



# 2012 Patient Survey Results

## Introduction

This document details the results of the Munro Medical Centre Patient Survey run between 3<sup>rd</sup> February 2012 and 16<sup>th</sup> March 2012. This report includes statistical analysis of the results, a selection of comments made by patients as part of the survey, and action points coming out of the survey as agreed with the Patient Reference Group in a meeting on Monday 19<sup>th</sup> March 2012.

## Background

For a number of years patient satisfaction has been measured nationally by a survey produced in conjunction with Ipsos MORI. Whilst this has been useful as an indicator in the past, the primary focus of the survey is on access to services and alongside that supporting demographic information. This in itself isn't particularly useful for an individual practice on its own. Concerns have been raised in the past that due to the 'one size fits all' approach of the survey that some practice results may not be representative due to different local working practices, and specific wording of questions which may not be taken into account by a national survey.

Further information on the national survey, including an example of previous surveys can be found at this website: <http://www.gp-patient.co.uk/>

As has been seen in the media the NHS is going through a period of significant change at present, and part of that involves giving more power to General Practitioners (GPs/Doctors). This change will involve shifting power for developing and providing services from Primary Care Trusts (PCTs) to local Consortia groups (also known as CCGs). The principle behind this is to reduce costs and overheads, and put power back in the hands of GPs at the front line to commission effective services that meet the needs of their patient population. At present the practice is part of the South Holland CCG, which also includes:

- Beechfield Medical Centre
- Moulton Surgery
- Sutterton Surgery
- Gosberton Medical Centre
- Pennygate Surgery
- Littlebury Medical Centre
- Suttons Medical Group

As part of the NHS reforms, all GP practices are being encouraged to set up Patient Reference Groups (PRGs) (previously known as Patient Participation Groups or PPGs), and to set up their own surveys to get feedback on the service they offer, and to involve patients in decisions about the range and quality of services a practice provides.

## About our Patient Reference Group (PRG)

The PRG was formed January 2012, after a recruitment drive during December 2011. We were fortunate to have the assistance of Lincolnshire LINK members <http://www.lincolnshirelink.org.uk/> during the recruitment process.

At the time of writing this report the group has 89 active members with 52 stating a preference at time of application for attending meetings, and the remaining 37 happy to receive and complete questionnaires and similar material on an 'Information only' basis.

Our youngest group member is 21, and our most senior 92, and we have 39 male, and 50 female members, and whilst a majority of our group's ethnicity in line with our practice population is classed as 'White British', 4.5% of our group list a language other than English as their first language. The Practice holds an attendance list for all meetings held with the PRG.

The recruitment drive for the PRG involved posting information and an application pack on our website, leaflets in the surgery, sending out posters to local Pharmacies, and an information stand manned in our reception area by members of LINK – encouraging people to get involved.

The recruitment process ran from 18<sup>th</sup> November 2011 to 18<sup>th</sup> December 2011. All applications received to this date were acknowledged either by e-mail if an e-mail address was specified, or by return of post if no e-mail address was specified, with an invitation to an introduction meeting in January regardless of the preference specified on the form. Applications received after this date have been placed in a pending file so that we can review them when we look at re-opening recruitment again.

All applications from patients were checked against our clinical system to ensure that their details were correct, and that they were current patients registered at the Practice. We did not find anyone who had applied who was not registered at the Practice.

To date we've had 4 meetings, including 2 as introductions to the group and its purpose, 1 to canvas opinion on the survey and input into its content, and a further meeting to discuss the results of the survey, recommendations, and action points going forward.

We've had an average attendance of around 20-25 patients per meeting which we consider fairly good. Meetings have been held in a meeting room at the Practice in the evening to date.

It is hoped that the group will develop through 2012 into 2013 and become more self-managing, and we hope to appoint members of the PRG to fill roles of Chairperson and Secretary and to help co-ordinate meetings and to work with the practice to help it to achieve the action points raised in this report and other issues that are identified as time goes on.

## About the Survey

The survey was developed in-house using a similar easy to read format to the Ipsos/MORI National Patient Survey model, and made available as both an on-line survey via our website, and as a paper copy for those patients who didn't have internet access.

Patients were invited to complete the survey by:

- Advertising notices/posters in the surgery
- Regularly scheduled messages on our patient call 'TV' system
- Invitation attachment to all repeat prescriptions issued for 1 week
- Patients presenting at the Dispensary to collect or enquire about medication offered opportunity to have further information or paper copy
- Patients presenting at Reception at the surgery offered opportunity to have further information or paper copy
- Posters, leaflets, & surveys made available at our Pinchbeck site
- Paper surveys posted out to known housebound patients with their medication
- All PRG members with an e-mail address were sent an e-mail with the link to the survey and asked to complete.
- Remaining PRG members who didn't have an e-mail address were sent a paper copy in the post
- Targeted a cross section of 17-49 year old group by e-mail invitation where we held e-mail addresses
- Targeting the same age range that had explicitly consented to receiving text messages, inviting them to participate in the survey.

Patients were offered information in the form of an A5 information leaflet with a link to the website and survey, or if they specifically requested, a full paper copy of the survey.

The survey consisted of 34 questions, the last of which was left open for any additional comments.

We received 412 completed surveys, with 236 completed online, and 176 received as completed paper copies, this equates to approximately 2.09% of the total number of patients we have registered at the practice. Paper copies received were added to the online survey and response IDs marked on the filed copies so they can be referred to if necessary, this helps us to analyse the results and produce statistics more easily, and also assists us should the results need to be audited.

## About the Survey Results

Although the collection methodology for this survey was made anonymous, some participants elected to make their identity known through their submission. Where this has been the case, we have removed names to continue to keep the identities of the participants anonymous. Where comments are included in the report, they are taken directly from patient comments, and no attempt to correct grammar has been attempted in an effort to show that comments included are taken directly from the survey. We have not included all comments in the survey, but we have as a Practice read and considered them all individually.

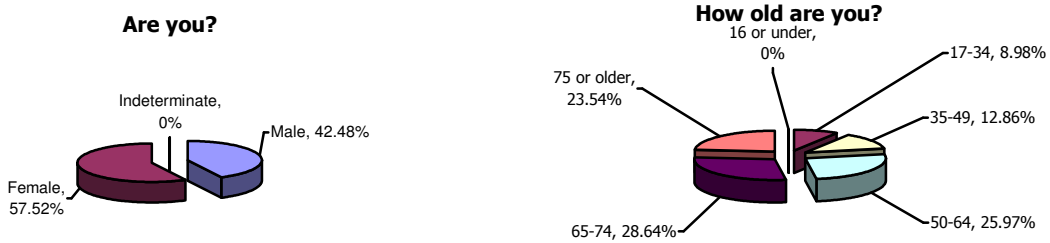
Not all surveys were fully completed, and some questions may not have been applicable to some patients, so some figures may be shown as 'adjusted' if the patient marks the question as not applicable, and any excluded from the analysis. This is particularly important when looking at services we provide in the Practice as some services only a minority of patients would use, and without adjustment, the figures would not show an accurate representation of satisfaction.

In terms of presenting these figures, it was felt best to use a standard pie chart as in most cases this shows results 'at a glance' for most questions. Some charts show shortened versions of the questions and answers due to space constraints on the charts.

The results are shown question by question, and a copy of the original paper based questionnaire has also been made available on our website to show a copy of the exact survey that patients completed – it has been watermarked so that any prints will show 'sample'.

