

LOCAL PATIENT PARTICIPATION REPORT – FEBRUARY 2013

The Patient Group (PG) (set up in January 2011) is now in its second year and continues to go from strength to strength. The PG at Nork Clinic has been very proactive and successful and has proved to be an excellent method of communication between the patients and the practice with positive suggestions and compliments from the PG members to strive to make it an even a better Practice. All meetings are minuted and put onto the Nork Clinic website (www.norkclinicbanstead.co.uk). Further meetings took place on the 16th July 2012, 17th September 2012 and 28th January 2013 with PG members totalling 8. All meetings have been attended by one of the Nork GP Partners and the Practice Manager. We are always finding ways to attract new PG members.

A brief profile of the current members of the Group is outlined below:

Brian Kolbe:

Brian studied Organic and Industrial Chemistry both in the UK and USA. Started life in ICI as was then in the Technical Support area and moved to works development. Over many years, he spent time working both in the UK and overseas including Holland, Belgium, Spain, Switzerland, USA, Singapore and the Middle East. Responsibilities covered a wide spectrum both in Commerce and Technical. Most of his early years were within the Petrochemical Companies then in the Oil Industry both Crude Oil and Derivatives from Refining.

Retired from full time responsibilities in 1992 and Brian set up a private partnership consultancy based in Houston USA for trouble shooting Crude Oil and Refined Products. That organisation is still active but he only has minor involvement today.

He is a Director today of a Property Investment Company, a Pest Control Company, a local Tree Surgeon company and has a Consultancy for a Security Company.

Brian has an on going interest in sports Medicine and indeed was a founder member of the Original "Citisport" organisation which became well known in the 1980's.

Hobbies include Travel, Theatre, Music and Sport. He is a BAAB National Coach in Athletics and coach all levels male and female for long distance up to Marathon. His interest in sport also covers Tennis Squash and Rugby.

Joan Crowhurst :

Joan was a Senior Lecturer in Teacher Education until taking early retirement. She was a Councillor on Sutton Council from 1996-2006 and chaired various Committees, becoming an Executive Member responsible for working with the voluntary sector and Deputy Leader of the Council from 2003. Joan is a Governor of Carshalton College and Orchard Hill College, as well as of Cheam Park Farm Nursery and Infant School. She is a Trustee of Sutton Old People's Welfare (Sutton Lodge Day Centre) and of Fallen Angels, a drama workshop charity for older people.

Narendra Thakrar:

A retired Dental Surgeon. Born on 01.03.44 in Dar-es-Salaam Tanzania East Africa. Narendra graduated as a Dental Surgeon in 1970 from Bombay University and came to England in July 1971. Passed Statutory Exams in Glasgow and London in 1972 and started working for the NHS as an Associate Dentist. In 1975 he took over a part time Dental Practice in Crawley West Sussex. He developed the practice to a full time four man Practice by 1981. He is a Life Member of SAAD. He was appointed as a Trainer by the Dean of the Faculty of Dental surgery of the Royal College of

Surgeons England. In 1986/7 Narendra was a trainer for ten years during which trained several Dentists and was given an honorary DGDP RCS Part 1 in 1987 and passed DGDP UK a year later. In 1999 he took early retirement due to ill health. He went back to work in 2000 as a part time Associate until 2005. Have good experience of workings of the NHS both as a Provider and now Receiver of the NHS Services. He was one of the Directors in Wiltland (Commercial Property Investment Company). Hobbies use to be playing football, cricket, reading, teaching and training, social work and voluntary services. Now fully retired from active sports and other activities but travels extensively and speaks several languages. He is also an Advisor to Lotus Hermitage Residents Association in Goa.

Lynne Waller:

Lynne joined St Georges hospital in 1981 and spent 2 years in the anti natal dept. and medical records. She then moved to the cardiac department and worked as a ward receptionist for about 14 years. For the last 6 years at St Georges and she worked as a cardiac co-ordinator mainly for the day cases. In all Lynne worked at St Georges for 24 years and after leaving there she came to work for Nork Clinic as part of the reception team for 3 years. Lynne has been a patient at the practice for over 12 years.

