Bugbrooke Medical Practice

Dr David Miller. Dr Robert Kilpatrick. Dr William Hunt. Dr Rachel Parry

Manager: Mrs Val Skidmore Business Manager: Mr HT Low

2014 Report on Patient Participation

Direct Enhanced Service 2013 to 2014

This report summarises the development and outcomes of the Bugbrooke Medical Practice's virtual Patient Participation Group (PPG). The group was formed in August 2011.

Process used to recruit to our PPG

The invitation to join the Patient Participation Group (PPG) remains open to all patients.

To encourage patients to join the PPG we:

- Have leaflets detailing the group available on the reception desk
- Advertise the group on the practice website
- Invite participation to new patients via the new patient questionnaire

PPG profile

We currently have 69 email addresses for patients who are have agreed to be part of our virtual PPG. A number of these email addresses are for couples or families which means we are actually in contact with more than 69 patients. When we contacted patients to discuss this year's survey, two patients requested removal from the PPG. One had moved surgery and the other no longer wished to take part.

There continues to be a good age range of people in the group.

The ethnic group of all patients joining the group is White British. This is unsurprising given that 98% of the practice population is White British.

Priorities for the survey and how they were agreed

An email was sent to all members of the PPG explaining the purpose of the survey and asking for suggestions regarding which areas they would like us to consider. To help the group we did include suggestions as to the kind of areas they may like to look at but added that we were keen to see any of their own suggestions.

We received 15 responses back although two of these responses were from family email addresses. The responses were collated and forwarded to the practice management for consideration. At this meeting, it was agreed that the following areas would be considered in the survey:

- Telephone consultation service
- Continuity of care
- Car parking facilities

Method and results of patient survey

The survey was drawn up by the audit clerk within the practice and the practice manager. It was then shared with other key members of staff to ensure we had captured all options and also to obtain feedback on the draft survey. In addition, demographic information about the respondent was requested to ensure we obtained a balanced response.

The final version of the survey was then published as a document and a link to the survey was placed on the practice website. In addition, paper copies of the survey were made available to patients in the waiting room.

The survey was promoted

- On the practice website
- On prescriptions
- By way of a poster in the waiting room

The survey was carried out between the 17th February and 24th March

Survey results

In total, only 46 patients completed 2014 survey. With a patient population of 9745, this is a very small number of our patients and it is therefore difficult to draw any firm conclusions from the survey. It has however, provided a useful insight and has raised a number of issues that the practice was not aware of.

The first area the practice looked at was the telephone triage system. The aim of our telephone triage is to maximise the number of patients able to have contact with a doctor on a day to day basis. Where a need is identified, the patient will be offered an appointment with a GP on that day or at their convenience. The system does attract criticism from some patients who would prefer to be able to make an appointment with a doctor without having to speak to a doctor first.

The survey showed that 67.4% of the respondents like the triage system, 32.6% did not (see figure 1). Patients using the triage system did report issues concerning getting their call answered (see figure 2). The most common issue was the phone line being engaged (24 patients). The other reported issues related to unacceptable delays in answering the call, the phone lines closed over lunch or needing to phone a number of times before the call was answered. Further information can be found in figure 3. The free text comments left by patients often related to how they were dealt with by reception staff and this will be looked at further by the practice.

The main point we can take from this section is that the majority of the respondents supported the triage system but that there are issues with it, largely the time and effort required to get your call answered.

Once the call from the patient has been taken by the receptionist, it is placed on a telephone triage doctors call list. The practice has two doctors scheduled for telephone triage within each session and the calls are split equally between the two doctors. There is a maximum number of 35 calls per doctor that can be taken for each session, with the exception of emergencies. Where demand exceeds this number, the patient is asked to call back within the next triage session, unless it is an emergency call.

With regards to the call back service provided by the doctors, 76% of all respondents were happy with the overall service they had received (see figure 5). We asked patients to tell us about any issues they had experienced with the call back service. We had a range of answers (see figure 4) to this question. The most frequent issues were that the patient has found it difficult to take the call when the doctor rang back and/or the patient was not able to answer the call. The latter typically results in the patient contacting the surgery again and asking if the doctor could try ringing again. Obviously this causes more calls coming into the surgery thus compounding the issue of call volumes.