## Demographics

The first three questions in the survey contained three simple questions, which helps us to determine whether the survey is representative of the practice population:

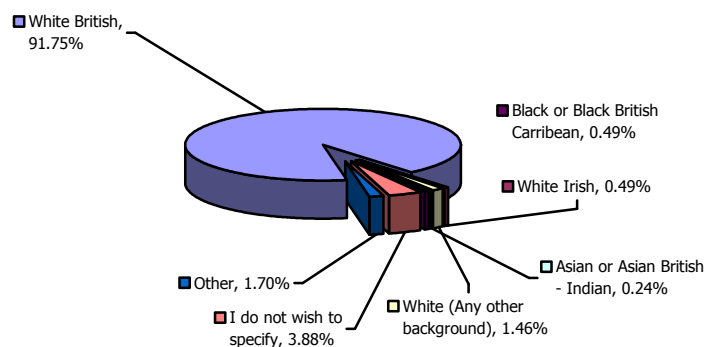


The balance of responses by each sex here is fairly representative, with 51% of the Practice population recorded as Female, and 49% as male, and no one recorded as being of indeterminate sex.

The demographics slant towards a more elderly age group with 51% of responses being from patients 65 or older. Whilst we specifically targeted the younger patient groups, uptake was still comparatively poor. This may be because younger patients are statistically regarded as having less health problems than older patients, and don't access surgery services as often. Also for the under 16's age group they are mostly accompanied by their parents who will often complete the survey rather than the younger patient.

The recording and use of e-mail addresses within the clinical system we use at the Practice is fairly limited, as it is nationally. The use of e-mail as a communication tool between a Surgery and Patient nationally is not very well developed, and a pilot scheme to encourage use met with only 89 users, hence the majority of clinical systems including our own do not yet provide usable functionality to e-mail patients in bulk. Despite this, we did manage to e-mail a large cross section of the 17-49 year old age group manually where we established that the e-mail address related specifically to the patient, but we found that a lot of recorded e-mail addresses were no longer in use or invalid.

### What do you consider your ethnic group to be?

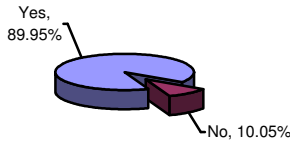


The ethnic group representation is fairly accurate for the practice population a combination of the White British and Other White Background ethnic groups arrives at a figure of around 95% for those patients on our list who have specified ethnicity within the groupings surveyed.

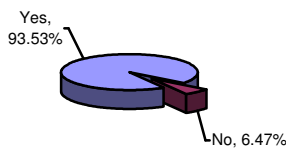
## Who have you seen at the Surgery?

The purpose of this question was to understand who people see when they attend the surgery for an appointment, and whether they understand the different roles they perform. In hindsight the format of the question could have been made easier. A choice of Yes/No was available for each profession, a simple tick box would have been more appropriate.

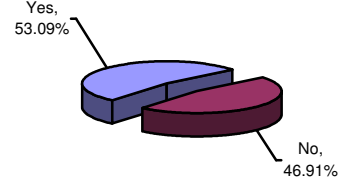
Have you seen a Doctor?



Have you seen a Nurse?



Have you seen an HCA?



The charts above show figures as a percentage of patients completing the question with the amount of completed responses for each question shown below.

From analysis of the results, the number of completed responses for Health Care Assistants (HCAs) was markedly lower than that of Doctors or Nurses. One possible reason for this is that the Health Care Assistant role is perhaps not as clearly understood as other roles. Our Practice Nurses wear dark (Navy) blue uniforms, and our HCAs wear lighter, royal blue uniforms.

Comments received in relation to this question:

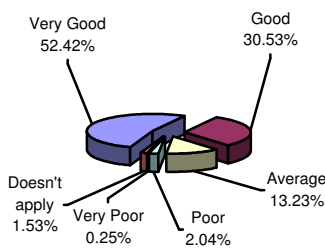
*"I don't know the difference between the practice nurses or healthcare assistants so not sure which one provides which service"*

**Action Point 1:** Practice to better publicise the HCA role and how to distinguish staff.

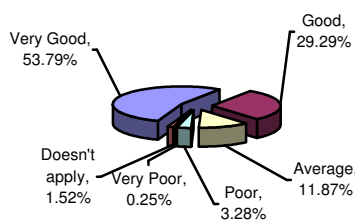
## How do you feel about our Doctors?

The purpose of this question was to understand the relationship our patients have specifically with our Doctors. Patients were asked to rate their performance in 5 areas, the results are shown below:

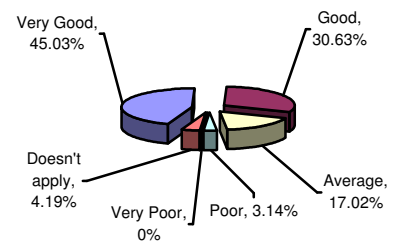
Giving you enough time



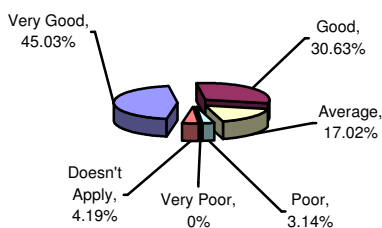
Listening to you



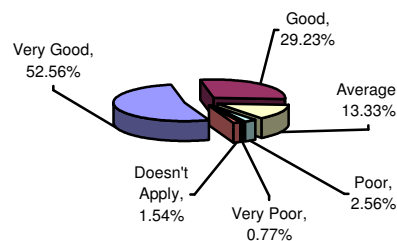
Involving you in your care



Involving you in your care



Treating you with care and concern

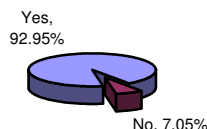


Overall we are quite pleased with these results with 75-85% of patients rating our Doctors as good or very good for all 5 points of the questions.

## Do you know who your usual Doctor is?

As part of our approach to patient's healthcare we assign a 'usual' Doctor. This is the Doctor that a patient will normally see if they ask for a routine Doctors appointment. If a patient requires an urgent on the day appointment, it is not always possible for them to see their usual Doctor as all of the Doctors in the Practice participate in an Emergency/Triage Doctor role to see urgent 'on the day' appointments

Do you know who your usual Doctor is?



It's good to see that the majority of patients know who their usual Doctor is. This can sometimes be confusing as the paperwork sent out from the local health authority sometimes contradicts what the Practice has assigned. In the past when there has been a change of staff the Practice has not always publicised this well, and we aim to address this in future cases. If patients are unsure who their usual Doctor is, they can call the surgery and we'll be happy to let them know.

### Action Point 2: Practice to publicise changes of GP in future where possible to avoid confusion

Comments received in relation to this question:

*"I know my Doctor by name but have never met him in person. I think it is important that NHS records are up to date as to who my doctor is especially as this person is sent the results on any tests. It is disconcerting that my records still show as Dr Cowell as my Doctor as he retired several years ago."*

Our clinical system is always up to date with a patient's assigned Doctor – the system does not allow us to have patients registered under Doctors who no longer work for the Practice. Incorrect Doctors names frequently appear in communication a patient may receive from Hospitals or other healthcare providers we may have referred the patient to in the past.

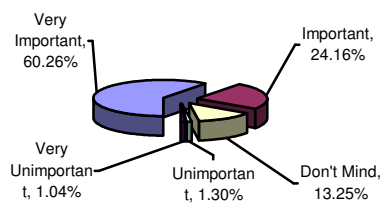
When we refer a patient to another healthcare provider, the details of the referring GP at the time are attached. If a patients GP changes over time the hospital records do not get automatically updated as there's often no direct link between Hospital clinical systems, and those in a GPs surgery – although this is improving as time goes on.

