Elm Lodge Surgery Patient Participation Report and Action Plan 2012-13

Introduction

Thank you to everyone who either filled in a survey or attended a group, virtual or physical! Thank you particularly to everyone who provided feedback either by emails or in person regarding the action plan and enabled us to improve and amend the original version.

The full results of the survey can be found by the link on the front page of our website (just below the link for this report – we thought this document would be too long with the results attached on the end – if you are being emailed the report the results and comments will be attached). There are also paper copies in reception and larger print versions can be produced on request.

Our action plan arising from the survey & patient group feedback

The action points and plan:

- Extra appointments (to be provided by our new nurse practitioner who starts on 8 April)
- Encouraging use of our new online booking and prescription service
- More appointments which can be booked ahead, especially through the online system
- The practice to review the options for an automated telephone system (if funding can be obtained) and bring proposals back to the patient group for further consideration
- A publicity programme reminding patients that appointments are only for 10 minutes, a “who does what” guide and providing guidance on how best to use the appointment time
- Providing more early and late appointments, initially with the nurse practitioner, but also to keep under review opening before 8 and after 6.30
- A review of electronic solutions to improve access and provide information, beginning with an email address to receive routine correspondence and investigating an option for providing results to patients by an e-solution

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Added action points

Baby clinic: we are going to be reviewing in the next couple of months how the baby clinic operates as some comments suggested an appointment system be introduced, also how the space works during the clinic

Visits: there were a couple of comments in the survey response asking for more access to home visits. We did not send the surveys to our housebound patients as we did not feel the questions quite worked. However, Brenda Donnelly, Our Chronic Care nurse, acts as an advocate for the concerns of our housebound and less mobile patients and she has also asked for this to be raised as an issue for the practice to discuss. Peter Hall, the practice manager, has also felt this is an issue further to discussions with patients' relatives. The practice will therefore be looking at its approach to this in a meeting before the end of May.

New services: The request for more **healthy living and preventative advice and consultations** was made in the survey and also in discussion with the virtual patient group.

We are beginning to provide routine health checks for over 65s but these are generally aimed at patients who are deemed to be at a potential risk of admission to hospital (you may not be but there is a IT tool which scores this so do not worry if you are offered one. Take part and it may prove the computer scoring system wrong!!!). This is being funded by a local scheme.

We also offer basic health checks (cardio vascular) which cover blood pressure, cholesterol & include health living advices. These are for everyone aged 40 -75. Again this is funded centrally from where the invitations are sent out. We will be publicising these further.

Additionally we are taking part in a locally funded intitiative to identify undiscovered diabetics.

After our discussions we are also going to review what additional health living and health screening we can make available in the waiting room and via the website, firstly around glaucoma and diabetes.

For most new initiatives new funding is required but we will seek to provide new services wherever this is possible eg: last year we offered space for the

aortic screening programme, we have a visiting dietician and will continue to do so.

Additional information: as requested we will provide dates for the autumn flu vaccinations on the website (we did last year but will do so again)

Statistical headlines and problems raised

The statistical reasons we have made the suggestions in our action plan

- **36.7%** described their experience of the surgery as **excellent** & **37.8% very good, 15.8% good**, and only **2.3% fair, 0.5% poor, 0.5% very poor** (7.3% no response). We were generally pleased with this but hope to move up more "goods" to "very good" and have "fair" or below this year

- We were very pleased by how many "very good" ratings you gave to the clinicians, especially the nurses – **83.7%** of you said you definitely had confidence in the GP you saw and **90.7%** of the nurses

BUT

- 14.8% find it not easy to get through on phone (admittedly 29% last year) – so some success but the general comments we get day-to-to day and some of the comments on the survey suggested it is still an important problem and hence the action point

- 69% feel it is important to be able to book ahead yet 32.2% say they find it "not very" or "not at all easy"

- 27% find the time they wait for a doctor fair, poor or very poor (although again others are worried that the standard of care they value will be affected by moves to restrict time in the consultation room.) We have to reflect that 73% are not worried by this. However the waiting time does cause significant stress to a significant number of patients. Again waiting times do reflect resources – if more funding was available then it would be possible to put greater gaps between appointments. This may be a problem we can only mitigate – and the comments in our groups(and in the survey) reflect this.
- Opening times are not OK for 27.7% of patients, a 10% increase from last year %. Of this group the times at which they would like

appointments is 24.6% before 8 am and 35.1% after 6.30 and 37.6% on Saturday.