The results in this section of the survey highlight the need to consider how we improve the call back service. We already offer call backs at convenient times to the patient and also the opportunity to either wait to speak to their preferred doctor or, to speak to one of the doctors undertaking triage in that session. This issue will need to be discussed further within the practice to see what improvements can be made.

Another set of issues highlighted in this section related to patients not wishing to discuss their health over the phone or struggling to find the words to adequately describe their symptoms. There were 24 respondents citing these areas.

It is more difficult to know how to address the issue of patients not wanting to discuss their health over the telephone when this is the purpose of the telephone triage. It may be that the practice needs to continue to educate patients as to the benefits of the telephone triage system over the traditional appointment based system. We may also have to accept that you cannot please all of the people all of the time.

In terms of continuity of care, the results were very pleasing. Figure 6 shows that just over half of all respondents had no issues with obtaining an appointment with the doctor of their choice. The main issue noted was that the respondent's preferred doctor did not have any appointments in the next 5 days. This issue will need to be discussed further within the practice to see what improvements can be made.

The survey showed that the majority of our patients drive to the surgery and a significant number had issues with car parking facilities (figure 7 and figure 8 respectively). The main issue relates to the lack of spaces with the mornings being the worse time. Other issues noted were the poor marking for the bays. The comments made from respondents raised the issue of the safety of pedestrians within the car park as there is no defined walk way for them.

The PPG also asked us to look into the usefulness of a bicycle rack. The survey results in figure 9 showed that whilst most respondents would not make use of one, there were a number of patients who might. For this reason, it would be worth looking into this in more detail.

Demographics

Analysis of the demographics for the respondents showed a balance across all areas with the exception of ethnicity where the vast majority of respondents were white British.

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Action plan

The practice has fully considered the results of the survey and has agreed the following actions:

Telephone Triage

An additional staff member is to be made available to answer calls during peak call hours to reduce the waiting time currently experienced by patients trying to contact the surgery. To facilitate this, an additional member of the reception team will be recruited by the practice. It is hoped that by doing this, reception staff will be under less pressure to get through calls as quickly as possible and the experience will be more pleasant for both staff and patients.

As part of the planning for the additional call handler, training will also be undertaken to highlight how best to meet the patient needs. For example, consideration should be given to any difficulties the patient might have taking the call back from the doctor. We also need to promote the flexibility of the triage system by offering patients the chance to be placed on their preferred doctor's screen albeit that this might incur a delay for the patient. Again, by having more than one call handler, the receptionist will have more time to spend with each caller.

Car Parking

The practice is to obtain quotes with regards to the cost of repainting the parking bays. As part of this process, we will also look to see if there is any possibility of creating more parking spaces and also to see if a walkway for pedestrians could be created.

Bicycle Rack

The practice will also seek quotes for the installation of a bicycle rack which it is hoped will further reduce reliance on car parking spaces.

The survey had **46** responses.