Often when a GP leaves the Practice it is not a simple as moving all of an existing Doctors patients to another Doctor, and it would be impractical and costly to spend time sending notification of a change of Doctor for each affected patient. If a patient attends another healthcare provider for treatment of an ongoing condition, then their records may show a GP that has since left the Practice. Please be assured this does not compromise patient care, or handling of information we receive from the provider in any way.

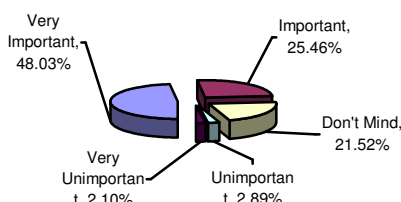
## How important is it to you that you see the same Doctor?

This was a set of 3 questions to try to understand how and when patients want to see their Doctor:

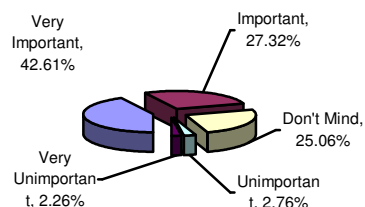
When you are attending for a recurrent problem, or to manage an ongoing condition



When you have a new problem



Every time you visit the surgery



This was another question which in hindsight could have been interpreted 2 ways, either that a patient wanted to see a Doctor instead of another healthcare professional for each also.

After discussion we feel that the results show that patients strongly support continuity of care, and support the model the practice uses, whereby patients can only book routine appointments with their 'usual' Doctor. Whilst we make every attempt to ensure this happens, as has been mentioned previously, if a patient requires an urgent same day appointment this may not be possible. Sometimes it may also not be possible due to staff sickness, professional activities, or annual leave.

A side issue has come out of this, is that as a Practice we need to better explain our approach to patient's healthcare. Historically an appointment at the Doctors was just that, to see a Doctor. In more recent years certain tasks that used to only be performed by a Doctor are now primarily conducted by Practice Nurses, and Health Care Assistants, who often have detailed knowledge on how to manage conditions such Diabetes, Heart Disease, Kidney Disease, Asthma, COPD, Anti-coagulation, and Hypertension amongst others.

**Action Point 3: Practice to better explain the role of different Healthcare Professionals in patient care**

Comments received in relation to this question:

*"I do not like the fact that you cannot see a doctor from the surgery out of hours."*

Unfortunately cover out of normal hours is not provided directly by Munro Medical Centre it is provided by NHS Lincolnshire and covers multiple GP practices across Lincolnshire.

*"I am disappointed at not being allowed to see which Doctor I prefer. I used to have the choice but now there are certain 'rules' on who I can and cannot see. I prefer the choice as I feel happier with certain Doctors. One I saw in an emergency, and then when I came to making a follow up app with that same Doctor I was not allowed as it was not my GP. I was happy with my treatment from this GP and wanted to keep the follow up with them"*

As explained previously, we try to ensure continuity of care by ensuring that if a patient tries to book a non-urgent appointment (ie not one where the patient requires an appointment for the same day), then we will try to make it with their own GP.

Whilst we try to accommodate patient wishes as best we can, if we were to allow patients to make appointments with any GP they wished to at any time, this could disadvantage patients registered with another GP. We have tried many different ways over the years. We currently assign a certain number of patients to a GP depending on how many sessions they work on average in a week, so a GP that works only half the hours of another, will only have half as many patients as the other.

*"It is virtually impossible to see one's own doctor. Sometimes it would be nice to think that the patient knows best about the presenting condition, and would prefer to be seen straight away by a doctor. This has never been possible in my own experience. I realise that many people would take advantage of such a system, and realise why a triage system is in place in this area. However, I would have thought that a simple look at a patient's records would indicate whether or not they were "time-wasters""*

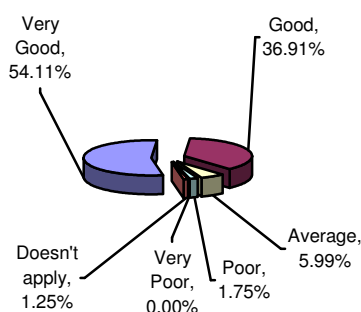
Unfortunately you are correct in stating that the system is open to abuse in this way. Without a clinician taking the time to open a patient's record and discuss the problem they are presenting with at that point it's very difficult to make that decision one way or the other.

For patients aged 70 and over and those with more complex medical needs that we know specifically need a face to face consultation almost every time we mark records as such, and they will be offered an appointment on calling in requesting a same day appointment. That is not to say we are unfairly prejudicing these patients just that in our experience these groups end up seeing a Doctor the vast majority of times, so it's of no benefit to either party to put them through the triage process.

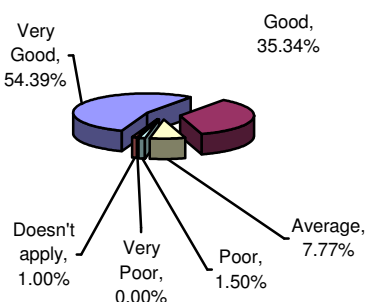
**How do you rate our Nurses**

This question, in the same format as the Doctors question aims to understand how patients perceive the service our Nurses provide, results detailed below:

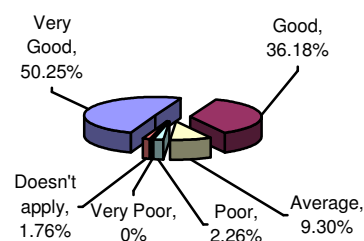
**Giving you enough time**



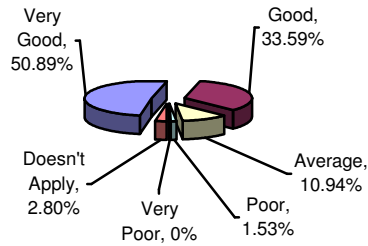
**Listening to you**



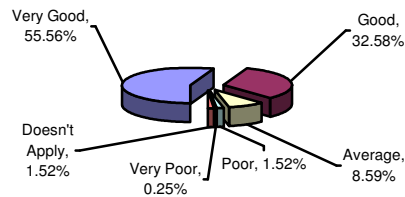
**Involving you in your care**



**Involving you in your care**



**Treating you with care and concern**



We are delighted to see that our patients rate our Nurses so highly, with 84-91% of responses being rated as good or very good across all 5 areas.

A selection of comments received in relation to this question:

*"Whilst at work, I find that the triage nurse appointment system is very useful with the call back service that operates.*

*The practice nurse I see is exceptionally helpful, very professional and kind.*

*"When I was offered an appointment with a nurse, the treatment was excellent - condition diagnosed, medication prescribed, blood tests arranged - problem solved! This is a good system for certain problems"*

*"I have had to visit Munro Medical Centre for a prolonged period for dressings and all of the nurses have been exceptional. Keep up the good work!!"*

*"In my opinion the nurses and healthcare assistant are all excellent and caring, working with a good sense of humour which helps you relax."*

*"The nurses usually see myself and my children and I have always found them friendly, professional, knowledgeable practitioners who do their best for you. Many thanks"*

*"...I do not feel nurses should diagnose and prescribe - that is a Dr's Job."*

*"I find the nurses very variable in their medical knowledge, one could have a consultation with two nurses and the response to your problem would be very different."*

We thank you for your kind comments directed towards our Nursing team. The role of Nurses in Primary Care has evolved significantly, especially in recent years. Each of the Nurses have different lead areas which they specialise in, and all attend both general training, and training specific to their specialist area as necessary.

We are fortunate to have a Nursing team who have a great deal of experience in the areas Emergency and acute medicine, community, treatment room and tissue viability, Diabetes, and other Chronic Disease management, and minor illness triage.

