

BOUGHTON MEDICAL GROUP

PATIENT SURVEY JUNE 2011 (Anon.)

The National Patient survey was carried out in the first two weeks of December 2010. The full patient survey was received here on Thursday 2nd June 2011. Ipsos MORI surveyed 1,139 patients and got back 476 GPAQ questionnaires (42% - which is a very high level of return [the national average was only 36%]).

Legend = On Benchmark = Green; Within 5% of Benchmark = Black; > 5% or more of Benchmark = Red
 * = a benchmark change

Overall we scored:-

Question	2008 Score	2009 Score	(Dec) 2010 Score	2010 National Benchmark
Overall Satisfaction with the Practice	*77%= Green	92% Green	92%= Green	*78%/90% Green
Satisfaction with the GPs Questions	72% Red	83% Green	83%= Green	84% Green
Satisfaction with how much GP involves the patient	71% Red	76% Green	70% Red	75% Green
Frequency of seeing preferred GP	81% Green	85% Green	86% Green	74% Green
Availability of 48 hour GP appointments	56% Red	76% Green	77% Green	67%/*79% Red
Time you have to wait in The waiting room to be seen	74% Green	76% Green	74% Green	65% Green
Ease of getting an appointment With a Practice Nurse	78% Green	82% Green	81% Green	70% Green
How well Nurses explain treatment	77% Green	82% Green	89% Green	77% Green
Satisfaction with Reception Staff	73% Red	75% Green	76% Green	75% Green
Getting through to the Practice By telephone	*59%= Green	63% Green	77% Green	*57%/69% Green
Satisfaction with opening hours	64% Green	77% Green	80% Green	63%/*81% Red
Satisfaction with being able to book ahead appointments (up to 14 days)	75.0% Green	76.0% Green	77.0% Green	71% Green

The four main areas patients asked for improvement in were: - 1. Ability to speak to a GP by telephone
 2. The availability of any GP appointments; 3. My GP involving me more in decisions about my healthcare.

We will review the full survey as a Practice and also with a Patient Participation Group (PPG) on Tuesday 7th June 2011. This will help us take on-board the feedback and improve the service we deliver to our patients.

Philip Smith

GROUND RULES FOR PATIENT FORUM MEETING
Tuesday 7th June 2011

1. THE MEETING IS TO BE A “NO BLAME CULTURE”. EVERY OPINION AND RECOMMENDATION WILL BE VALUED AND RESPECTED.
2. LET US LOOK AT WHAT WE ARE DOING WELL AND SEE IF THERE ARE ANY LESSONS TO BE LEARNED TO IMPROVE THE AREAS WE WANT TO BE BETTER IN.
3. THE AIM OF THE GROUP IS TO DISCUSS AREAS WE CAN INFLUENCE TO IMPROVE THE SERVICE WE CAN OFFER OUR PATIENTS.
4. FOCUS ON AREAS THAT WILL BRING THE MOST BENEFIT TO THE WIDEST NUMBER OF OUR PATIENTS.
5. IN ORDER TO MAXIMISE THE ONE HOUR WE HAVE AVAILABLE TO US TONIGHT, WE DO NOT WISH TO GET INTO POLITICAL DEBATES ABOUT RESOURCES AND AREAS THAT WE CANNOT INFLUENCE (E.G UK WAITING LISTS, COUNTLESS OF CHESTER HOSPITAL SERVICE OR NON-AVAILABILITY OF BEDS OR APPOINTMENTS WITH CONSULTANTS ETC).
6. IF PATIENTS HAVE INDIVIDUAL CONCERNS ABOUT INDIVIDUAL CASES OR MATTERS THESE WILL NOT BENEFIT THE GROUP DISCUSSION TONIGHT. WE WILL HOWEVER BE HAPPY TO REVIEW THESE SEPARATELY, WITH INDIVIDUALS, AT ANOTHER TIME ON A “ONE TO ONE BASIS”.
7. WHAT ADDITIONAL INPUT AND INVOLVEMENT DO OUR PATIENTS WANT IN THEIR ONGOING HEALTHCARE?
8. HOW CAN WE HELP OUR PATIENTS TO GET THE MOST OUT OF THEIR CONSULTATIONS (WITHIN THE CONSTRAINTS OF THE TEN MINUTES AVAILABLE)?
9. WE CANNOT READILY INFLUENCE THE MAJOR STRATEGIC NHS FUNDING DECISIONS IN THE SHORT TERM (A 41% INCREASE IN PRIMARY CARE FUNDING WOULD BE NEEDED TO ASPIRE TO RETAIL/PRIVATE HEALTHCARE SERVICE LEVELS OF WAITING TIMES/PATIENT CHOICE/ HIGHER LEVELS OF GPs AND NURSES). WHAT CAN WE DO, TO MAXIMISE WHAT WE DO WELL AND IMPROVE WHAT COULD BE DONE BETTER, WITHIN THE CURRENT FINANCIAL RESTRAINTS?
10. WHAT WOULD THE PATIENT FORUM RECOMMEND WE DO TO MITIGATE THE EFFECTS OF INNAPPROPRIATE USE OF NHS RESOURCES (PATIENTS WHO FAIL TO ATTEND APPOINTMENTS; INAPPROPRIATE REQUESTS FOR HOME

