

Bury Road Surgery

Patient Reference Group Report 2013

This year's report has been laid out based on the advice from the BMA/NHS employers guidance for the Patient Participation Direct Enhanced Service.

Description of the profile of the members of the Patient Reference Group (PRG)

The PRG consists of two groups of patients. The original Patient Participation Group, whose numbers are around 40 and a virtual group. The virtual group have been recruited from new patients joining the surgery. There are 35 in the group but this continues to grow.

The PRG is split approximately 50% male- 50% female and with the inclusion on the virtual group members, we have achieved a broad age range, representing the age range profiled in the practice which is detailed below: The age and percentage split of the respondents to the survey is listed further down in the report.

	< 5	5 - 15	15 - 25	25 - 35	35 - 45	45 - 55	55 - 65	65 - 75	75 - 85	> 85
Male	102	236	260	209	288	394	284	267	131	58
Female	103	194	215	227	249	350	244	229	177	93
Total	205	430	475	436	537	744	528	496	308	151

Our practice ethnicity profile is predominantly white British. We do have a small number of patients from other ethnic backgrounds as listed below, those patients make up 0.008% of the practice population. All patients are offered the opportunity to join the virtual group or the PRG.

African	4
Caribbean	1
Chinese	2
Russian	1
Greek	1
Indian	21
Asian	4
Yugoslavian	1
Pakistani	1
Polish	1

Steps taken to ensure that the PRG is representative

The PPG was already in existence when the Patient Participation DES was announced. The PPG age range was not representative as it consisted of slightly older members of the practice. We decided to make the PRG more representative by trying to increase the number and offering an alternative method of taking part. We did this by creating a virtual group that could give feedback and complete surveys without the need to attend practice meetings.

All new patients are offered the opportunity to join the “virtual group”. This means that we have been able to broaden the age range. We felt that there needed to be an electronic means by which patients could contribute as many do not have the ability to attend practice meetings during the working week.

Steps taken to determine and reach agreement on the issues to be included in the survey

This year’s survey was created following a meeting of the patient reference group on the 14th November 2012 and by asking for any ideas and thoughts from the virtual group. There was a broad discussion about the current operation of the surgery and consideration of future developments. We also reflected on the challenges facing general practice and the increased demand for our services. Consideration was given to the following

- patients’ priorities and issues
- practice priorities and issues including themes from complaints
- planned practice changes
- Care Quality Commission (CQC) related issues
- National GP patient survey issues.
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Following discussion, the group decided to seek a wider view on 4 main areas. Consideration was also given to premises, parking and telephony. However the 4 areas below were thought to be the most important and these areas also reflected views from other patients with regard to both complaints and anecdotal feedback to reception staff.

- Availability of appointments
- The use of triage
- The use of telephone consultations
- The need for a female doctor

These were considered to be of the highest priority. The PRG felt that extending the survey beyond this would not be helpful and may disengage those completing the survey if their view was sought on too many topics.

The manner in which we obtained patient views

A series of questions were put together and the survey was published on the practice website. The patient group was emailed to advise that the survey was available and to ask for any feedback. In addition to patients being able to complete the survey online, a paper based copy of the survey was made available during the last two weeks of November 2012 for patients attending the practice to complete opportunistically. The aim was to ensure that the survey was completed by as a wide a cross section of patients as possible. 100 surveys were completed as follows:

- Gender
 - Male 31%
 - Female 61%
 - No response 8%
- Age
 - 16-25 3%
 - 26-40 8%
 - 41-50 17%
 - 51-60 19%

- 61-70 21%
- 71+ 26%
- No response 6%
- Ethnicity
 - White British 89%
 - Other 1%
 - No response 10%

On reviewing the above figures we feel that there was a good cross section of patients answering the survey which is broadly in line with our patient demographics. We were particularly pleased that we managed to achieve a wide age range of respondents.

Discussion of the content with the PRG

The survey results were published to the website in early December 2012. The PRG was emailed to advise them that the results were available for perusal. A formal meeting of the patient group was convened for 16/1/2013 to discuss the results and consider ideas to address any concerns or suggest improvements. The meeting covered all aspects of the survey and consideration was given to the pros and cons of various proposals. A draft action plan was formulated at the meeting. A copy of the action plan was emailed to those members of the PRG that were not at the meeting, together with the virtual group, on the 6/2/2013, requesting any feedback or further suggestions.

Dr Buchanan, Chairman of the group, commented that he was in support of the action plan and as there was no further input, the action plan was ratified.