All prescriptions issued by our Nurses are checked and signed by our GPs before issue. We are currently training some of our more Senior Nurses to be Nurse Prescribers, so that they can issue their own prescriptions, and eliminate the need to wait for the Doctor to check and sign a patient's script after they've seen a Nurse.

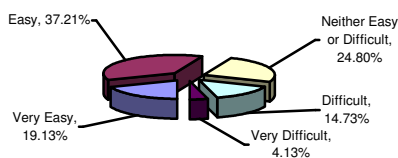
In future it is hoped that a national system of Electronic Prescriptions will remove the need to have a paper prescription at all, and that prescriptions will be sent electronically to a patient's designated Pharmacy – unfortunately this system is still in a testing stage at present, and not yet available to the Practice.

With regard to variable knowledge, the Nurses work as a team and are available to each other for advice and consultation should they feel they need another opinion on a particular case. We also have a Lead Nurse who any of the team can consult for advice. Should any member of the Nursing team not feel comfortable diagnosing or treating a patient, they also have the option to either consult with, or have the patient see the on-call or Emergency GP on the day for their opinion.

## Telephone & Appointments

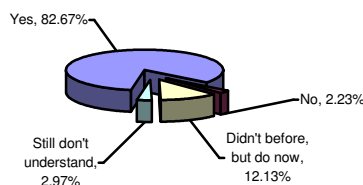
In this section we asked patients about their experiences trying to contact the surgery by Telephone, and about the Telephone Triage service, results shown below:

**In the past 12 months, how easy have you found it to contact the surgery by telephone?**



Adjusted

**Do you understand what Telephone Triage is and how it works?**



**If you have used Telephone Triage, are you happy with the system?**



Adjusted

These are a mixed set of results overall, and we'd have hoped for better figures for being able to contact the surgery by telephone. The figures for the first and last charts are adjusted to remove the option of 'Haven't Tried', and 'I've not used Telephone Triage' respectively.

Whilst the introduction of Telephone Triage several years ago now in hindsight could have been better implemented, a majority of patients now understand what it is and how it works, with the majority of the rest understanding after it is explained in more detail.

**Action Point 4: Explain procedure for urgent on the day appointments in more detail on the website, in Surgery, and in the Practice Leaflet**

In terms of the satisfaction with telephone triage again, we would have hoped for better figures, a selection of comments received in relation to these questions:

*"The telephone triage system is sometimes not a very good option especially when you are standing in the surgery reception and have to wait to be telephoned. If you do not have a mobile do you have to go home and wait and then come back in again later or try and make another appointment. Surely it would be more practical for someone to come and speak to you in person."*

*"Whilst at work, I find that the triage nurse appointment system is very useful with the call back service that operates"*

*"The triage nurse for an appointment is fine but having to wait for a call back is crazy. I work in a school and my phone has to be turned off. Hence when she calls I can't answer it. I have to re-phone and the procedure repeats. I ask for a call at break or lunch and if missed I have to re-phone"*

*"I do feel that an appointment should be given on request with the Dr without having to wait to have the Triage Nurse ring back for her opinion on the problem."*

The telephone triage system was introduced to try to manage the need for patients to be assessed appropriately, seen in a timescale appropriate to the problem they are reporting, and be directed to the most appropriate treatment/service. In years gone by this used to fall in the hands of Receptionist who are not clinically trained to assess what is clinically urgent and what is not, and that itself led to problems.

Telephone triage at the Practice is carried out by our most experienced trained Nurses, who use their experience and judgement to work out the most appropriate course of action, or appropriate clinician that the appointment needs to be made with, therefore allowing appointments to be used efficiently. Part of the problem is, as Primary Healthcare changes, a lot of problems a patient may think they need to see a Doctor for, are now carried out by Nurses or Healthcare Assistants who have specific skills in that area, and are in some cases have more in depth and up to date knowledge of current treatments available.

If a patient requests a same day or urgent appointment they will be asked for their details, a contact telephone number that they can be contacted on the same morning or afternoon, and the problem they are calling for advice about – or the patient can choose to say that the matter is private. The reason the Receptionist asks what the patient is calling about, is so that their call can be dealt with by the most appropriate person.

All calls are put on a telephone appointment list in order and called back, at the cost of the practice, to a number of their choice, usually within an hour. Sometimes due to emergencies that the Nurse assigned to telephone triage may have to deal with, or extremely high call volume a Nurse will not be able to call the patient back within an hour.

It is noted that there is some dissatisfaction with not being able to specify a time for a call back, and whilst we haven't specifically said to our staff they cannot do this, it appears as if there is inconsistency in how this is being presented to patients.

**Action Point 5: Staff to be made aware that patients can specify and have recorded an approximate convenient time they would like to be called back when going on the Telephone Triage list, if their personal circumstances dictate that calls can only be taken at certain times.**

Please note this will work on a best endeavours basis and is not a guarantee to do so. The call back time needs to be reasonable, whilst we will try our best to accommodate patient wishes, asking or demanding a call back in 5-10 minutes is rarely possible in practice. Telephone triage operates most days from 08.30 until 12.30, and then from 14.00 until 17.30. Sometimes the afternoon session may start later if there is a clinical meeting. These are the times when call backs to patients can be made. We regret that we are unable to make call backs outside of these times on the Telephone Triage service. We will aim to have this in place by the end of April, and monitor this.

A second reason the Practice prefers patients to call us first, is the amount of parking available at the surgery. The Practice could flatten every last bit of green space around the surgery and turn it all into car parking space, but if everyone that wanted an appointment turned up at the surgery, we would still find patients queuing all the way down West Elloe Avenue most days.

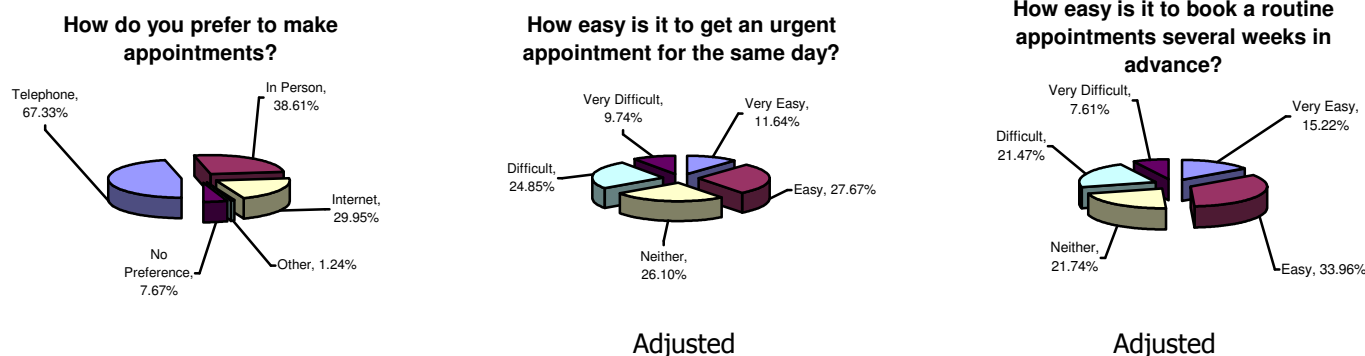
In some cases a patient may not need to visit the surgery at all, and we may direct them to other services that are more appropriate to the problem they are presenting with at that time, saving the patient a wasted journey to the practice. We do however recognise some patients be hard of hearing, or have other difficulties communicating using a phone and we of course will be happy to help in any way that we can.