VISITS DUE TO BAD WEATHER OR LACK OF TRANSPORT OR LACK OF SAME DAY APPOINTMENTS.)?

Patient Participation Group Meeting – 7th June 2011

Present: Philip Smith, Rachel Kennouche, Dr Mark Griffiths, Sr. Sarah Smith, Rebecca Evans, Leanne Edwards, Adie Salter, Clare Sampson and Jane Dixon

Phillip Smith	31 Patients Attended
Rachel Kennouche	
Dr Mark Griffiths	
Sr. Sarah Smith	
Rebecca Evans	
Leanne Edwards	
Adie Salter	
Clare Sampson	
Jane Dixon	

Philip welcomed everybody to the 9th Group Forum Meeting that has been held at the practice. He explained how Boughton Health Centre have been holding Patient Forum Meetings since 2001 but now all UK GP Practices will be required to hold similar meetings. These meetings will be held quarterly and we will write to everybody who has attended today to invite them back in 3 months' time.

Philip explained how important these meetings are and the Partners took on board what was discussed at the 2008 Patient Forum Meeting and the building has since had a major refurbishment, by the practice borrowing £70,000 from the Bank to uplift the waiting room, reception area and consulting rooms.

Other action that was taken following the last Patient Forum Meeting was to put information of the practice website on the outside of the building.

Presentation of the Latest National Patient Survey

The results from the 2009 patient survey showed that we were below average in some areas so a lot of work has been put into making improvements. This was reflected in the December 2010 survey, which showed a significant improvement, as in all but one area (being able to see a GP same day or within 48 hours) we were above the UK average. Certain areas that are controlled by the NHS we cannot change (funding, prescribing, and waiting lists for secondary care) but changes were made within the areas that we have control over.

Able to see doctor on the same day or next 2 days the surgery was open

This is an area which we did not score as high as we would have liked to have done (77% against the UK average of 79%). As a practice we feel this question is not worded to reflect this Practice. We have an Express Clinic running every day lead by our Prescribing Nurses, so patients can always get seen on the same day when necessary, however this appointment is with a Prescribing Nurse and not a GP. If the question was worded, with a GP or Nurse, we would have scored much higher (as we

found in our own Patient Survey we undertook in February 2010). We will continue to be working to improve this area.

Able to get an appointment with a doctor more than 2 days in advance

We have always had a system whereby patients can book appointment up to 2 weeks in advance. It may sometimes be difficult to arrange an appointment with our part time GPs as they have fewer appointments available. A selection of their appointments are released 14 days ahead so that appointments can be pre-booked.

GP Practices are currently resourced for 5.2 consultations per patient per annum but at present we are delivering 7.7 consultations per patient per annum, which stretches our resources by 38% over the resourced capacity

Rachel explained how the GP appointments are released at different times. Appointments are released 2 weeks ahead, 48 hours ahead and on the day. This is to allow patients to pre-book appointments but also to have availability for more urgent appointment to be booked with the GP, for where the Express Clinic is no suitable.

