

Hathaway Medical Centre Patient Participation DES

2013-14



PATIENT PARTICIPATION DES

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Step 1 - A description of the profile of the members of the PRG and explanations of why it differs from the practice profile, if appropriate.

Comparison between the patient demographics and the representation of the PRG are:

		2012-13		2013-14		
Criteria		PRG	Practice	PRG	Practice	
Male		51.16%	49.95%	49%	50%	very similar
Female		48.83%	50.05%	51%	50%	very similar
Ethnicity						
	White	100%	92%	100%	91%	Despite positive attempts and direct conversations, we have been unable to encourage non-white patients to participate
	Mixed Race	0	4%	0	3%	
	Asian	0	2%	0	4%	
	Caribbean	0	1%	0	0%	
	African	0	1%	0	1%	
	Chinese	0	<1%	0	1%	
Age						
	<16		20.54	0	21%	While we did not expect <16 yrs to participate, and despite positively seeking out younger patients, it is disappointing that the PRG is biased towards the older population. We do believe that this will be remedied with time and continuing effort to recruit younger patients.
	17-24		10.44	0	10%	
	25-34	2.3%	28.91	3%	14%	
	35-44	9.3%		11%	15%	
	46-54	11.6%	26.34	11%	16%	
	55-64	41.9%		41%	11%	
	65-75	23.3%	7.05	23%	8%	
	>75	11.6%	6.69	11%	6%	

While we have attempted to encourage a broader range of patients to be involved, there appears reluctance by younger, busier patients to be involved and also by patients who have little contact with the practice – again the younger age group.

Steps taken to recruit patients and ensure group is representative.

We have continued to recruit new members through messages in newsletters, practice booklet, responses to complaints, notices in the practice and links on our website. It is hoped that, with time and more directed invitations, the demographics of the group will change to more closely reflect the practice demographics.

Step 2: Agree areas of priority with Patient Representative Group

The practice needs to describe how it sought the views of the PRG on the priority areas for the survey questions?

This year’s survey follows on from last year’s questionnaire and the actions we took following the feedback; this continues the process started last year when we had already identified the key areas and the priority given to each area.

Last year’s questionnaire sought views for the top priority plus the use of our branch surgery; this year the survey:

- Sought to identify if the changes we had made have had made a difference to the patient experience.
- After discussion with the NHSE Area Team and the patient reference group We also used the survey
- How easy is it to contact the practice by telephone

Areas agreed with the PRG

Areas to survey listed in priority order	Year surveyed
Arranging appointments	11/12 13/14
The process to refer patients to consultants, physiotherapists, further tests etc. outside of the services provided by the practice?	12/13
How easy is it to contact the practice by telephone?	12/13 13/14
The effectiveness of the follow-up?	
The effectiveness of the initial medical consultation	
How easy is it to have an issue addressed at the practice reception desk?	
How effective is the website as a method of contacting the practice?	
Access to and facilities at Hathaway Medical Centre only,	
Information about the practice, e.g. location, opening hours, services provided.	
Letters to the patients	
Facilities at Hathaway Medical Centre only	
Access to and facilities at New Road Surgery only,	
Ease of travel to the two sites operated by the practice, i.e. Hathaway Medical	

Centre and New Road Surgery	
How important is it for us to keep working from our New Road Surgery?	11/12

This year, with the agreement of the PRG a new survey was created and a draft of this was sent to the PRG for their comments and suggestions and these were incorporated into the final survey.

What other information has the practice used to determine the priorities?

Additional information and learning for this year’s questionnaire came from two main areas:

1. The desire to establish whether the changes we had made last year bought about an improvement in the patient experience.
2. The recent release of the National Patient Questionnaire identified that our patients view us to be less accessible, less caring, and less trustworthy than the patients of local practices. However, when we started analysing the data that also covers local services that are not unique to any one surgery; we noticed that our patients were more damning about these services than patients from the other surgeries. It is only Hathaway patients who want their surgery to be open before 8:00am (which we are) and on a Sunday! 61% of our patients who had contacted the out of hours (OOH) service said that it took too long to receive care from the OOH service, but none from other surgeries said it took too long. Likewise 42% of Hathaway patients who contacted OOH felt they had no trust in the OOH clinician, but no patients from the other surgeries held this view.

