

Hathaway Medical Centre Patient Participation



2011-12 PATIENT QUESTIONNAIRE

Report on our achievements

This report follows the patient survey we conducted in spring 2012, the results of which are on our website.

The aim of the survey was to obtain information to enable the practice to develop in line with the needs and expectations of its patients, the stated intentions were:

The aim of the survey will seek to determine the following:

- Is there a preference for days of the week?
- Is there a preference for different times of the day?
- How far ahead would patients like to be able to book appointments?
- How quickly do patients feel they should be seen for different types of appointment?

The questionnaire will also help us determine how good our communication is in areas such as:

- Our use of nurses for urgent care appointments
- The treatment of minor illness

WHAT DID WE LEARN ABOUT CARRYING OUT THE SURVEY

Before looking at the results it is worth identifying what we learned from both conducting the survey and also implementing some of the outcomes.

Feedback from some patients who took part was extremely positive although identified some thought it was too long.

When trying to implement all of the outcomes we felt we had probably identified too many targets and were trying to make changes in an environment that is in constant flux. It is difficult to implement a change and monitor the impact or success of that change when so many other factors are influencing the outcome. However, the aim is that we should improve patient experience and it is for our next survey to identify whether we have achieved this or not.

WHAT WE HAVE ACHIEVED SO FAR

Days of the week to see a GP

Action: Whenever there is a change in GPs or a need to reschedule routine GP surgeries, the opportunity must be taken to level out appointments between the days to more closely match patient preferences

WHAT WE HAVE DONE

We have had one change of GP over the year; Dr Harper left and was replaced by Dr Kelly. As both doctors work full time there was no opportunity to change the days that Dr Kelly worked to alter availability of appointments.

Fridays

While there was not a greater preference to see doctors on a Friday, we did experience problems with capacity on that day because patients often cannot wait until Monday to be seen. Consequently Dr Turek has changed her working pattern to work a full, rather than a half day, on each Friday. We have also changed our support of the ward in Chippenham Hospital and now have a routine ward round on Friday afternoon; this has dramatically reduced the duty team being called to the ward on Fridays.

Is there a preference for different times of the day

Action: By the end of September 2012 to have reviewed the days and times of extended hours and increase patient awareness of the appointments by:

- Another reminder in the next newsletter
- Additional information on the website
- Improved information in the surgery

WHAT WE HAVE DONE

We have reviewed the times and days of extended hours. The amount of extended hours has been increased with the introduction of late Monday evening, Nurse Practitioner run family planning clinic. The clinic is specifically for patients wishing to discuss starting family planning, changes to contraception or issues around family planning.

Additional information about our extended hours has been added to the website. It was felt that we should not list the times as availability varies depending upon staff holiday.

There hasn't yet been another reminder in the newsletter

To make a routine follow-up appointment to see the doctor, how far in advance would you like to be able to book this?

Action:

(i) Review the timescales that appointments currently become available and look at how this may be changed to closer meet the expectations of the patients.

(ii) Identify ways in which we can reduce the risk of patients failing to turn up for their appointment, these could include:

- Compulsory text reminders? What if patient doesn't have text facility?
- Registration scheme for patients who want to book more than 8 days ahead?
- Ensure that patients repeat back the date, day and time of their appointment when making appointments as this has been proven in research to improve attendance.

During the summer we changed the way our appointments become available, allowing patient to book appointments a month in advance. The result of this quickly became evident with an increase in non-attendances by patients and we stopped this facility believing that this was partially causing the increase in demand we were experiencing for our on-the-day urgent appointments.

Analysis suggested that it was not patients who booked 4 or 6 weeks in advance due to commitments that were failing to attend. The information suggested that patients booking 2-3 weeks ahead of their appointment created most non-attendances. The conclusion was that there is a cohort of patients for whom booking 4-6 weeks ahead is necessary or desirable and they will attend. There is another cohort of patients who book routine appointments in advance who then either don't, or cannot cancel them when they are not needed. Anecdotally the NHS suffers from some patients booking appointments "just in case" and we may have experienced this.