- Also the ideal time when patients would like appointments on a week day is 34% before 9.30 and 26.9% after 6 pm

As a separate point regarding communication 48% of patients would like to contact the practice by phone (and 45% be contacted), whilst 20% contacting the practice by email (28% to be contacted in that way). We have noted that we must not lose sight of the fact that people need personal contact. We however recognise that email is an important means of contact for patients who find it hard to get to the surgery during the current hours and hence the stress on this in the action plan.

How we agreed on the action plan

We reported the findings from the survey by a presentation to the patients' meeting in the surgery on 20 March 2013 of the initial results, with action plan, for consideration review and approval. The action plan, generally agreed but with some amendments after the meeting on 20 March, together with survey results and comments, was then sent to the virtual patient group on 26 March and we received 21 responses, and it was then further amended. We had some interesting virtual exchanges, the main change being that we slightly modified the plan with regard to the suggestion of the automatic phone system. We will now look at possibilities and report back to the groups before taking any action.

The final version of the report was emailed to the virtual group on 30 March (and that will be today if you are in the virtual group and have opened the email immediately) and copies made available in our Reception area. The action plan will also be brought to a patient meeting on 9 May.

The practice manager will be feeding back to that meeting on 9 May (briefly as the main focus is the Dulwich Health Consultation) and providing a fuller report for the 2nd quarter meeting (either July or September – date to be agreed).

What we haven't done

We haven't agreed in our plan for **opening before 8, after 6.30 or at weekends** but we believe we were not put under pressure by our patient groups because they recognise the pressures we are working under. Because

of the doctors family and personal commitments it makes it difficult for them to provide the later and earlier appointments. As indicated above, we will be actively reviewing whether we can provide some appointments earlier than 8 am or after 6.30 but do not expect to be able to provide weekend appointments. Again, we will endeavour to provide as many appointments as possible at the beginning and end of the existing sessions which can be booked online with working patients in mind and, as indicated above, to look at making more early and late appointments available through our nurse practitioner.

For patients who are going to work early and coming home late we need to provide a service, but have to square this with the service needed by our more chronically ill patients who need more intensive care. Again, with regard to the finances of the NHS, it is desperately expensive for patients to be admitted to hospital and patients really don't want this unless absolutely necessary, so it is an imperative for us to be able to provide the support which stops this happening.

We can't offer **email consultations** at the moment. It does take longer to write backwards and forwards, but again, as indicated in the main action points, we will be doing our best to find as many e-ways as possible of saving time and making access easier.

We were asked whether we can provide **a text or email service to advise patients when the doctor is running late**. When we have a doctor delayed before his or her surgery due to a travel problem or patient crisis we do phone to reorganise or warn patients, but this is difficult in surgery ego if a doctor is running behind then the next appointment only takes 5 minutes. The main problem however would be the resources for contacting patients. The reception team are usually completely occupied with answering the phone dealing with queries and it is not easy to take them away from that. Also, our software system at the moment does not allow an automatic service. We will though be looking at whether our check in system can be set up to advise the position on arrival.

All test results to be advised to patients whether positive or negative The main bulk of results require no further action and we don't have the resources to report all of them back although the doctor does note normal test on the computer record so the patient can rings and ask reception what the doctor has put. We will be preparing a guide on what to do regarding test results, but also note in the action plan above that we will be researching whether we can provide an IT solution to routinely give all test results

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More & earlier phlebotomy: at the moment the service is really only for older patients and we can't extend this. Patients can be seen earlier at Dulwich although (as mentioned in the patient group) if you can aim for mid afternoon it's quieter. There is a danger (because of funding cuts) we may not be able to provide any but the most essential phlebotomy service in house.

