

Patient Survey 2012/13 – Outcomes & Action Plan

Having analysed the results we drafted a suggested Action Plan and sent it to the PRG for comments. We asked if members of the Group could:

- Provide any comments they may have on the findings of the survey
- Provide any comments they may have on the proposed action plan including their agreement to the plan proposed or providing additions/alternative actions they feel are needed.

We emphasised that the Action plan is just an outline proposal at the moment to give a starting point if needed. Once comments had been received from the Group we shall finalise the Plan and then seek their agreement to the final version before publishing it along with the results on the surgery website and the provision of paper copies within the surgery. The communication to the PRG was as follows:

Introduction

As suggested by the Group we have made this year's survey available in paper format in the surgery as well as online via our website. The paper copies were available in the Waiting Room and we also involved our Doctors and nurses and Reception staff to actively ask patients to complete the survey.

As a result we have seen some increase in the number of participants this year.

With the exception of one area of questioning the whole survey was looking to understand:

- How well we have or haven't communicated in the past by testing patient's current understanding of various areas
- How we should improve our communication with patients, if necessary, for each of the question areas
- Whether there was any preferred vehicle of communication indicated by the respondents

The exception to the questions related to what level of support there was from the patients to a possible change in location of the surgery. There was a mixture of responses which will be published with the full survey results but these would not need to feature in this Action Plan.

Help required from the Patient Representatives

We now need your help in formulating an Action Plan for the surgery to implement based on the results of this survey.

Whilst this is all around patient communication, there may be specific ways you feel we should do this based on the nature of the subject. Alternatively you may feel the same method applies to all – we hope you will be able to give us your opinions on this.

Firstly, it may help to provide explanations around what lay behind each of the question areas.

Explanations

1. Nurse Practitioner

ALL of the conditions listed were things a nurse practitioner could treat. There was a diverse variety of responses averaging at around 4 conditions ticked out of 13 which is pretty low.

We want to increase awareness of the nurse practitioner role which will in turn lead to more flexibility in appointment choices for patients

2. Online services

Were patients aware of the repeat prescribing and online appointment booking systems and, if so, how easy did patients find it? Likewise for the text message reminders which could help reduce “did not attends” and the subsequent impact on the appointment system i.e. “Did not Attends” often rebook which takes two appointments out of the system rather than one

3. Patient Communications

What suggestions did patients have for the best way to communicate with families/households? We felt we needed suggestions on how best to reach certain target audiences to provide more certainty of contact.

4. GP Commissioning

We wanted to understand if patients were aware of the impending changes and, if so if they had any concerns. In addition how could we increase patient awareness of the impact these changes will have. We did circulate an email near the start of the year we had received from our Commissioning Group asking if/how this should be shared with other patients. The consensus was not to so we were looking for alternative suggestions for sharing information on this important subject

5. A&E and Other Services

Surgeries are currently targeted to reduce the number of unscheduled patient attendances at A&E in view of the impact this has on this department and the additional cost to the NHS. The “NHS view” is that more preventative care by GP surgeries will lead to fewer of these attendances. However, we also feel there is additional impact from patients not sure where to go, particularly outside surgery hours, and we wanted to gauge understanding of the services on offer and which one to use in different circumstances.

Proposed Plan

The survey outcomes have shown we need to increase patient awareness of changes and of services both internal and external to the surgery for the benefit of us all.

It would seem there is no outright preference for how this is done (except for letters) so we need to use as many avenues open to us i.e.:

- a) Surgery website
- b) Emails to patients
- c) Patient Newsletter (paper versions in the waiting room and sent by email)
- d) Notices/information leaflets in Reception/Waiting Room

e) Waiting Room TV information slides

f) Text message reminders

Unexpectedly, the survey showed very few patients opting for letters to be sent and, indeed, there was a positive vote that this was not a preferred option. Volumes and costs involved would lead us to make minimal use of letters as a preferred communication method but we acknowledge there will be certain things this will be of greatest benefit e.g. flu invitations to the under 65 at risk patients etc.

Our proposed plan is therefore to use all the communication methods in a) – f) above for the five topics in the “Explanations” section above. At the same time to actively seek patient email addresses for this purpose and to keep information on the surgery website, waiting room TV and patient leaflets available in the surgery as up to date with this topical information as possible. Finally we would have several concentrated efforts to improve the number of patients consenting to text messages being sent for appointment reminders.

PRG Responses to Proposed Action Plan

I think the action plan makes sense - my only concern is in regard to adding to the already growing number of leaflets available at the surgery. I also wonder if you would consider holding some focus groups as a means of information sharing, these can work well for motivated individuals and are a useful alternative.

The results of the survey about the nurse practitioner show just how little people seem to know about that service. Sending people that information about number of staff and conditions they can treat would be exorbitant by post. Putting appointments on line along with the information might encourage people to make an appointment with them rather than a doctor, especially for a same day or quick appointment.

As well as being able to text appointment reminders I think it imperative that a database of emails be compiled so that information on e.g. nurse practitioners, GP commissioning etc can be disseminated quickly and cheaply. People attending a surgery appointment could be asked to update their personal details before they leave. A notice on the doors requesting this would perhaps focus them to do this while waiting for an appointment or on their way out, provided there is a receptionist available to do this. The problem will be finding this out from people who rarely attend the surgery. Maybe such people could be identified so they can be contacted by phone to update their contact information.

Getting in touch with as many people as possible, face to face or by phone, would also be an opportunity to get people to sign up for on line services and explain how to order repeat prescriptions and how the booking service works. This would relieve pressure on reception especially in the early morning.