We wanted to use the survey to validate the information published nationally.

Step 3: Collate views of patients through the use of a survey

How has the practice determined the questions used in the survey?

The survey questions are contained in Appendix 2. The questions used were developed through training received during our involvement as a pilot for the NHS real time feedback scheme and also through feedback from the PRG.

What method has the practice used to enable patients to carry out the survey?

The survey was made available to patients through a variety of methods:

- Patients on the PRG were emailed a link to the survey
- Patients requesting prescriptions via the website were sent emails with a link to the survey
- All patients who had signed up for a newsletter were sent a link
- All patients for whom we had an email address were sent a link

- A link was put on our website
- Paper copies of the questionnaire were made available to patients in the waiting room
- Two members of staff were directed to spend time in the waiting rooms encouraging patients to complete the survey and also helping patients by reading the questions and filling in their responses on their behalf – not everyone comes to the GP with their reading glasses!
- More than 3,000 patients were emailed the survey link

How has the practice collated the results?

Results are automatically collated by the website therefore all completed paper questionnaires were entered onto the website.

Do the questions reflect the priority areas?

The questions are based on the priority areas set and agreed with the PRG and all questions were submitted to (and modified by) the PRG before being made available to the larger patient population.

Steps 4 and 5: Provide the opportunity to discuss survey findings and agree action plan with PRG

How has the practice sought the views of the PRG on the findings of the survey?

The PRG were:

- Emailed:
 - informing them when the survey was closed and sent a copy of the report plus a link to the results
 - requesting feedback
 - offering a meeting to discuss the results and this report

Has the practice produced a clear action plan that relates to the survey results? Copy of action plan to be provided to PCT.

The action plan covers all areas covered by the survey and agreed with the PRG; it is published on our website with clear links to it to improve its visibility. The report is in appendix 2.

The report was also distributed as follows:

- Patients on the PRG were emailed a copy
- All patients who had signed up for a newsletter were sent a copy of the report
- Paper copies of the questionnaire are available to patients in the waiting rooms

- A comment identifying the report will be added to the next print of our practice booklet.

How did the practice consult the PRG to agree the plan?

As detailed above, all members of the PRG were emailed a link to the survey results and also the draft report. Members were asked for any comment on the report and given options of attending 2 meetings on different days and at different time or to remain “virtual” and respond by email. No one asked to attend the meetings. Comments about the report were responded to before it was published.

PRG members were asked to give their thoughts on the draft report conclusions and proposed actions.

Feedback from the PRG has been incorporated into the final report.

Are there any contractual considerations to proposed changes?

There are no contractual considerations proposed by the changes/actions suggested in the plan

Step 6: Publicise the results and planned action plan

In order to meet any of the steps the Local Patient Participation Report must be published on a web site.

This report is published on our website and contains:

- a. A description of the profile of the members of the PRG and explanations of why it differs from the practice profile, if appropriate.
- b. Steps taken to recruit patients and ensure group is representative.
- c. How the practice sought the views of its patients priority areas.
- d. Description of the survey and how it was carried out.
- e. Details of the action plan setting out how the findings or proposals arising out of the local practice survey can be implemented together with reasons why any proposals should not be implemented.
- f. Description of how the practice consulted with the PRG on the action plan.
- g. Practice opening hours and how patients can access services throughout core hours.
- h. Where the practice offers extended opening, the times at which patients can see individual health care professionals.

Step 7 - Practice opening hours and how patients can access services throughout core hours.

The practice is open between 08:00 and 18:30 Monday to Friday, excluding bank holidays, and the telephones are answered throughout this period.

The main telephone line has dedicated staff responding to patient telephone calls between 08:00 and 18:00 Monday to Friday. Between 18:00 and 18:30 the telephones are answered by our reception team. Our reception is staffed throughout our core hours and during other times, such as extended hours, when we are open.