By increasing patient education/ awareness on the appointment system it will enable them to ring at the appropriate time so not having to make 2 phone calls, the initial phone call to be told when they need to ring to make the appointment and the second phone call to actually arrange an appointment.

Philip explained why it is important to have urgent on the day appointments because without these appointments the clinics cannot cope when a patient presents who needs to be seen immediately.

Rachel explained that each GP now does telephone consultations at the end of their morning surgery. These appointments can be pre-booked but will need to be suitable to be discussed over the telephone (e.g. pre-existing condition/ follow up). The telephone consultation will need to take place with the patients normal GP. The reception team will take the details from the patient and offer a telephone consultation if appropriate.

One patient shared their experience where the consultants letter had not been received by the GP so she did not receive the medication required. She was very pleased that the GP personally rang her to sort out the problem.

Frequency of seeing preferred doctor

We scored 86% against the national average of 84%

Ease of getting through to the surgery on the phone

We scored 77% against the national average of 69%.

We have seen a significant improvement in this area since introducing the automated phone system, which directs patient to the appropriate department. The practice took on board comments that it was hard for patients to get through on the phones in the morning and now have extra staff to cover this busy time so that there is always 4-5 members of staff available to answer the 4 phone lines.

Satisfaction with surgery opening hours

We received an average result in this area and nobody had any suggestions for extra times that we should be open. A patient commented how her daughter works full days but always manages to get an appointment either before or after work. Another patient commented on how during the bad weather in the winter the surgery was very accommodating when she had trouble getting to the surgery.

Rachel gave information of the Extended Hours Service which can be accessed by patients within Chester who are unable to attend appointments throughout the day. The service is available 6:30-8:00 Monday – Friday or 10:00-12:00 on Saturdays. These appointments can pre-booked.

The Nurses now offer 27 additional appointments a day/ 135 per week which is funded by the car park income. Since the Triage Clinic was introduced in 2004 the Nursing Team has been up-skilled. When the triage clinic was first introduced 55% of patients were referred through to the GP. Now that figure is only 8% and 92% of patients are treated autonomously by the Nurse

Satisfaction with overall care received at surgery

92% - above UK average

Rachel explained how meeting some patients' expectations can be difficult but by informing/educating patients we can help everybody know what services are available at the practice.

Dr Griffiths explained how consultation times vary from patient to patient and that in most clinics the appointment slot even themselves out as some patients need a bit longer than the allocated 10 minute slot but some will not be in with the GP for that long.

When clinics are running late the reception team will, as a matter of policy, make sure that all patients are aware of the wait and will do whatever they can to enable the smooth running of the surgery. Several people agreed that they have never had to wait long for their appointment and that they didn't mind having to wait if they were informed of the situation.

When the reception desk is busy the receptionist will call for help and another member of staff will come to the desk. The average waiting time in the waiting room for patients last year was 8 minutes.

We are currently looking into introducing an extra feature on the self-check in screen, to inform patients when a clinic is running late.

Ease of getting an appointment with a practice nurse

81% - this score is higher than that for GP appointments (UK average is only 70%). We currently have 7 nurses and 6 GPs. Historically patients would insist on having an appointment with a GP but now that patients are familiar with the services the Nurses offer, patients are very happy to be booked into the Nurse-led clinics.

The other area that we have improved at is at speaking to a GP on the telephone.

We do now offer telephone consultations at the end of GPs morning surgeries and these are 5 minute consultations. The reception team have had training to assess what can be dealt with in a telephone consultation so that they can direct patients appropriately.

These quarterly patient survey results can be viewed at www.gp-patient.co.uk.

A patient commented that not all patients will have access to the internet to look at this information. Rachel gave information of all the methods we have to provide information, the notice board, newsletters and the mobile updates.

A patient asked why we cannot be contacted by e-mail. Philip outlined why this is not possible due to NHS requirements that patient specific information cannot be sent through unsecure domains. We

had trialled a limited email experience but had to withdraw it immediately as patients used the service inappropriately (appointment booking, prescription queries, clinical queries, online consultation requests etc.) It was also explained how Nurse appointments cannot currently be booked on-line due to different types/ timings of appointments needing different appointment slots.