It's only a thought but the present reception area always strikes me as somewhat old fashioned and not particularly welcoming or user friendly, especially with the high counter and closed glass partitions. A less forbidding environment which is open and has someone working behind the counter and able to talk to patients without leaving another desk at the back might make it easier

for patients to get/give information. Allied with persuading people to do more on line and ease some pressure, the receptionists could become a more important link between surgery and patients.

I know you consider moving the surgery location is a separate issue and the results were mixed. If there was more information in the public domain about where the location would be and why – lack of car parking, difficulty of accessing upstairs for elderly/disabled/ young people, flat access not uphill, etc., then people might prefer a more modern facility, especially if there were access to other facilities and clinics incorporated within the new location.

I question the wisdom of bombarding patients with information when they are not in "patient" mode. Specifically if texts & emails are used for all the issues identified patients are likely to begin to see texts & emails from Milton House as **junk mail** unless they are directly relevant to them in their own situation when they receive them. All the other modes of communication listed happen when patients are in "Patient" mode so the problem does not arise with them. What this would mean would be **NOT using text/email for GP Commissioning/A&E alternatives. Using them selectively & appropriately on the other issues.**

1. Nurse Practitioners The most powerful suggestion would come from the GPs-if they could find time to suggest to those patients who they are seeing for a relevant complaint that the nurse practitioner could deal with & they might like to see a nurse practitioner for this particular complaint next time they come. Next most powerful would be the nurses themselves-when they see on their screens that the patient has a complaint that the nurse practitioner could deal with they could make the suggestion. Next most powerful would be suggestions from the receptionist of a nurse practitioner as an alternative should the patient mention that they want to see a GP for one of the eligible complaints or if no appointments are available to ask whether the patient needs to see someone about one of those complaints & suggest a nurse-practitioner appointment. I think all of these options would be more powerful than any of the other methods of communication you suggest for this particular subject.

These suggestions should **not be** repeated to the same individual if not responded to so some sort of indication that they have been asked would help, if this is feasible.

All the methods except text & email could also be used. Text & email would really only work with patients who had not already been told about the alternatives & with their reminder message about the appointment. Otherwise it begins to be a hard sell.

Main selling point is that it's generally easier to get an appointment with a nurse than a doctor but I don't know if you can say that?

2. Patient Communication

I assume there are no differential cost/administrative issues which would make either text/email preferable to the surgery. If there were & these were known patients would probably be prepared to co-operate unless they are not on line /don't use texting.

I'm sure this already happens but if not, patients should be routinely asked whether they prefer to be contacted by text message/email:-when they register; when they give email/mobile phone addresses; when they speak to a receptionist at the surgery (unless they already have it noted) All the other modes of communication could also ask patients to let reception know their addresses & preferences & I see that you already do this. It would have been particularly helpful to have some sort of age profile of the patients who responded to these questions to see whether all our prejudices about who uses different forms of communication are born out!

3. Online services It appears that no-one stated their problems with on-line services/if they did there wasn't sufficient consistency to make them worth noting e.g. whether some patients don't use on-line communication. So we're not really much wiser except that people may be less aware of the repeat prescription service? Would the pharmacies be prepared to help with this/ does it compete with their own services? Is it possible to write notes on prescriptions-if so it may be worth doing an ad for on-line repeat prescriptions for a limited period?

Do we know whether "do not attends" fall into any particular patient group & if so could they be planned for on that basis? Do repeat offenders get phone call reminders if they are not being texted? Would that be worthwhile depending on the circumstances e.g. a person who is known to be forgetful?

4 GP Commissioning It seems that what is needed is a simple, short information sheet (with a minimum of explained acronyms) which is mainly about what the changes mean to the patient & their surgery rather than the structure of the NHS. (Anyone who wants to know more can be directed to various websites.) Surely something of this sort must already exist? If not it needs to catch the attention e.g. In April 2013 the NHS is changing-how this affects you & this surgery or something more snappy (**not GP Commissioning**). It could be available as a leaflet/info sheet in the waiting room, with the receptionists, with the nurses; in the Newsletter; on the website; with prompts to pick it up on the waiting room screen & maybe on appointment reminders.

5. A & E There is probably already a leaflet for this as well which puts brief & clear information about all the services listed, what they do, when to contact them & how on one side of paper. (2 at most) If not that's what's needed & get rid of all the information about individual services. It appears from the responses that patients tend to stick with the service they have known for the longest, out-of-hour's doctors, and there is a need for information. It could appropriately be distributed in the same way as the leaflet on GP commissioning but with full information on the waiting room screen & it would not work with appointment reminders.

I think it is vital to keep patients up to date with the latest changes in the NHS - I myself am unsure where to go for what, particularly when an unexpected illness/accident occurs. There are so many different avenues which can be followed - NHS direct (or is it called Choices now?), 111, Urgent care unit, A&E and Milton House.

Please also remember that a goodly number of the elderly have no knowledge of emailing, nor do they wish to have (unfortunately) and they too should be kept informed; about flu vacs too. Nor will they wish to receive text messages, probably not having mobile phones.

*Do you agree that the more preventative care by surgeries will reduce the load on A&E departments?
I wouldn't have thought so - by the very title, anything preventable wouldn't be an accident or an emergency.*

Revised Action Plan following feedback received from Patient Group

Action	How
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
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
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
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
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
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

Action	How
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
Inform patients of any Surgery premises news	<ul style="list-style-type: none"> • Communicate updates on any proposals through the quarterly Newsletter/website
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
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

The revised Action Plan was circulated to the PRG members and subsequently agreed. The surgery will therefore embark on its implementation during the course of the next financial year starting in April 2013.