Elias Zakaria:

Elias is a Christian Catholic, born raised, educated and married in Iraq. He came in 1970 to the UK with his wife and three children to work in a bank owned by the Iraqi Government for four years. After four years, she left the bank and joined a British Petrochemical engineering company as chief accountant and later as a Finance Director until 1984. Since 1984 and until now, Elias runs a property company.

Colin Bridges:

Colin was born October 1937 in Surrey.

In the 1950's he was called up to do National service and joined the RAF where Colin trained to become a Cook. He was posted to various camps throughout the British Isles and eventually volunteered for travel to a base in Australia.

Colin firstly took a job being trained in all aspects of a grocer store, but eventually transferred to become a working apprentice as a painter and decorator.

Colin married in September 1963 and moved to Banstead where he has lived ever since. Colin has taken on many different working roles, most of which have been dealing with the general public, e.g. self-employed painter/decorator, insurance agent, bus conductor, London bus driver and ended up his working life being employed by London Transport in their PR Department; a role which involved dealing with complaints. Colin was unfortunately diagnosed with diabetes; firstly non-insulin but controlled with medicine and tablets, but because of decreased pancreatic function, he subsequently had to take insulin and now injects four times a day.

His hobbies and interests are reading, music over a wide-ranging area.

Deanna Morgan- Russell:

Deanna has been a patient at Nork Clinic for at least 43 years, originally living at Burgh Heath. Deanna lives with her beautiful German shepherd bitch, "inge".

She taught piano & music theory initially, when she was encouraged to join the "family" business and finish teaching. Finally Deanna joined the Epsom St.Helier group of hospitals in late 90's doing admin, reception, telecoms, clerical, and medical records. She currently works night-shifts at St.Helier. She has many friends & associates at Epsom general, where she feels her heart belongs. She loves her work, and despite turning 70 last year, has absolutely no desire to retire, Enjoys the patient group committee. Usually always has something to say.

The 2012/2013 Patient Survey Questionnaire was discussed with the PG members at the 17th September 2012 meeting and also publicised on the Nork Clinic website. As we are now in the second year of the Patient Participation DES, the PG members were much more familiar with the process and the aim of the 2012/2013 Survey was to incorporate patient comments from the 2011/2012 Patient Survey. The practice manager explained steps 2- 6 of the PP DES and the PG members duly noted these.

To assist the members to consider what important issues needed to be included in this year's patient survey and priority areas, the practice manager circulated the 2011/2012 survey questions to the PG members prior to the meeting on 17th September 2012 in order to allow time for the PG members to go through the questions and suggestions for any changes/ additions.

Also at the 17th September 2012 meeting, PG members agreed to go through each individual question on the 2011/12 Patient Survey Questionnaire. Amendments and additions to the 2011/12 patient questionnaire were in agreement by all PG members present at the meeting which derived the 2012/2013 Patient Survey Questionnaire. It was agreed that areas of clinical care, being able to book an appointment, getting through on the phone, booking emergency appointments, opening times and the quality of patient consultation should all be included in the 2012/2013 Patient Survey Questionnaire. It was noted that there was also greater emphasis on clinical care in the 2012/2013 Patient Survey Questionnaire. The PG members were informed that the practice survey would be finalised via email between members.

The PG members also discussed the best method of dissemination of the practice survey to the practice patients and based on last year's poor uptake, it was agreed, that the members would play an active role in this years survey to boost the uptake numbers taking into account the PG members feedback and discussions from last year.

The group agreed that the same approach used last year was still the best way locally to canvas the practice population i.e. for patients to complete the Patient Survey Questionnaire after seeing the Dr/Nurse.

The main focus of the PG members following the poor uptake of the Patient Survey Questionnaire from 2011/2012 was to improve on its response rate and the PG members made the following suggestions outlined below:

- Switch off the patient check in 'touch screen'- periodically so that patients come to the front desk and are handed a Patient Survey Questionnaire to complete
- Work Experience/ College person – use to distribute the Patient Survey Questionnaire but due to college term already started- it would be difficult to find some one during the peak periods at the surgery, mostly in the morning.
- Put a table outside the doctor's room with Banners & Patient Survey Questionnaire with pens / clip boards for patients to complete. Historically patients who have taken the questionnaire away from the surgery have not returned them. There was a need to encourage patients to complete the questionnaire on the premises

- Greater input from the PG members was needed to boost the patient response rate following the 2011/2012 Patient Survey Questionnaire uptake, Timetable to be agreed by PG members to come to the surgery to distribute the Patient Survey Questionnaire for 2012/2013.
- Have a longer period of time e.g. 2-3 months for the patient survey to run.