To give patients an idea of the sort of volume of requests the surgery receive for urgent 'same day' appointment, it is not uncommon for the surgery to receive well in excess of 100 calls just on a Monday morning or the morning after a Bank Holiday. This is in addition to the routine appointment requests that we receive. The Telephone Triage service handles on average anywhere from 90-180 requests for same day appointments each day. We staff the service and our Reception accordingly depending on anticipated demand – we are always busier after weekends and Public Holidays.

## Making Appointments

Here we were interested in a patient's preference for making appointments, the results are shown below, since this was a multiple choice answer, the figures when combined don't all add up to 100%:



The figures above marked as adjusted have had patients who chose 'I've not needed an urgent appointment', and 'I've not needed an appointment in advance'.

It's good to see that a majority of patients prefer to make appointments by telephone, and this is the method the Practice prefers. This ensures that we can organise an appointment over the phone for the patient with the most appropriate person available at that time. We're also encouraged to see a healthy interest in Internet or Online bookings, although we do recognise this is limited, and this is due to a restriction by our clinical systems provider.

Booking an appointment using either telephone or internet means that this reduces the need to come to the surgery to book the appointment, only to return again later. This also reduces pressure on our already limited patient car park spaces.

A selection of comments received in relation to these questions:

*"I find that little things - the 0844 premium telephone number, the automated voice, are just annoying especially if I call in from my mobile phone."*

*"I understood it was illegal to use a 0844 number and making money from phone calls. The old way was better as it never cost anything if the line was engaged, now you get a load of information costing you money then the line is engaged and say call back later when not so busy."*

*"... Sometimes no appointments available at all in future available period for doctor. This puts me off seeking an appointment despite need for regular check up on a number of long term health issues"*

*"Sometimes I am asked by either a doctor or nurse to make an appointment some 3 to 6 months in advance but an unable to do so because the reception appointments book is only open for 28 days in advance."*

*"Have been advised on odd occasions to make an appointment for a month in advance and then find out that they don't go that far ahead. it seems the advising Dr is not aware of this?"*

The practice has considered an automated appointment booking and cancellation service in the past year that would allow patients to book and cancel appointments even when the surgery was closed, but due to the cost, and mixed feedback from other practices, it was decided that it was not a viable proposition at this time.

With regard to use of 0844 numbers, the legislation does not ban the use of 0844, and we are required to ensure that the call does not cost any more than if the caller was calling the number in the same STD code they are dialling from.

The system we have installed in the Surgery was installed back in 2007 to overcome issues common to many GP practices of patients being unable to get through to the surgery and obtaining an engaged tone, something which is still an issue for many surgeries nationally. At that time the ability to handle multiple incoming telephone lines and preserve outgoing lines through a local number was not possible, although we understand it has become available since then.

Calls to 0844 numbers are often incorrectly referred to as 'Premium Rate', and this in itself can understandably incense users of the service into believing that they are paying significantly over what they would normally pay for a landline to landline phone call either locally or nationally, this is not the case. It is also not true that we seek to profit from use of an 0844 number, under the terms of our contract we are not permitted to do so.

Since we've had the phone system installed, how most consumers pay for their telephone bills has changed. Previously a consumer would pay a line rental charge and then call charges based on who was dialled, the time of day, and whether it was a local, national, international, or mobile number. Now it is more common for consumers to buy their telephone service in a bundle with their TV or internet service, and local and national calls are sometimes included in the fixed cost, either at evening and weekends, or throughout the week depending on the package you choose for up to an hour at a time. 084x

(and in some cases 087x) numbers are, as has been pointed out previously not included in these packages. Unfortunately we could not foresee this would become an issue when we took out the contract, and were focusing on trying to improve the service we offer to our patients.

We understand that not everyone likes having to listen to recorded messages, and that the perception is that these keep you waiting longer. The voice currently used on our phone system is an actual person, although having listened to it ourselves we can appreciate this may sound computer generated, and lacks warmth. To this end, we are arranging to shorten and re-record the messages played when the surgery is called. We are also looking into the possibility of the option to leave a message for a call back should you be holding for a department longer than a minute so that the department could call you back at our cost instead.

Longer term we would like to move away from using an 0844 number and if possible return to using a local 01775 number, however telecoms contracts are long term deals and at present ours isn't due to end for a further 2½ years, however we are looking at all options available to us, in the short, medium, and long term.

**Action Point 6: Practice to look into possibilities of providing an alternative to 0844 number, re-record messages to make them shorter, and look into the option of patients being able to leave a message if holding for more than 1 minute.**

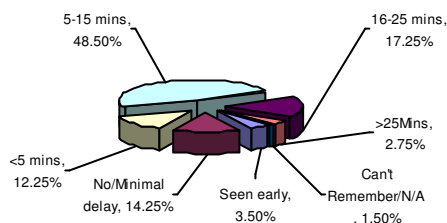
With regard to follow up appointment rotas not being on the system far enough in advance we are discussing this with our Reception Managers and Supervisors. Where clinics are scheduled every week on specific days/times we can put some of these appointments on for several months in advance. Appointments with specific Doctors and Nurses we try to keep a minimum of 4-6 weeks in advance.

We understand there have been several occasions where this has not occurred and we apologise for this. This can be difficult in practice to plan rotas more than 6 weeks in advance for general appointments as appointment slots are often for specific types of appointment, and certain types of appointment can only be dealt with by certain clinicians. We also have to factor ability for staff to take annual leave and sickness, sometimes at short notice which is always difficult to try and cater for.

**Action Point 7: Rotas to be on system for a minimum of 6 weeks in advance by end of April 2012**

## Do we see you on time?

How long do you normally wait to be seen past your booked appointment time?



If you had a delay of >20 mins - were you made aware of this?



Adjusted

This is a very disappointing set of results for the Practice, and we have already taken action on this. We have performed an audit of appointment lateness for all clinicians, and provided these to each clinician for their information, and will be monitoring this and taking any action necessary to ensure that these figures improve.

Sometimes delays are unavoidable, more so if a patient attends for an appointment with the Emergency/Triage Doctor, as demand and emergency visits can mean that a patient is waiting longer than is ideal, unfortunately this is the nature of this type of appointment.

Like any of our patients our staff are not invulnerable to sickness themselves, and working in a GP Surgery seeing lots of poorly patients each day it is inevitable that our clinicians also become sick from time to time. When this happens at short notice other clinicians may be asked to see additional patients that have already arrived, or are on their way to the Surgery in addition to their own, and this may result in some delays during this time.

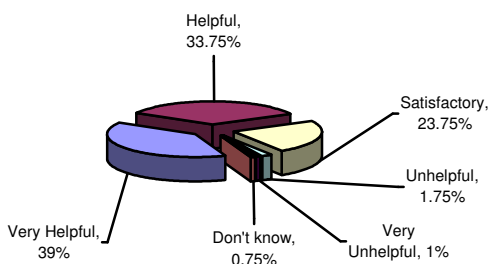
If patients are waiting more than 20 minutes past their scheduled appointment time our Receptionists are instructed to let patients know using the tannoy, or if Reception know this, and a patient checks in at the Reception Desk, then the Receptionist should advise them then. It's clear from the results that this is not happening as often as it should.

**Action Point 8: Practice to monitor appointment lateness and take appropriate action when consistent lateness in seeing patients (excluding Emergency/Triage Doctor appointments) occurs.**

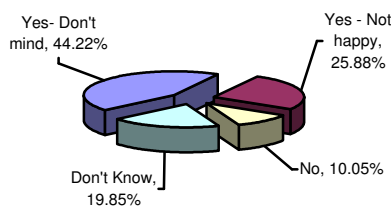
**Action Point 9: Reception staff to be more pro-active in monitoring and advising patients when clinicians are running late**

## Reception

How helpful do you find our Reception staff?