The learning from this suggests that we need to enable patients to book a long time ahead, but then to limit appointments that are booked 1-3 weeks ahead.

We will continue to develop this project to offer greater flexibility while reducing the high level of non-attenders

How quickly do patients feel they should be seen for different types of appointment?

Action: by October 2012 to have reviewed the scheduling of minor illness appointments so that they are not all “same day.” However there are a few concerns:

- Vulnerable patients ie the elderly & very young
- What do we do on Fridays when the next day is Saturday; Mondays that have not been filled on a Sunday?
- Poor historians who are in fact less well than they say on the telephone?
- Staff also need to be skilled, when speaking to patients, to determine that there are no “red flags” (dangerous symptoms that the patient/caller may not be aware are life threatening) when patients contact the surgery. Patients must also be reassured always given advice about what to do if their condition gets worse (“worsening advice”) and reassured that we will always see a patient between 8:00am and 6:30pm, Monday – Friday and that the Out of Hours Service will see patients outside of the hours.

WHAT WE HAVE DONE

While we have spent a great deal of time working through the process of implementing this, we have not yet managed to fully implement for a range of reasons:

- 1 Concerns about the possibility that patients who are acutely unwell, but do not manage to communicate this over the telephone, will be missed.
- 2 Running a pilot to move the considerable capacity we currently have available on a Monday, to different days, requires a change in working hours for some nurses and this has not been possible partly due to the changes in our nurse team; 3 of our 5 minor illness nurses will have changed over an eight month period.
- 3 We are not yet confident that we have fully managed to develop a safe system of red-flags for our administrative staff.

It is still our intention to implement this change providing we can maintain patient safety.

One outcome from this target is that during the year we have occasionally implemented this change on an hour-by-hour basis if we become particularly busy by deferring patient until the next day or a “sit and wait” clinic at the end of the day. This has been quite successful.

For a routine appointments to see a nurse how many days do you feel it is acceptable to wait to see an appropriately trained nurse?

Action: By December 2012 to improve access to nurse appointments by:

- Reviewing the nurse clinics and treatment room appointments in conjunction with minor illness clinics to implement changes that will improve access to more routine nurse appointments.

WHAT WE HAVE DONE

We reviewed nurse clinics to identify ways we could improve access. We discovered that specific clinics, or treatment room sessions where patients can be seen for a range of procedures, advice, screening or reviews were being taken for blood tests. The increase in Government screening programs has increased the demand for blood tests. Blood samples should be taken by our most junior members of the nurse team trained specifically for this purpose. When their appointments become full, appointments are made wherever space can be found, usually with more senior nurses and this takes the clinic spaces.

To overcome this problem we have employed an additional phlebotomist for three extra sessions per week. This has made a significant impact on availability of treatment room and clinic appointments.

How far in advance would you like to be able to book an appointment in the clinic (long term conditions)?

Action: During the forthcoming year to:

- Review our capacity for the different long term conditions
- Balance capacity to meet the needs of each long term condition.

We reviewed the capacity of clinics and have adjusted them to meet demand. One outcome has been that nurses with some specific specialisation are spending a large proportion of their time working in their specialist area, rather than having a balance of appointment types. We are currently looking to change how we deliver asthma reviews and the number of nurses who can offer these appointments.

Continuity

Action: By the end of June 2012 to improve continuity by:

- Encouraging patients to maintain continuity with a GP for a particular episode of being unwell.
- Encourage GPs to clearly record when reviews should be made as this enables staff to release appointments that are not otherwise available.

WHAT WE DID

- 1 All clinical staff were asked to record details of any follow-up arrangements that they had made with the patients and staff are encouraged to book these themselves at the end of the appointment if it was possible.
- 2 All administrative staff booking appointments are instructed to ask patients if they have seen anyone about their current problem before and to encourage the patient to be seen by that clinician again if appropriate.
- 3 A message recorded by Dr Wright was added to our telephone system encouraging patients to answer the questions asked by the administrative staff when booking appointments.