The aim of the group this year was to improve the Patient Survey Questionnaire response rate by 5-10% i.e. requiring a minimum number of 230 – 240 questionnaires to be completed to achieve 56-58% target. In 2011, only 197 questionnaires were returned, resulting in a response rate of 46%.

Following the above discussions at the meeting, the Patient Survey questions were updated and sent out by email to PG members for final approval. The aim was to get the Patient Survey Questionnaire ready for distribution by the beginning of October 2012 giving the Practice three months. The survey only ran for 6 weeks last year.

Tables, pens, clipboards, banners and patient survey questionnaires had all been put in place both outside the doctor's room, reception and patient waiting room area. A timetable had been arranged with PG members to come in weekly in the morning. The PG group felt that this was the busiest time at the practice for patient flow.

The group agreed to distribute the Patient Survey Questionnaires by hand to patients, with a brief explanation what we are trying to achieve and how vital it would be to complete and return the questionnaire back to the practice. Posters were also put around the surgery and on the website encouraging patients to participate in advance to boost response numbers. The Chair thanked PG members for their help and support in distributing the Patient Survey Questionnaire.

The Patient Survey Questionnaire was disseminated from October 2012 to mid-January 2013. A record was kept of how many questionnaires were issued and it was noted that out of 500 questionnaires distributed to patients during their visit to the Surgery from October 2012- mid- January 2013, **343** questionnaires were returned. A staggering response rate of 68.6% was achieved. This was a 22% increase in Patient Survey Questionnaire completed compared to (2011/2012). The commitment of the PG members to help boost the uptake this year was appreciated and showed that the various methods used were a success.

The online survey tool that was used to collate the results of the Patient Survey questions was www.surveymonkey.com. The results were analysed by the Practice and not outsourced.

The 2012/2013 Patient Survey Questionnaire results were distributed to PG members prior to the meeting on 28th January 2013 to review and discuss the findings. The PG response to the Patient Survey Questionnaire was very positive, providing excellent feedback and comments from all members who were delighted with the excellent uptake based on efforts learnt from the 2011/2012 survey.

The PG members thanked all the Practice staff and doctors for providing such an excellent service and for their continued hard work and effort.

The Patient Survey Questionnaires were aimed at patients who had visited a GP/ Nurse at the Practice between October 2012 and January 2013. This had initially been decided by the PG members at the 17th September 2012 meeting and was considered the best way to learn about the current services provided to patients and where improvements could be made.

It was also agreed in order to make the survey as fair and unbiased as possible, doctors should not give out the patient questionnaire to the patients they had just seen. This was an approach adopted last year but some doctors felt it was not appropriate to see the patient and then ask them to complete a questionnaire.

The graphs in the Patient Survey Questionnaires report showed the Practice scoring highly on the following:

- **Ease of patients getting through on the phone – 87.9%**
- **Satisfaction with Practice opening hours – 87.9%**
- **Ease of getting test results over the phone -81.2%**
- **Ease of speaking to a Doctor over the phone – 86.2%**
- **Doctor/Nurse ability to listen to patient -97.6%**
- **Doctor/Nurse explanation on how best to deal with health problem- 96.9%**
- **Patients overall satisfaction with the Practice – 95.6%**
- **The manner in which patient were treated by reception staff- 94.4%**

The majority of questionnaire returns came from the 65-74 age categories at 21.1% with the 'Over 75' category at 18.4%, equating to 39.5%.

Gender of patients for returned questionnaires – 61.8% female & 38.2% male

The patient survey results have remained similar to the 2011/2012 Patient survey with a slight improvement on ease of patients getting through on the phone. Ease of booking an appointment in advance – 56.7% and ease of seeing a Doctor with 48 hours – 66.8% has somewhat fallen slightly but this is in correlation to the increase in practice patient list size.

In discussions with the PG and Doctors, we have now set up a phone triage from January 2013, as a way of dealing with patients with minor illness, to free up appointments for patients with more acute/chronic problems. This has created an additional 60 phone slots, where patients can speak to a Dr. We have also created 30 pre-bookable / advance booking slots per week, on the website so that patients can book online should this not wish to call at 8.30am.