Our services can be accessed during these times either by calling the surgery on our main number (08444 120023/01249 462775) or in person at our reception desk. An increasing number of patients use email or our website to access a range of services such as:

- Prescription requests
- Requesting an appointment
- Cancelling an appointment

Patients can also leave telephone messages and we will call them back.

Step 8 - Where the practice offers extended opening, the times at which patients can see individual health care professionals.

Extended hours are offered during the following times:

Monday	Morning: Dr Wright 7am – 8am (switches to a Weds am if on Monday duty) Mrs Jean Gingell (Phlebotomist) phlebotomy – when Dr Wright ha and early surgery Evening Donna Egbeare – Family Planning Clinic until 7:30pm Dr Ellen Goedbloed – until 7:30pm	1 hr (alt) 1 hr (alt) 1 hr 1 hr
Tuesday	Morning Dr Osmond 7:15 am – 8am Dr Jeffery 7am – 8am Dr Grimmer (from 1 April)	0.75 hr 1 hr 1 hr

Wednesday	<p>Morning</p> <ul style="list-style-type: none"> • Dr Wright 7am – 8am (unless he has a Monday early surgery) 1 hr (alt) • Mrs Bridget Spencer (HCA) dressing, phlebotomy etc 1 hr • Mrs Jean Gingell (Phlebotomist) phlebotomy 1hr <p>Evening</p> <ul style="list-style-type: none"> • Dr Turek – 7:00pm 0.5 hr • Dr Brosch – 7:00pm 0.5 hr 	
Thursday		
Friday		

Publicise the results and planned action plan

The results, including the plan are publicised on our website

Appendix 1 - 2013-14 Action Plan Following Our Patient Survey

The aim of the survey

The stated aims of this questionnaire were to determine the following:

- Complete the audit cycle following last year’s results and the action plan that followed – did these actions improve patient satisfaction?
- Patient perception of the trust they have in the medical staff
- Patient perception of the support given to them by administrative staff

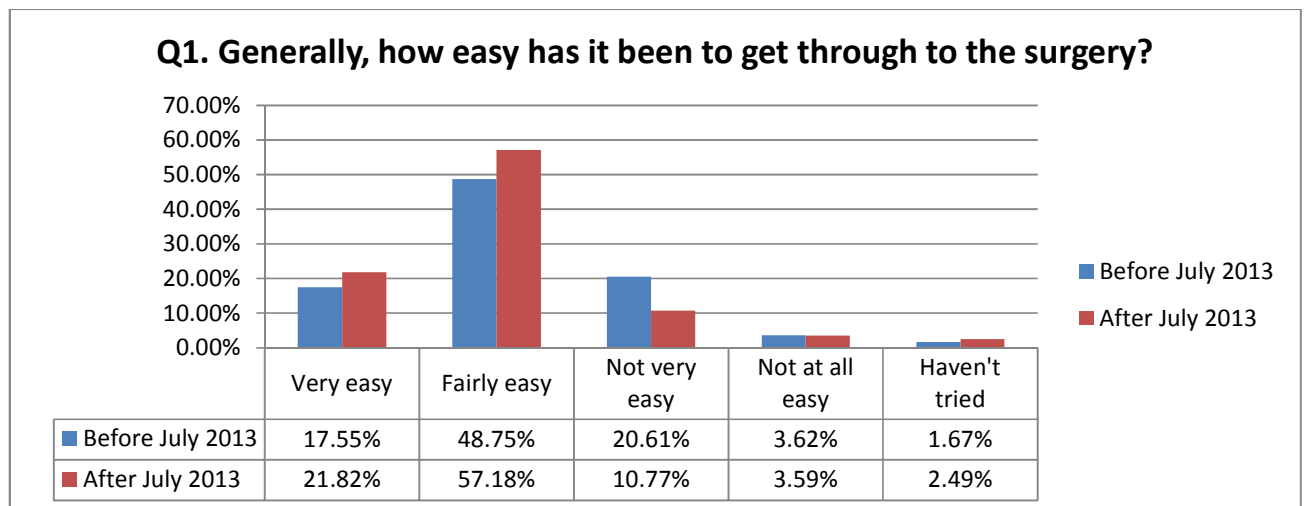
Confidence in the results

The survey received 377 responses which is lower than last year (431) despite a greater level of effort being made to make patients aware and an extended period available for patients to complete the questionnaire. One comment from a member of the PRG is that the lack of responses may be an improved satisfaction with patients not wanting to take an opportunity to complain. All results have been analysed and are part of our planning.