Details of the action plan and summary of findings

Appointments

At the time of the survey, the practice was going through a difficult period due to GP absence and sickness. Given this background we were pleasantly surprised that 70% of patients felt that they had been able to book an appointment within a timescale that was acceptable to them. Of those that couldn't:

- 15% waited up to a week
- 15% waited between 1-2 weeks
- 14% waited greater than 2 weeks

We consider a wait for a routine appointment of up to a week to be normal for practices in this area. There are times when a wait of 2 weeks for a specific doctor is normal, although not ideal. Our aim is for patients not to have to wait greater than 2 weeks.

Action Taken

In order to improve availability we decided to take the following action:

1. We decided to "hold" approx 50% of appointments. These appointments are released 2 days in advance. This has given us better capacity to provide an appointment for those patients who call and want to see the doctor within the next day or so.

2. We increased the number of routine slots by adding additional bookable appointments on the triage day
3. We increased the number of telephone consultation appointments
4. Appointments that are not held are available to be booked up to 4 weeks in advance.

At the meeting we discussed the use of a triage nurse when a GP is away. This is the time when there is greatest pressure on appointments. The group endorsed the use of a suitably qualified nurse to backfill for GP absence. This was considered to be cost effective and would provide more resource. We aim to try this option in February 2013 when we have a GP on a course.

Triage

Over the course of the year we have had both GP and nurse undertaking on the day triage. We asked patients

- 1) Have you used triage
 - a) 62% yes
 - b) 35% no
- 2) Who did the triage
 - a) Doctor 41%
 - b) Nurse 27%
- 3) How quickly did you expect a call back
 - a) 48% within 1-2 hours
- 4) How long did it take to get a call back
 - a) 42% within 1-2 hours
- 5) Did the service meet your needs
 - a) It met my needs 42 responses
 - b) It only partly met my needs 10 responses
 - c) It did not meet my needs 4 responses
 - d) I would have preferred to see a doctor 6 responses

The PRG group were supportive of the triage approach. The results above show a general satisfaction with the service provided with the majority getting a call within the expected time and the service either meeting or partly meeting their needs.

There was discussion about whether the triage service should be provided by a doctor or a nurse. The PRG were open to either. The GP's felt that triage was a good use of their time and had allowed them to deal with greater patient numbers, which helps with the increased demand that we have been experiencing. The PRG took the view that they would be happy with a suitably qualified nurse.

Action

To try a nurse practitioner/prescriber for the forthcoming GP absence in February 2013. If this goes well, we will aim to use a suitably qualified nurse for GP absence throughout the year. If a nurse is not available, then a locum GP will be used and one of the partners will do the triage. When both partners are here, one of them will continue to undertake triage.

Telephone Consultations

Telephone consultations were introduced during the course of the year and we wanted to check whether they were popular and beneficial to the patient.

1. Have you used a bookable telephone consultation
 - (a) 47% yes
 - (b) 37% no
 - (c) 16% no response
2. Are you aware that you can book a telephone consultation
 - (a) 67% yes
 - (b) 23% no
3. Please indicate your experience
 - (a) I liked being able to talk to the doctor on the phone 34 responses
 - (b) It was easier than having to come into the surgery 25 responses
 - (c) I like the flexibility that it provides 23 responses
 - (d) I only accepted the telephone slot as there was no appointment available 3 responses
 - (e) I would have preferred to see the doctor 9 responses

The results indicate that there is a good degree of satisfaction with this method of patient consultation. The PRG echoed this view and cited the flexibility that it provides. It avoids the need to come and park at the surgery. Some members of the group felt that it didn't allow patients to properly disclose their symptoms and of course it does not allow the doctor to observe the patient. This is recognised as a limitation of this type of consultation. However, it is providing a useful addition to the range of methods by which patients can consult their doctor.

Action Taken

- Additional telephone slots have been added to each week
- Receptionists now offer this as one of the options to patients to help publicise it
- The search facility in the appointment system clearly identifies which type of appointment is available, which assists the receptionist in offering a range of appointment types

Provision of female GP services

We recognise that as a 2 male partner practice, that there is a shortfall in our ability to provide patients with the choice of seeing a female GP. This has been discussed at previous patient meetings. A decision was taken to try and determine the value of having female GP consultation time.