Following the discussions about the patient survey findings, the PG members agreed an action plan on how best to implement the changes for Practice, in a way that the Practice could better its service.

The agreed action plan by PG Members based on patient responses to the survey were as follows:

POINT 1:

- **Fifteen patients raised the issue of not being able to book ahead and to phone at 8.30am daily to guarantee an appointment does not suit everyone e.g. school run, going to work.**

It was noted to the group that there are advance slots available to book at least 4-6 weeks ahead, but these do go very quickly. PG members suggested promoting the 'online' appointment booking service. Posters are already around the surgery and on the website.

To aim to meet this request from patients, the Practice has created an additional 6 appointments a day (30 for the week) for online booking slots from 5-6pm. This should enable patients to book ahead to avoid the 8.30am call to the Practice. This

not only applies to website bookings but for patients who call up or come to the surgery to ask for an advance booking of an appointment. This is already in place.

Following on from last years action plan and to promote our online booking service, reception staff have continued to distribute slips to patients to complete their email address & mobile phone number to update our records.

POINT 2:

- **Ten patients had raised their concerns about the 0844 phone number to be changed to a less costly number.**

These concerns were also raised in the 2011/2012 Patient Survey Questionnaire by patients. It was explained to the PG members, that this is an ongoing issue which has already been raised by the PCT some time ago. The Practice was currently under contract with an existing telephone provider and this would end in December 2014.

The Practice Manager had set up meetings with various phone system providers who specialise in providing this service to GP practices in March 2013. GP partners were aware that from 2014, the Practice would be changing the phone system to a local number or a 0300 free phone number.

At the same time the Practice does not wish to compromise its good patient 'access' record by going for a local number where only 2-3 phone lines would be available. This was the main reason why the practice changed its phone number to 0844 in January 2008, mainly due to patients complaining that they could not get through on the phone lines. With the current system the surgery has 12 phone lines.

All PG members felt the practice had a very good phone system in place at present. It allowed certain phone calls to filter upstairs to admin/ secretary for referrals, patient registrations etc and the patients in the telephone queuing system were aware of where they were in the queue.

A notice would be erected on the Patient Notice Board briefly outlining the changes to the telephone system with a view to changing the 0844 to a local number from January 2015.

POINT 3:

- **To provide patient more information when the doctors are running late or patient waiting times**

Again this issue was raised by patients in the 2011/2012 Patient Survey Questionnaire. The action points from last year included having a visual board in the waiting room area listing the names of doctors on duty and whether they were running late. The practice trailed this for a period but the Visual board became a health & safety issue.

The practice now displays a message on the LCD visual display board telling the patient if they have been waiting more than 20 minutes to come to the front reception desk for further details. As a general rule reception staff throughout the day regularly inform patients when doctors are running late.

The practice is also looking at the patient check-in screen, to be able to add the waiting time so that when patients check-in they would be notified of the doctors waiting time. A request for these changes had been made to Jayex the company providing the touch screen system.

POINT 4

- Later opening hours and an extra evening for extended hours.

The various graphs and results from the Patient Survey Questionnaire revealed that 87.9% of patients were highly satisfied with the practice opening hours. The late evening appointments were very popular and were on a pre-bookable basis.

PG members felt as the surgery was open until 8.15pm each Monday and survey results indicated 87.9% patients were satisfied with surgery current opening times, the practice continues its current opening times. .

POINT 5

- Length of doctor's appointments. 10 minutes is not enough

This had already been raised by the RCGP (Royal college of General Physicians), length of an appointment from 10 minutes to 15 minutes but this was currently at review stage. In order to provide a better quality of care, it was not often possible to see all patients within 10 minutes, especially in an aging population. As a result, GPs did often run late. GPs would keep the PG members updated on this matter.

PG members agreed that a summary of the comments raised by the patients would be put on the Patient Notice Board as well as on the practice website.

The publication of the 2012/2013 Patient Survey Questionnaires was available at the Practice for patients to view with a visible poster displaying this information on the main patient notice board. The graphs and results of the Patient Survey Questionnaires had also been electronically sent to all the PG members for information and use.

February 2013