Can you be overheard in Reception when you want to discuss something private?



Again this is a mixed set of figures, patients seem reasonably happy with our Reception staff and how they are handled and this is good to hear, but confidentiality when a patient wants to discuss something private is an issue.

During the recent extension project we added a side room next to the Reception desk intended as a confidential area for discussions, however this has been underused since it was added, and it houses the waiting room Blood Pressure (BP) machine.

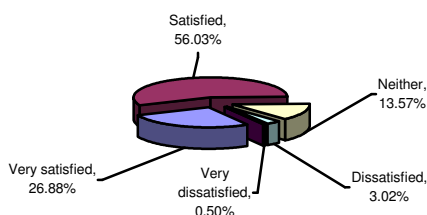
We can look at various things to try and improve this, the first two action points mentioned below are the easiest in theory to action, and we will look at those first. The idea with background music is that it will reduce the quietness that makes conversations more easily heard.

The last two action points are more difficult to action, and the Practice will take advice on how best to achieve this from a Professional with experience in this area.

- Action Point 10:** Practice to add a sign to door for Confidential Room, promote it's use, and possibly move BP machine out of this room
- Action Point 11:** Practice to investigate playing background music in waiting areas
- Action Point 12:** Practice to investigate limiting noise leakage from rear of Reception area into Waiting Room
- Action Point 13:** Practice to investigate how to increase privacy of patients discussing issues at the Reception Desk being overheard in Waiting Room

## Opening Hours

How satisfied are you with our Opening Hours



We are pleased with these figures, with only a handful of people not satisfied with current opening hours.

The question on the survey was longer than the one in the chart title above and read as follows:

**How satisfied are you with the Surgery Opening hours? We are open Monday to Friday 8:00am to 6:30pm. We also have pre-bookable appointments from 8.00 to 8.30am in the morning, and some evenings between 6.30 and 7.30pm**

A selection of comments received in relation to these questions:

*"I feel the surgery should be open on a Saturday morning"*

*"Cover at week-ends (e.g. Saturday morning) would be welcome."*

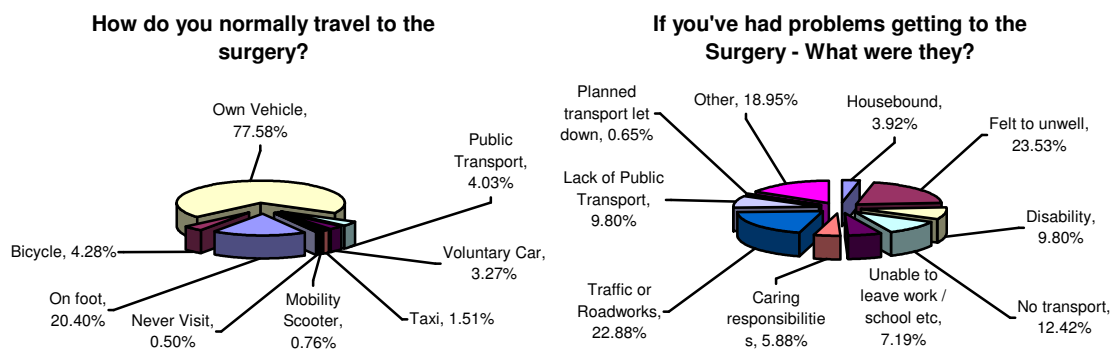
*"For working people who can't make surgery in your working hours it would nice to open half day Saturday"*

*"I notice that you advertise your opening hours as 8am to 6pm but do not point out that the surgery is closed and doors locked at lunchtimes. Some guidance on the web site and at the entrance would be helpful."*

The surgery has tried a Saturday opening in previous years; however this was very poorly supported by patients, and a significant number who did book, cancelled at the last minute, so we subsequently discontinued the surgeries.

At this point we still don't see enough evidence to support a weekend surgery, but will keep this under review, and will perhaps survey this in more detail again next year.

## Travelling to the Surgery



Parking as many comments have highlighted has become a bigger issue for the Practice since we've had our extension built, and although we've increased the parking available by moving a majority of our staff parking off-site, this is still an issue, more so in the winter months.

In terms of problems getting to the surgery roadworks have very much been an issue around Spalding this year causing delays throughout the town for large parts of the year. We will raise this and the lack of public transport with Lincolnshire County Council. We have covered parking available for bicycles available between the surgery and West Elloe Pharmacy, and also a motor cycle hard standing available next to this, as well as an area for mobility scooter parking at the front of the surgery. We hold a stock of local public transport information leaflets and timetables on our Reception desk, and you can find links to timetables online on our web site, and via this website: <http://www.travelineeastmidlands.co.uk/>

A selection of comments received in relation to these questions:

*"Car parking is sometimes a problem at busy times, often worsened by 'Chelsea Tractors' taking 1.5 spaces. How about limiting their parking to the grass near fire station road?"*

*"Car parking - difficult at times. It seems that staff sometimes park in the patient parking area - could there not be a 'long term' area for them - on the grass perhaps?!"*

*"Car parking is a major problem, and considering there is little or no alternative to personal transport, something must be done to increase the capacity"*

*"Parking is a problem. It would help if white lines were renewed."*

*"The only suggestion I wish to make is that the gateway into the property is widened, so that it is easier for one car to go in whilst the other is going out. The entrance could also be made without the incline which feels 'spine shattering' for anyone with back problems."*

*"Munro to do their own car service chargeable to patients, but cheaper than a taxi. Only one car service in Spalding, and often fully booked, and unobtainable, due to shortage of drivers."*

Many patients have commented that we should use the green area opposite the surgery for parking either for patients or for staff. Unfortunately this land is not owned by the Practice and is under private ownership. Despite several attempts in past years to acquire it for parking, to date we have been unsuccessful, so are unable to use this, or advise patients to use this as parking for the surgery. Even if we were to acquire this, there may be restrictions on its use as there is known to be pipe work for a gas main underneath it. Patients are also kindly reminded not to park on the fire station access road outside of the surgery.

All staff, with the exception of Doctors who park around the rear of the surgery are under strict instruction not to use the patient car park, as staff have their own designated parking area off-site.

Parking bay lines are due to be re-marked, we are waiting for better weather before this is completed, however all patients are requested to park considerately inside the bays.

The raised area at the entrance to the car park was a planning restriction that was imposed when the surgery was originally built, due to it connecting to the fire station access road, and has already been widened as much as it can be without sacrificing another parking space.

With regard to the voluntary car service, the practice does not own, run, or manage this service, nor are we looking to run our own. We will however try to discuss the provision of the service with the current providers and see if there is anything we can do to increase capacity. If capacity cannot be increased, then we may look to see if there are any other options that would help.

**Action Point 14:** Practice to looking into the possibility of purchasing green opposite surgery again and its suitability for additional patient car parking.

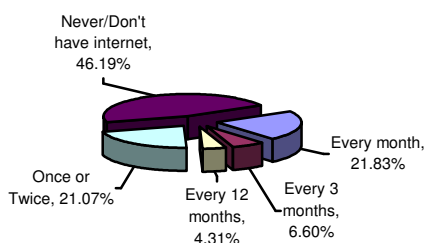
**Action Point 15:** Practice to re-mark parking bays in existing car park

**Action Point 16:** Practice to write to Lincolnshire County Council regarding co-ordination of Roadworks and provision of improved Public Transport.

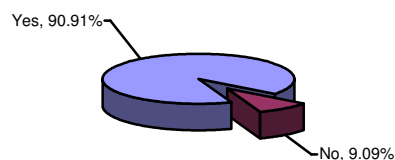
**Action Point 17:** Practice to discuss provision with Voluntary Car Scheme providers and see if there is any way to expand the service offered, or other options if unable to expand.