Podiatry/toe nail cutting : we had a low cost toe nail cutting service on site for a time but the person providing this had to stop and we have not been able to find a suitable replacement. We have raised the issue of toe nail cutting with our local commissioning group through our patient representative.

Other services: physiotherapy, Eaters Anonymous, coffee in the waiting room, polyclinic, a mental health clinic, a mental health support group, acupuncture, CBT were mentioned. We will look at all of these services and keep an eye out for groups which offer them or resources we can access to provide them. We, as you will appreciate, see how any of these services would fit into the overall service provided (rooms, admin support etc)

We were asked whether we could provide greater flexibility on diabetes and dermatology clinics. For the diabetes this is constrained by the availability of nurses so we are limited in what we can do (although we do have an extra nurse now taking clinics). For dermatology it's a similar situation.

We did have a request for coffee in the surgery but do not feel (at the moment) that this is possible. A machine would take limited space and there are also safety considerations with children (and adults!) around.

We will look at comfier chairs in the waiting room, but there are infection control considerations for softer materials (the current are hard wearing etc) but also a lack of funding!

More access to female doctors? We know there is a high demand for female doctors but,as indicated above we don't have the funding for another doctor. However, the new nurse practitioner is female and this will ease the situation

Progress from last year

The main concerns in last year's survey were in respect of booking ahead, telephone access, waiting times for doctors and opening hours.

Last year our proposed response to that was:

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(a)Provide more appointments in total and more to book in advance;

We did both but, in the former case not as many as we hoped and so have not seen the improvement in this year's survey we would have hoped. We lost Dr Chawdhery (in a good way – and with our blessing -to be senior partner at Lordship Lane Surgery) very shortly into the new surgery year and, due to financial concerns, had to wait to replace her. We also had some staff sickness. The other GPs provided extra appointments but we hoped to provide more. We hope the appointment of our new nurse practitioner will fulfil this aim more comprehensively this year.

(b) Opening from 8 am each weekday (both phones and door) and Thursday afternoon

This was done and has been well received. It did reduce the pressure on the phones to an extent

(c)Purchasing an online facility for booking appointments online and ordering repeat prescriptions ;

This was done and seems to be working ok. We tested it with patients and they helped us iron out the initial teething problems

(d)To help reduce waiting times in surgery asking patients to focus on one problem and, if patients have more issues they need to discuss, offering a double appointment (although this may mean booking on a day other than Monday or Friday);

Approximately the same percentage of people this year (27% - fair and below) as last year found the waiting time for the doctor a problem, which is disappointing. As indicated above, we are going to attempt to use publicity in the surgery to try and address that this year

(e) Telephone appointment slots;

We have experimented with this but have not found it as effective as hoped. One problem is what happens when a doctor is delayed phoning back and then the patient is unavailable. The doctors are concerned that the telephone does provide a risk of incorrect diagnosis and can quote instances of this. We are still looking at this and seeing how we can do this effectively.

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(f) Actively reviewing possibility of opening before 8 or after 6.30 at least one weekday

Staffing problems have not made this a realistic possibility this year. We will look again at this in the current year

More generally

Other positives in the current year are that we have been able, thanks to central funding, been able to install a disabled toilet and automatic doors, as well as add a hand rail on our slope. This has been a recurring issue each year in previous surveys and so we are pleased to complete this. Problems with getting over the door sill were mentioned in one of the meetings this year and we will be looking at this.

Extra bits

Apologies for the error on the paper questionnaire where “Yes” on Q13 directed you to Q16. We did want patients who were happy with opening times to say what appointment times in hours which were ideal (Q15)

Prescription pickups: we were asked whether we could extend this to Sainsbury’s on Dog Kennel Hill. It is up to pharmacies whether they collect form us, but we would mention the electronic prescription service where any participating pharmacy can have prescriptions sent by us to them electronically. Another IT enhancement we have introduced in the last 15 months!