Figure 1

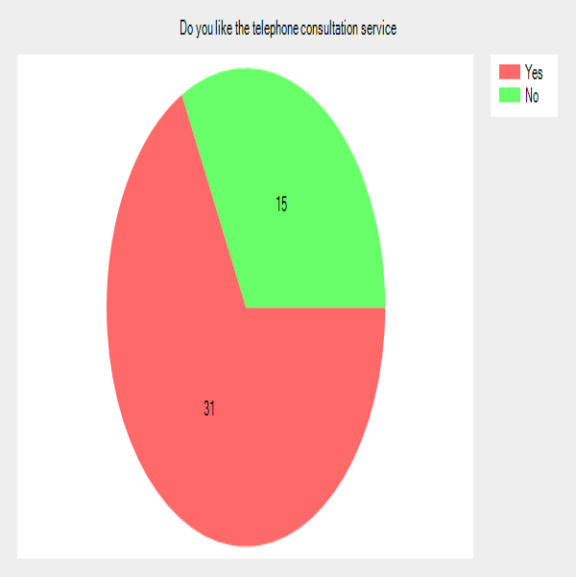

Figure 2

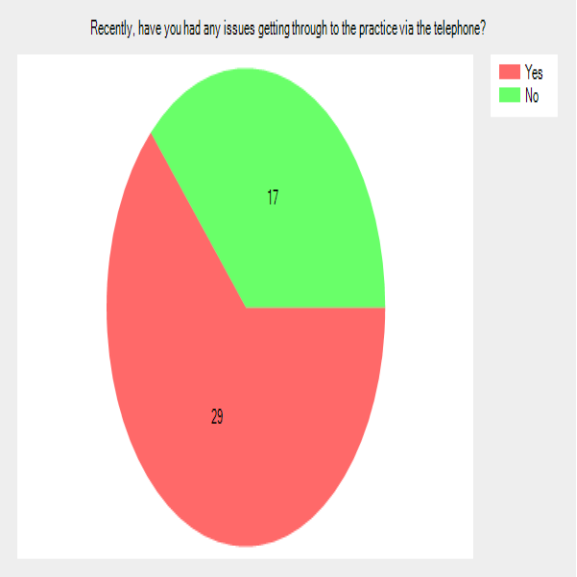

Figure 3

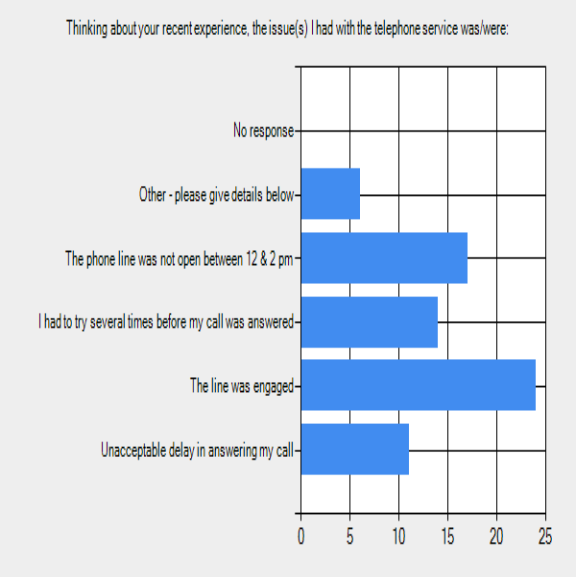

Figure 4

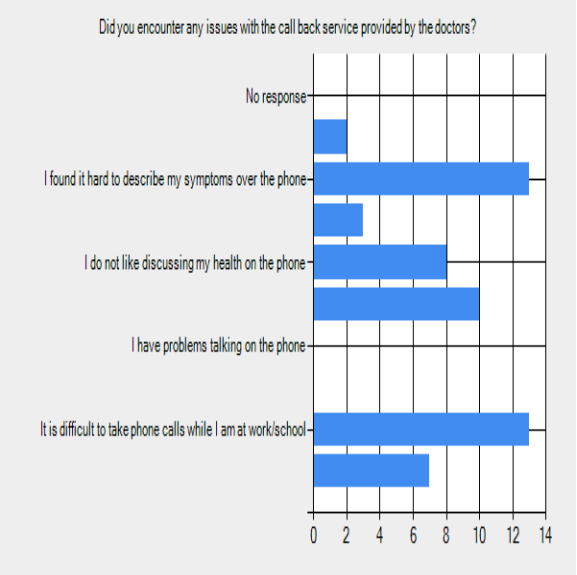

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Figure 5

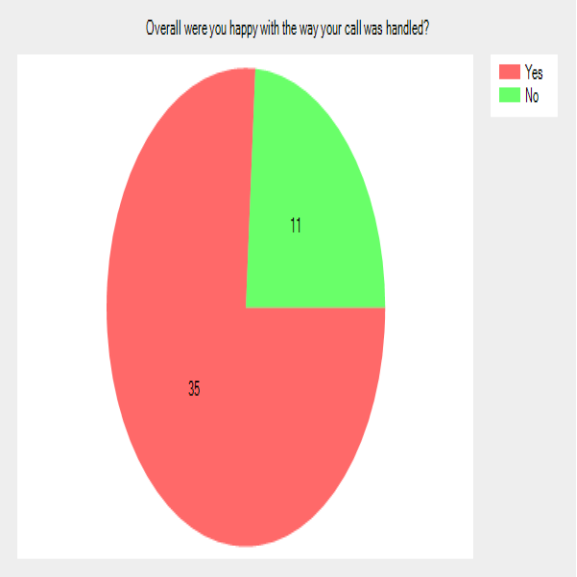