Patients understanding of our nurse practitioners' skills, knowledge and capabilities

Action: Before December 2012 the practice must improve patients' understanding of the skill and knowledge level of our nurse team in the hope that this will reassure patients not to have to return to see their GP for a second opinion. This will be done by:

- Patient information leaflets in the waiting areas
- An article in the next newsletter
- Email to all patients on our email database (currently approx. 1,000 patients)

WHAT WE DID

Unfortunately, despite drafting a leaflet over the summer, this is still "work in progress" partially due to changes in our nurse team. However we are intending this will be available to patients before the end of April 2013.

We are also considering producing a similar leaflet, again with photos, giving the doctors details. This was a suggestion made by a patient having read our recent patient newsletter.

Promoting the use of self-medication

Action: Before December 2012 the practice needs to reflect upon this information and consider whether more can be done to promote self-medication.

WHAT WE HAVE DONE

We have reviewed ways that we can promote self-medication. A new leaflet (attached) was developed and is in our waiting room. We are hoping to be able to produce a series of telephone messages that patients will hear when on-hold. Unfortunately we are unable to have more than one message loop at a time without upgrading the telephone software and we considered our priority was the message asking patients to answer the questions asked by the staff.

Non-clinical staff asking questions when patients make appointments

Action: As an on-going process we need to improve our staff skills and will continue sending staff on customer care courses

WHAT WE HAVE DONE

All administrative staff continue to have in-house training on customer care and how to support patients. This topic is also routinely discussed at our regular team meetings.

In October 2012 we implemented a telephone call recording system so that all incoming and outgoing calls are recorded. This has enabled us to review calls and feedback to staff on ways to improve their skills.

To increase patient confidence, a message recorded by Dr Wright was added to our telephone system encouraging patients to answer the questions asked by the administrative staff when booking appointments.

Timings of reviews for long-term conditions

Actions: By October 2012 to improve patient awareness of annual reviews by:

- Improving the information given when calling a patient for review
- Improving the information given when patients register
- Encourage patients who do not wish to have a review, but who have a flu vaccination, to attend for both at the same appointment

WHAT WE HAVE DONE

1. We have reviewed the letters sent to patients with the aim that the letters pull together all of the clinical areas that patients will need reviews.
2. We continue to give plastic credit-card sized reminders of the month a patient is due their reviews.
3. We have reviewed how best to align medication reviews with the patient clinical reviews
4. We have implemented two systems to improve patient information:
 - a. All new patients taking medication are seen by a doctor within one month of registering so that medication issues can be discussed. This gives an opportunity to discuss how we manage reviews and their importance.
 - b. New patients are asked to come in to the practice with their registration forms so that staff can review any particular reviews they may require and inform the patient our process for recalls and how the clinics are best accessed. This has not been met with much enthusiasm by many patients who prefer not to give their time to us. We are therefore looking at supporting patients in another way, potentially by telephone or letter once the patient has registered.

Complex Appointment System

Action: By October 2012 to:

- Simplify the appointment system and/or
- Produce a statement explaining exactly how the system works

WHAT WE HAVE DONE

We have failed to achieve this target. In July 2012 the demand upon our same-day appointments suddenly increased and our focus has been directed on how best to solve this problem. Initially we believed that the demand for being seen on the same day was a result of a lack of appointments later in the week but we still found huge demand on days when routine GP appointments were available two to three days later.

A recent survey found that 80% of patients asking for a same day appointment with the duty team would not have waited until the following day. This change in demand has had an enormous impact upon our workload and consumed a great deal of time and energy analysing the cause and how best to manage it. To date we have:

1. Increased the number of staff available for seeing patients who demand a same-day appointments
2. Increased the number of doctors working in the practice

New Road branch surgery

Action: Before June 2012 to gain support from the Primary care Trust/Clinical Commissioning Group to maintain and develop services at New Road.

WHAT WE HAVE DONE

During the summer we prepared a proposal for the PCT to support the on-going use of New Road as a branch surgery. We are delighted to say that we have been able to obtain the support that was required to continue using New Road in the future.