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Nuts & bolts – when our groups met, surgery details

What are our groups and who are in them?

We have a physical PPG which met 6 times this year. 17 people attended over the year – sadly 2 meetings where only 1 person attended. One was the evening meeting referred to below and the other was mid-December. We will know for next year to either make it late November or early December!

The make up of this group is mainly over 75 years old (13 of the people who attend – 4 between 65 and 75), mainly female (14 out of 17), mainly White English (11 out of 17, 6 non specified). As 5.6% of our patients are over 75, which we believe is the highest proportion in Southwark practices, this is a very important group for us.

We did see whether there was a demand for an evening meeting so that those busy during the day could attend but only 1 person attended, so we will probably not repeat this unless we do get requests. We are hoping that the virtual group provides a forum for patients in this category.

The diabetes group, which focuses on diabetes related subjects, only met once this year due to pressures of work on the surgery. It may be restarted – it is dormant rather than ceased.

The balance virtual group experiment with currently has 92 members, a significant increase from 42 last year due to a recruitment drive.

How we measure virtual meetings is an interesting question. 2 circular emails were sent giving details of local developments & consultations(eg relating to Dulwich & the consultation on local services), 1 regarding the National Association of Patient Groups, 1 rounding up where we were from the previous patient survey (and advertising the ill-fated evening meeting), 1 asking for feedback on the priorities for the patient survey, 1 advising the patient survey, 1 sending the results and then responses to individual comments on the contents of the action plan as we agreed it.

What we might try this year is using Survey Monkey if there are any simple “yes” or “no” questions needing to be addressed.

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We have had a drive this year to increase the recording of ethnicity on our computer system (mainly for the purpose of public health) to 47.39% of patients. 86% are White European or other white. Of other ethnic groups practice data shows (approx):

Caribbean	3.3%
Indian	2.1%
Other Asian	3.6%
Black African	2.1%
Chinese	1.3%
Other black	0 6%

The membership of our virtual group (66 stated) approximately reflects this – 89% White, 3% Caribbean, 2% Chinese, 5% Black African, 2% other Asian. The gap is for people of Indian ethnicity, and this is rectified by 2.7% of the respondents stating their ethnicity as that.

We did really attempt to rectify unrepresented groups, particularly by emailing over 600 patients inviting membership.

The virtual group is 32% male, 68% female. The survey response is not much better(34.9% males) so it may be that this is a fair and legitimate reflection of the actual users of practice services. As this was a similar split to last year, and we have done a fair recruitment drive, we think this is the most realistic we can get.

With regard to the ages of the group members these are the figures for the virtual group compared to the practice age profile. (

Fig 1: Breakdown of age profile of virtual group compared to practice population

	TOTAL PATS		VIRTUAL PRG	
Age ranges	7392		92	
0-14	1596	22%	0	0%
15-24	697	9%	2	2%
24-34	911	12%	8	9%
35-44	1234	17%	19	21%
45-54	1281	17%	18	20%

55-64	819	11%	13	14%
65-74	442	6%	17	18%
75 & over	412	6%	12	13%

The age split of the survey respondents is 16& under 0.9%,16 – 44 30.8%, 45 to 64 31.3%, 65 to 74% 13.1% and 75 and over 17.7%

The virtual group roughly matches the age spread of the total patient group with higher and lower percentages in the older and younger age groups for obvious reasons. This is mainly further to the increase in the 35-44 age group to which we refer below.

We have no users under 16 in any groups. Although 2 completed the survey, our conclusion is that we must rely on there views to be mediated through those of their parents.

We do not hold statistics for working/non-working/ retired peopein our practice population but we do have a high proportion of fulltime working and retired. With the increase in the virtual group this year and the proportion of patients in the 35-44 increasing to nearly 20% we feel we have made progress on this.

As indicated above, the views of our housebound and frailer patients are strongly presented by our Chronic/Elderly care nurse, who acts as advocate for them, and Peter's response to complaints/comments raised by patients and their families. The high proportion of over 75 year old patients in our face-to-face group also provides a voice for them.