Figure 6

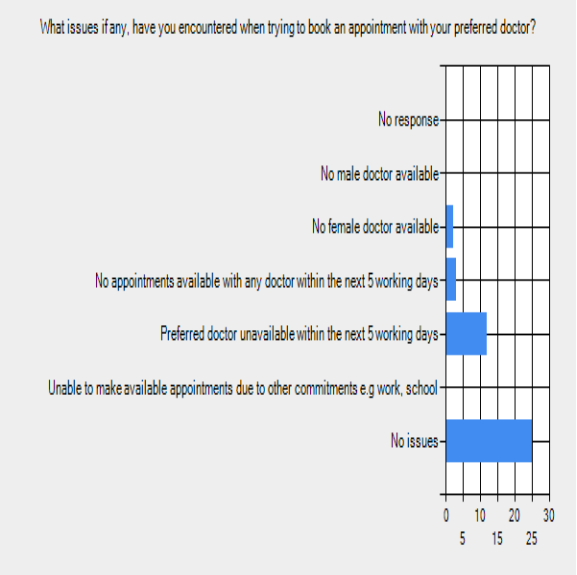

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Figure 7

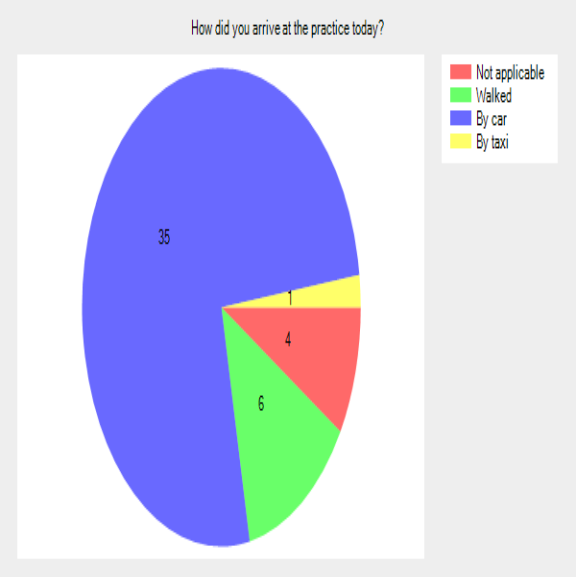

Figure 8

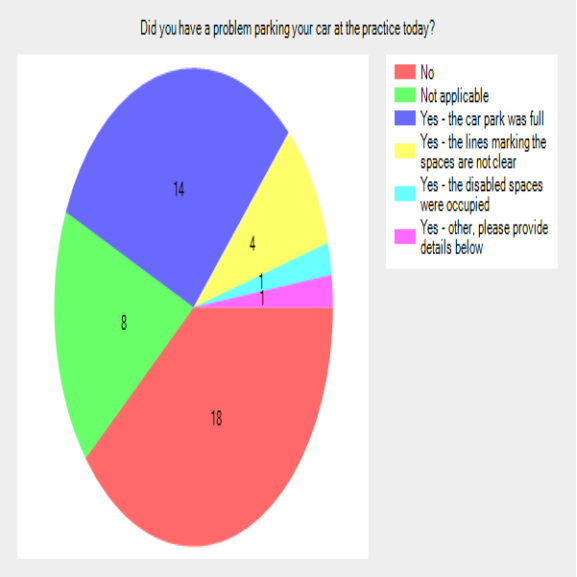

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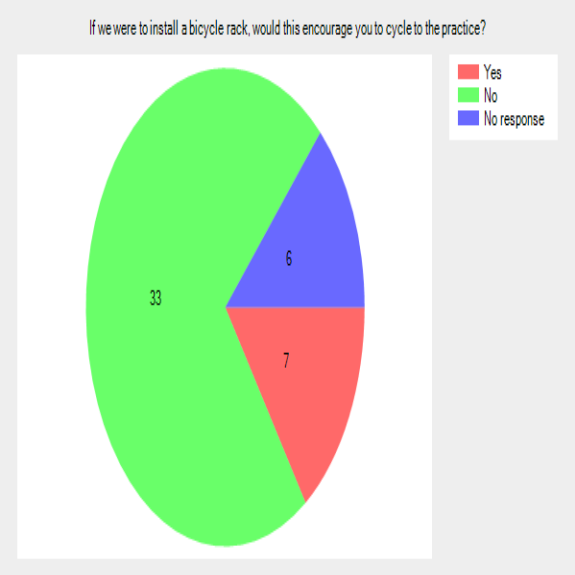