## Internet Site

How often have you used the Surgery Website?



Did the website have the information you needed?



The lack of internet access even amongst the younger age groups was quite surprising considering how the town has grown in past years. For those that have accessed and used the website, the majority have found the information they needed. Patients can register for our online services in addition to the information provided on the web site, which allows them to order repeat medication, and book an appointment with their usual GP.

A selection of comments received in relation to these questions:

*"I would like more appointments on the internet as well as trying to phone is a nightmare."*

*"It would be useful if you could communicate with the dispensary staff about medications via the internet service without having to order a prescription."*

*"You cannot book appointments with another doctor only with your nominated GP on the internet. Also on internet you cannot book urgent appointment."*

*"On line website does not allow you to book a nurse appointment."*

*"It would be nice if the on-line appointment booking service could be extended to include nurses and health care assistants."*

We do understand that the online services are more limited than we would like, however as this system is provided by our clinical systems provider changes are slow to happen as it doesn't just affect our Practice it affects many hundreds nationwide.

We have tried several times in the past unsuccessfully to request that services are expanded to include Nurse and HCA appointments, however our approach to patient healthcare the system doesn't currently allow us to do this. We will however armed with the results of this survey try again and hope that we can convince the provider to make changes to the system to allow more flexible use in offering appointments.

In terms of not being able to book with a Doctor other than a patient's own Doctor, this is working as we have requested it to for reasons we have discussed earlier in this document.

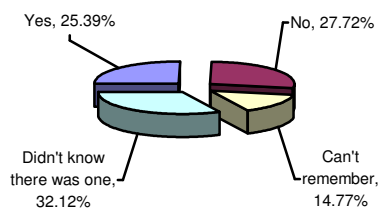
In terms of communicating with the Dispensary, although information patients send to us using SystemOnline is secure – there is no secure method for sending a reply to the patient via e-mail (which is inherently insecure) or via SystemOnline itself. It raises an interesting question though as to whether SystemOnline could have its own messaging system, we will raise this with the provider, and see if it is something they will consider adding.

Additionally as it has been some time since the Web site has had a complete update, we're looking to freshen it up, remove some of the clutter, and add more useful information to it.

- Action Point 18:** Practice to contact systems supplier to try and have them improve offering of appointments online
- Action Point 19:** Practice to contact systems supplier to try and have them include a secure messaging system within SystemOnline
- Action Point 20:** Practice to arrange refresh of current website and ensure information is relevant, and up to date

## Surgery Leaflet/Brochure

Have you read out Surgery leaflet/booklet?



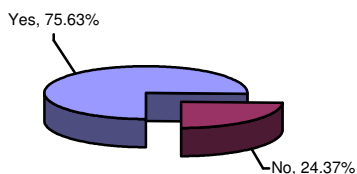
It has been some time since we last performed a major review of our patient leaflet/booklet, and the results show that patients aren't aware of it in a lot of cases, or this isn't being used. We have decided to commission a new A5 size booklet with up to date information about the practice and how it works this year, and work will start on producing this in April.

It has also been discussed at PRG meetings that it would be useful to have a quarterly Practice Newsletter, giving information on what's happening at the surgery, and other useful information for the time of year. We will look at starting to work on this with the PRG during the next quarter.

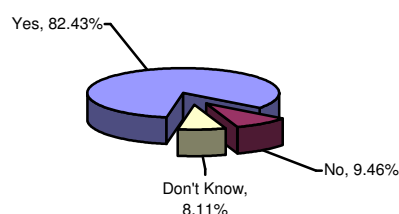
- Action Point 21:** Practice to produce and publicise new Patient Leaflet/Booklet
- Action Point 22:** Practice to look at producing quarterly newsletter in conjunction with PRG

## Outpatient Appointments

Have you been referred for an Outpatient appointment in the last 3 years?



Did the Hospital Doctor or Nurse appear to have all the information they needed?



This question was included after comments from a PRG meeting where it was mentioned that when they had attended a Hospital appointment previously they never seemed to have the information they needed. The results show that this thankfully does not appear to be a very regular occurrence.

A selection of comments received in relation to these questions:

*"I arrived there before the paperwork!"*

*"The information from the surgery is there, but often information is not passed to the person who is actually going to see you"*

*"The computer system was down that day"*

*"Gets a bit tedious, when you keep getting asked for your date of birth, when it clearly states it at the top of the paperwork, that you take with you."*

When a GP refers a patient to another service this is more often than not through the Choose & Book system. Choose & Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic. As a practice we are required to attach all of the information the outpatient clinic requires before a referral will be accepted by any provider, and as such incidences where information is not sent by the Practice should be very rare.

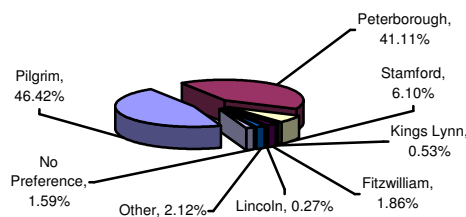
Most hospitals still rely heavily on paper notes, although as time goes on this is improving as more systems start to work together. Problems that can occur in the Outpatient clinic is that information sent may not reach patient notes in time for the clinic appointment, or that patient notes may not be able to be found in time for a clinic appointment and what's known as a 'Temporary set' of notes will be created for that appointment. This is a blank set of notes that notes from the appointment can be put in, and they will be merged with the original when found. These are both outside of the Practice's control, although we will put this forward information on this to the CCG for them to raise with the relevant Hospital Trusts.

Hospitals and clinics that aren't using the Choose & Book system are being encouraged to do so, as it helps ensure that the required information is automatically attached when the referral is sent.

Hospitals will ask for a patient's date of birth to verify that you are the patient they have information for, to protect your patient confidentiality, and to try to ensure that if there were two patients with the same name, that the information they have in front of them refers to the correct patient and that the correct patient receives the correct information.

## Preferred Hospital

Which is your preferred Hospital when services are not available in Spalding?

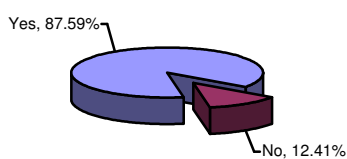


Adjusted to include additional choices specified

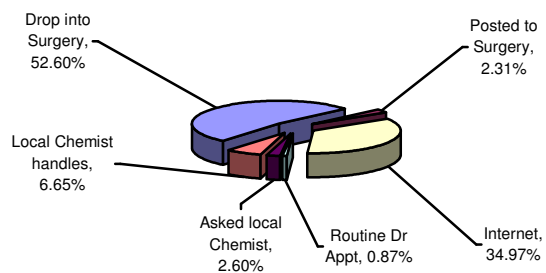
We're interested in where patients want to be seen should they need to go to Hospital, so that we can pass this information onto the CCG. In our location we're fortunate to have quite a few relatively local facilities, so there is a reasonable amount of fairly local choice for most specialties. We will feed this information into the local CCG so they can bear this in mind when commissioning local services.

## Repeat Prescriptions

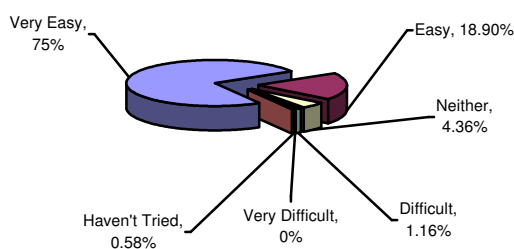
Have you ordered a repeat prescription in the last 6 months?