We also have one patient who is profoundly deaf in our virtual group who has proved extremely valuable feedback.

How we recruited to the groups

Details of groups and meeting dates are advertised on the website.

We have had a notice up requesting new members form men under 40 and certain ethnic groups where we felt we were under-represented.

The meetings of the face-to-face patient Feedback Group were advertised in the waiting group. The art group and reminiscence groups which we sometimes use as good and vigorous feedback groups are advertised on the website and by doctor recruitment.

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We also advertise our patient groups via our new patient questionnaires.

However, the major steps we made in increasing the numbers in the virtual groups was by mentioning the group when we emailed all patients for whom we had email addresses about our new online appointments and prescription service (from 42 to 92).

How we decided on the survey questions, the numbers of surveys received, how we collated the results and how we reported the results to our patients

1. The survey questions

We took the following steps in preparing the survey:

- We left a sheet in reception asking patients for feedback on what was important to them.
- We were to discuss priorities for the survey in the December patient meeting but this was the one which only one person attended.
- We sent a query round to the virtual group.
- We consulted with our reminiscence group in January.
- We also referred back to the issues raised and carried forward from last year's survey and action plan (even where these were not raised in the feedback exercise indicated above)
- We also referred back to the issues raised and carried forward from last year's survey and action plan (even where these were not raised in the feedback exercise indicated above)

We then adjusted the format of the survey from last year in line with this, particular changes being to ensure we left space for what new services patients wanted to see and how information was made available and contact was made by us and by patients to us.

2. How we distributed the surveys

Paper surveys were made available over a week for completion in the surgery or taken away to be brought back (mainly hand delivered)

All the members of the virtual group were sent an email with the link to the survey on the website.

3. How many surveys we received and how we collated the results

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180 paper surveys were completed and **40** completed online, a total of **220** responses. This was really pleasing as this was an increase on the previous year (**157** paper, **22** online, **179** total) and reflects the widening of the representation of our patient group

The results from the website surveys were calculated electronically, the paper surveys by Peter Hall, Practice Manager, and Isla Fitchie, one of the administrative team, counting manually and the combined results were collated.

The patient comments were summarised. Comments, either good or bad, and there were more of the former, regarding individuals (or secondary care departments) were not shown but passed to the individual clinicians.

The original copies of the surveys and the tallies are available for checking if you contact Peter

4. How we reported the results

We reported the findings from the survey by a presentation to the patients' meeting in the surgery on 20 March 2013 of the initial results, with action plan, for consideration review and approval.

The action plan, amended after the meeting on 20 March, together with survey results and comments, was then sent to the virtual patient group on 26 March for comment and agreement.

The final version of the report was emailed to the virtual group on 31 March and copies made available in our Reception area. This will also be brought to a patient meeting on 9 May. .

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And, finally, opening hours

Just a reminder

Our surgery hours are 8 am to 6.30 pm Monday to Friday. The switchboard is also open during these hours.

Dr Gordinsky usually is available from 9 until 5.30 on Mondays and Fridays, 10 until 6.30 on Tuesdays and Thursdays and 9 until 1 on Wednesdays.

Dr Nour usually is available 10 to 6,30 everyday except Thursday.

Dr O'Flaherty usually is available 9 until 6.30 Monday and Friday, 9 until 4 on Tuesday and Wednesday, 9 until 1 on Thursday.

We are closed on Saturdays, Sundays and Bank Holidays

We usually close one Thursday each month from 12.30 to 4.30 for training events. Details are shown on the website (next one 18 April)

Appointments are available each morning for booking on the same day, or in advance, either in person or by phone. You can also register to book appointments online.

Booking in advance makes it more likely that you will be able to see the doctor of your choice. The doctors work together so you do not have to see your usual doctor.

If your need is urgent we will always see you on the same day, but it may not be possible to see the doctor of your choice. Before giving you such an appointment, the doctor may need to assess by telephone how your problem can be best managed and whether the appointment can be delayed to another day.

31.3.2013