1. Do you value the ability to see a female doctor
 - (a) 63% yes
 - (b) 17% no
 - (c) 20% no response
2. Have you seen a female doctor within the last year
 - (a) 30% yes

- (b) 51% no
- (c) 19% no response
- 3. If yes, did you specifically want to see a female doctor
 - (a) 15 yes
 - (b) 18 no
- 4. What was your experience
 - (a) They were very helpful and I preferred seeing a female doctor 23 responses.
 - (b) I wouldn't have wanted to see a male doctor on that occasion 10 responses.
 - (c) On reflection I would have been happy to see a male doctor 11 responses

Whilst there was a positive response to being able to see a female doctor and a positive experience when a female GP was consulted, there was also an indication that some patients who had seen a female GP would have been just as happy to see a male GP. The evidence from these questions is inconclusive in helping us to determine the level of female GP availability that patients want. We also need to consider the financial implications as locum GP time is expensive.

Action

We have budgeted to provide a female GP session once a week. The PRG were happy that we intend to continue the provision of female GP services. We will aim to maintain continuity with the same GP where possible. Dr Hall will be joining another practice as a partner in April and from that time on we will employ Dr Chantel Nicholson to provide a regular session each week.

We will also give consideration to using female locums when there is a need to backfill one of our own doctors.

Summary of evidence to support the proposals

To aid the reading of the report, a summary of the survey results has been included above. The survey results are also available on our website www.buryroadsurgery.co.uk The findings of the survey and the discussions with the PRG have shaped the actions listed above.

Details of the actions

- I. We intend to take or have already taken all the actions as listed above.
- II. Looking back at last year, we undertook an action plan related to last year's survey.

Actions Related to the Relocation

Ability to offer a more modern up to date surgery

More space

Ability to offer a surgery that was able to meet Care Quality Commission standards

Action being taken

The premises have been completely refurbished to provide a modern general practice for both patients and staff. We have also been able to create a health care room to support the development of our Health care support worker in providing health promotion services such as smoking cessation and blood pressure monitoring.

The surgery is now twice as large as the previous premises and makes a significant difference.

All aspects of the surgery have been designed with care quality commission standards in mind. Our disabled access is good, infection control standards have been signed off and many other behind the scenes points have been attended to.

Improved security in the evening

There are staff in the hospital until 8pm, so the staff have greater confidence at the latter part of the day.

Improved confidentiality in the waiting room

The majority of phone calls will now be taken in rooms away from the waiting room which will reduce the noise and risk of patient information being overheard in the waiting area. The atmosphere in the waiting room is calm and quieter which will hopefully provide the right atmosphere when you are not feeling well.

Parking

There were concerns however around parking. To try and address this we entered into discussion with the hospital and after considering a number of options, it was decided that parking at the hospital would be amended to £0.10p for the first 30 minutes on all pay spaces. Free parking was considered for the first 30 minutes but this had led to problems at other sites where patients did not take a ticket, which then led to parking fines being applied. It was decided that a nominal charge of 10p would avoid this problem.

1. A number of the actions related to our moving to the new premises. This provided more space, better access, improved confidentiality, CQC standards. We have now been in situ for nearly 10 months and are very pleased with the new accommodation. There has been lots of positive patient feedback. We have now received confirmation of our registration with the Care Quality Commission.
2. Actions that were not related to the move involved, female GP availability, ability to make an appointment and phone access. A couple of these have been addressed again this year. There is continuing pressure on GP availability for all surgeries. We undertook a number of actions last year which improved things but there are limits on what can be achieved. Changes to triage, increased appointment levels and the way we make appointments available have all been adapted in order to try and improve the service. We have a new phone system and whilst there were times when phone access was poor, this related to high staff absence.

Access

A GP is available at the times listed below.

Our practice nurse or health care assistant is available Mon-Thu 0815-1830 and Fri 0815-1230.

Opening Hours & How to Contact Us

	Open	Close
Monday	0800 for telephone calls 0830 Doors Open 1400 Re-Open	1300 Doors Close for 1 hour but phone calls still taken 1945
Tues –Fri	0800 for telephone calls 0830 Doors Open 1400 Re- Open	1300 Doors Close for 1 hour but phone calls still taken 1830
Sat—Sun		Closed

How to Deal with Us.

The surgery can be contacted by phone on **02392 580363**

Our website address is www.buryroadsurgery.co.uk

You can send an email via the website

Prescriptions can be requested online as well as by handing in a prescription request. We do not accept prescription requests over the phone.

You can join our SMS Text service to receive appointment reminders and other important information