Figure 9



Respondent Demographics

Figure A

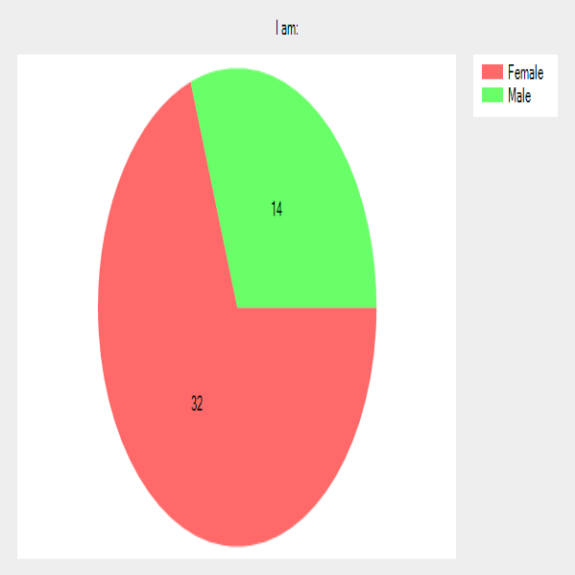


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Figure B

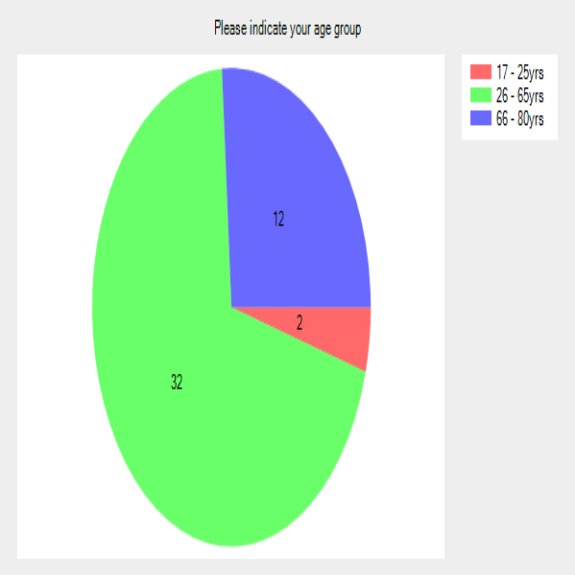

Figure C

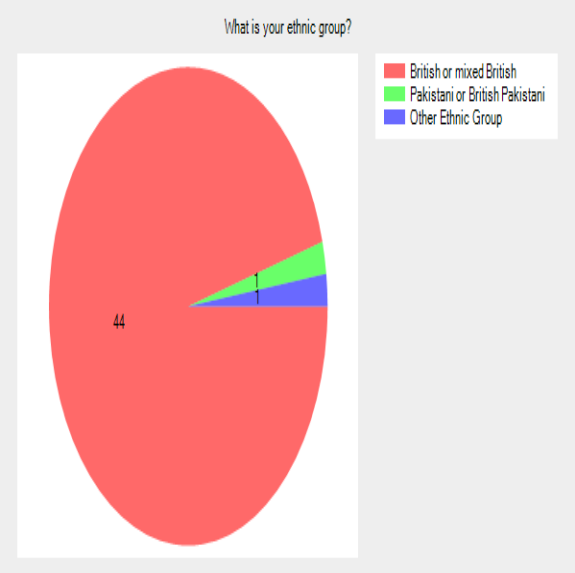

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Figure D