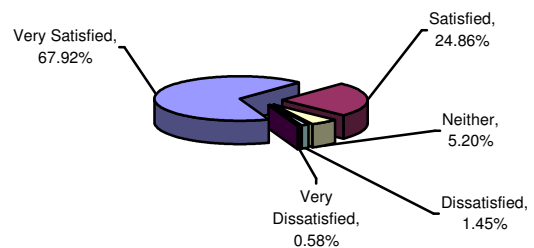
How do you order your Repeat Prescription?



How easy to order?



How satisfied are you with the service?



We're really pleased with this set of results and our Dispensary staff work hard to ensure they provide a good quality timely service to our patients.

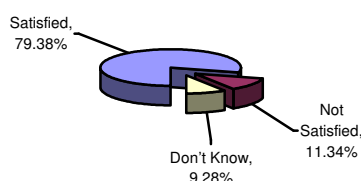
We would like to encourage more people to use the internet/online service to order repeat medication where possible – this gets rid of the need to come to or post the request to the surgery, meaning saving a trip for the patient, and keeping car park spaces available for those attending appointments.

To register for the free online service, patients can ask at the Reception desk when they are next in the Surgery, to register for the first time, patients will need to bring a photo ID, and proof of address. This system also offers the ability to manage other family members repeat prescriptions if they consent to the patient doing so, this can be useful for ordering any children’s repeat medication.

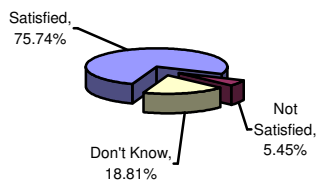
## Additional Services

How do you rate the services we currently offer (adjusted to remove ‘not used service’ option):

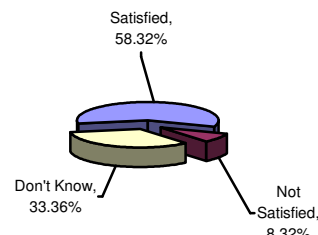
**Ear Syringing**



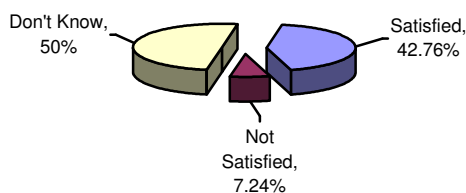
**Minor Surgery**



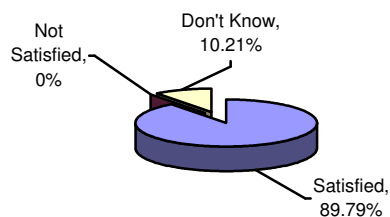
**Steroid Injections**



**Toe Nail Surgery**



**Travel Vaccinations**



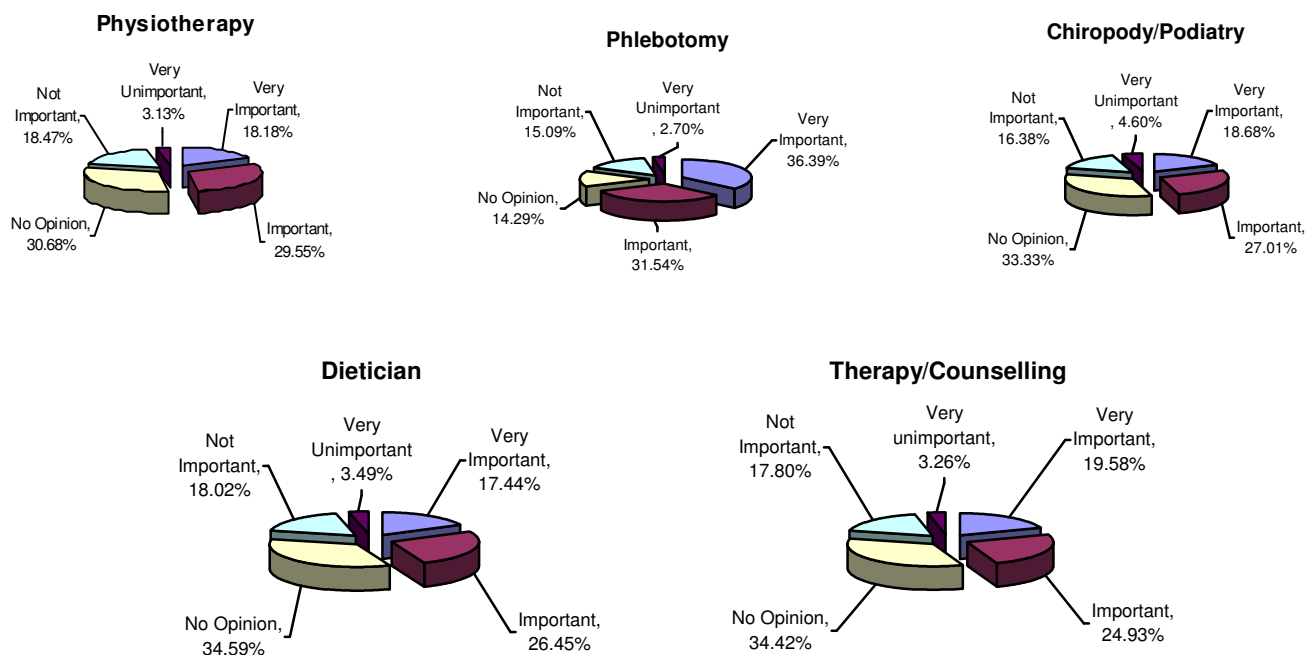
All of the charts above use adjusted figures, as many services have comparatively few users/responses. Overall we are satisfied with the results of this part of the survey. We have also conducted a separate minor surgery survey alongside this and received good results from this also.

Another point that came out in the survey, and also in PRG meetings was the length of time taken before the Practice would syringe ears (currently 14 days). Comments were received that other walk-in centres would do them before this time. We took this away for a review of our clinical policy, and after looking at the current research we have changed our guidelines for checking ears for syringing after approximately 7 days of using olive oil drops in the ear instead of 14 days. The change in the length of time is being introduced during April 2012, and is of course subject to appointments being available. Depending on how effective the drops have been at softening the wax, the clinician may be able to syringe at that point, or request you continue to use drops and return again at a later date. We will monitor this and see how effective this is.

**Action Point 23: Surgery to reduce the amount of time using olive oil ear drops before check/syringe from 14 to 7 days**



## Would you like to see the following at MMC



As a surgery we're always looking to provide more services ourselves that meet our patient's needs where we can. It is often more cost efficient, and convenient for patients to offer services in Primary Care settings such as a GP Practice, than it is to refer elsewhere. We note strong support for most areas here, but particularly strong preference for Phlebotomy/Blood tests to be done at the surgery. This like many other surgeries in the area is currently performed at the Johnson Hospital on Pinchbeck Road. We will discuss how practical it is to introduce these services from the practice, and where appropriate make investigations into how/if/when we could provide these services at the practice.

**Action Point 24: Practice to investigate feasibility of introducing some of these services at the Surgery**

### Summary

This was a very valuable learning exercise for the Practice and we have received some good feedback and suggestions from patients. We will work through the year on the action points identified, and look to post progress on how things are progressing in a newsletter as mentioned earlier in the report.

The practice would like to thank everyone who took the time to complete a survey and provide feedback, and assure patients we have read all of their comments, and things that aren't necessarily mentioned in this report, but were highlighted in some additional comments are being looked at as well. Some patients elected to mention specific issues or problems they were experiencing, if they would like an individual investigation, please contact the Practice Manager at the Surgery.

The results have already been discussed with the GP Partners, and will be discussed at all department meetings and staff in the coming month.