient “additional information” form seeking mobile number and consent at the outset • Patient Services staff awareness increased to seek this information from patients at opportune moments 	<ul style="list-style-type: none"> • Created • Created but not maintained – to be addressed • Form changed • Discussed at Team Meetings
Focus Group - explore the appetite amongst the current PRG and other patients for the creation of such a group	<ul style="list-style-type: none"> • Email to existing Group members • Website and surgery poster invitations to join such a Group if PRG interest exists • Creation of information material for patients interested in joining 	<ul style="list-style-type: none"> • Question included in our survey for 2014 with over 2/3rds of respondents not interested in being part of such a Group. Feedback from PRG members has been limited to a few “usual” members only indicating the appetite is not there
Ensure selective and focused campaigns	<ul style="list-style-type: none"> • Slim down the “current news” information on the website and also the many posters in the waiting room to enable focus on a smaller number of medical areas • Have short, pre defined periods where the website, newsletter and waiting room co-ordinate on one or two campaigns at a time to improve effectiveness. • Re-instate/update campaigns throughout the year as changes/new information arises 	<ul style="list-style-type: none"> • A lot of notices have been removed from notice boards in the waiting room and we now try to give subject areas a certain set time. • However, we have yet to get a routine going and will aspire to achieving this in the coming months
Promote Online Services i.e. appointment booking, prescription ordering & text reminders to achieve increased take up	<ul style="list-style-type: none"> • Website feature • In house surgery posters • Change to Practice Leaflet to emphasise this service • Patient Services staff awareness increased to seek this information from patients at opportune moments 	<ul style="list-style-type: none"> • All implemented during the last 12 months

Action	How	Update March 2014
Inform patients of any Surgery premises news	<ul style="list-style-type: none"> Communicate updates on any proposals through the quarterly Newsletter/website 	<ul style="list-style-type: none"> There is nothing as yet to communicate following the new procedures we now need to follow after the NHS England has taken over responsibility
Inform patients of the changes in the NHS which may affect them as a result of the new GP Commissioning	<p>As information becomes available after the 1st April communicate to patients as an “active campaign” using:</p> <ul style="list-style-type: none"> Email database Website Surgery posters/Waiting Room TV Newsletter 	<ul style="list-style-type: none"> Data extraction is the only significant item which has been communicated. A lot of existing services were rolled over for this year to give time to assess. There may be some changes from 2014/2015 which will need communicating and we will do so as planned
Promote correct use and increase awareness of Other NHS Services e.g. 111, A& E attendance etc.	<ul style="list-style-type: none"> Have a regular campaign to emphasise existing material to help patients understand alternative medical services available 	<ul style="list-style-type: none"> Posters around the surgery e.g. “Is A&E for me?” etc.

Surgery Opening Hours

As a result of this year's survey we will not be changing our opening hours which are as follows:

Monday	08:00 - 18:30
Tuesday	08:00 - 18:30
Wednesday	08:00 - 18:30
Thursday	08:00 - 18:30
Friday	08:00 - 18:30
Weekend	08:30 - 11:30 (<i>1st Saturday of each month only</i>)

We provide extended opening on one evening per week and also the first Saturday of the month. These days may, however, be subject to change for operational reasons.

Weekday Extended Opening Hours:

Tuesday, Wednesday or Thursday evenings - 6.30 p.m. - 8.00 p.m.

These days will normally rotate i.e. if extended opening is on a Tuesday one week, the following week it will be Wednesday, then Thursday and then Tuesday again etc.

As stated above, whilst we will work to this pattern wherever possible there may be instances where the day may have to change to enable the service to be provided.

Saturday Extended Opening Hours:

First Saturday of the month - 8.30 a.m. - 11.30 a.m.

Again, there may be exceptions where we may have to change to, say, the second Saturday to enable this service to be provided.