The text messaging system (MJOG) has been running for 8 months now. This sends appointment reminders to patients. We are currently trying to obtain mobile numbers for all patients; however this is proving hard for those patients who do not regularly attend the surgery. This service will hopefully try to reduce the number of DNAs.

We do still have several patients who regularly DNA appointments and each month the list of patients who has DNA'd is looked at and letters are sent out to these patients. The NHS still does not allow the practice to charge patients who DNA their appointments. However we are able to have a '3 strikes and you are out' system, however this is not supported by the PCT. At current 2.24% of appointments (1,248 GP & Nurse appointments per annum) are wasted by DNA's appointments.

There was a query from a patient regarding medication reviews on prescriptions. Dr Griffiths confirmed that a medication review should not be carried out without the patient being present. If a simple change is to be made to a medication the patient would be asked to attend for a review or the Medicine Managers will contact the patient.

The patients medication review should be due around the date of their birthday and depending on the medication they are on, will be carried out with a GP or Nurse. The practice uses a set protocol for medication reviews so the Nurses are making the same decisions as the GPs.

Patients viewed their problems in booking appointment for blood tests. Philip explained that this is a resourcing issue. The PCT/OCH withdrew their Phlebotomy Service here 2 years so that we have to provide our own Anticoagulation Clinics.

NHS White Paper 2010

On 1st April 2013 the Consortium will fully take over the running of what is currently managed by the PCT. Our local PCT has had a consortium set up for the last 5 years and are currently piloting the consortium controlling the budget, so we are currently ahead of the rest of the country in the changes. When the PCT is finally disbanded, skilled workers will hopefully be amalgamated into the consortium so that a smooth running system is continued.

The NHS Reforms is on hold at the moment due to concerns about the timescale. DoH is expected to review the situation after discussions with the BMA in mid July 2011.

Boughton Health Centre is 1.91 times the size of a normal GP practice so we are confident large enough to cope with these reform.

Dr Griffiths explained how each practice will have a GP representative who will feed back suggestions and information from the practice to the consortium and then decisions will be made regarding the budget. No individual person will not be in charge of the budget. Last year the practice was asked to make a £688,000 saving. £120,000 was saved by looking at inappropriate A and E admissions. Overall we achieved savings of £558,000 was saved but referring differently/ peer-review/ prescribing savings. High levels of Secondary Care "Follow-up" cost the Practice £103,000 over the set budget (at 11/12 Feb 2011). Then level of hospital follow-ups remain a concern across all 38 Practices in this Consortium.

All of our patients were very surprised to hear that the practice gets billed for appointments and procedures that they have in hospital. The Consortium/PCT currently has difficulties with patients who live in Wales as the Welsh Assembly refuses to pay for treatment that they have at the Countess of Chester Hospital. We understand the gross amount of the deficit is £5 Million and applies to patients with a Welsh post code and also those patients from Welsh Practices using patient choice to use COCH. This matter has now been referred directly to the Secretary of State for Health (Andrew Lansley – March 2011) for resolution Patient Participation Groups.

An action plan will be put together following today's discussion and everybody who attended the meeting will be invited back in 3 months' time. The practice would like patient's involvement in decisions surrounding the practice. What can we influence? What can we manage? What can we change?

Philip thanked everyone for attending and asked for any volunteers to be the chairman of the Patient Participation Groups (Mr. Clive Jones has been first to volunteer letter in 8/06/11 and to go to a vote at the next PPG if required).

One patient has suggested that for the next meeting the seating was arranged in an oval design so that everybody could be heard. This was not possible today due to the amount of people that attended and the need to use the PowerPoint projector. We will certainly consider this for future meetings.

Action Points

- To look at improving the access to a GP appointment within 48hrs
- To review the use of e-mails within the NHS if and when appropriate
- To include financial information regarding DNA appointments in the newsletter.
- Deal more effectively with habitual/ multiple DNA patients
- Look at ways of increasing In-Practice Phlebotomy service provision to cover absences.
- To Hand out new patients the quarterly newsletter with the practice leaflet
- Practice Manager to arrange the next quarterly PPG in September.

Close 3:45pm