Comparing making appointments before and after July 2013

Q1. Generally, how easy has it been to get through to the surgery?

- 66% of people said that getting through to the surgery was very easy or fairly easy before July 2013 whereas 79% said the same after July 2013

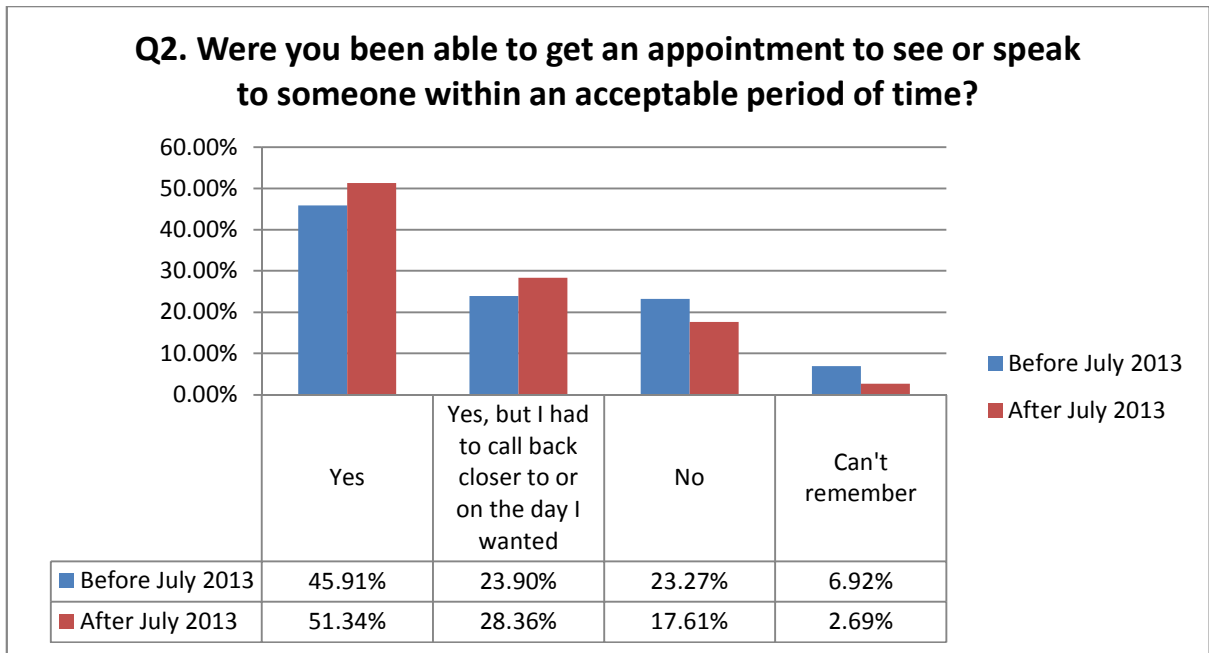


Action:

The results show that there has been an improvement in the ease of making an appointment since we changed our system. It is hoped that further development will further improve this.
No specific action identified.

Q2. Were you been able to get an appointment to see or speak to someone within an acceptable period of time?

- 45% of people said that they had been able to get an appointment to see or speak to someone with 24% having to call back closer to or on the day that they wanted before July 2013 and 51% said they been able to get an appointment with 28% calling back closer to or on the day that they wanted



Action:

The results show that there has been an improvement in the ease of making an appointment since we changed our system. It is hoped that further development will further improve this.
No specific action identified.

Q3. How did you find getting a routine GP appointment?

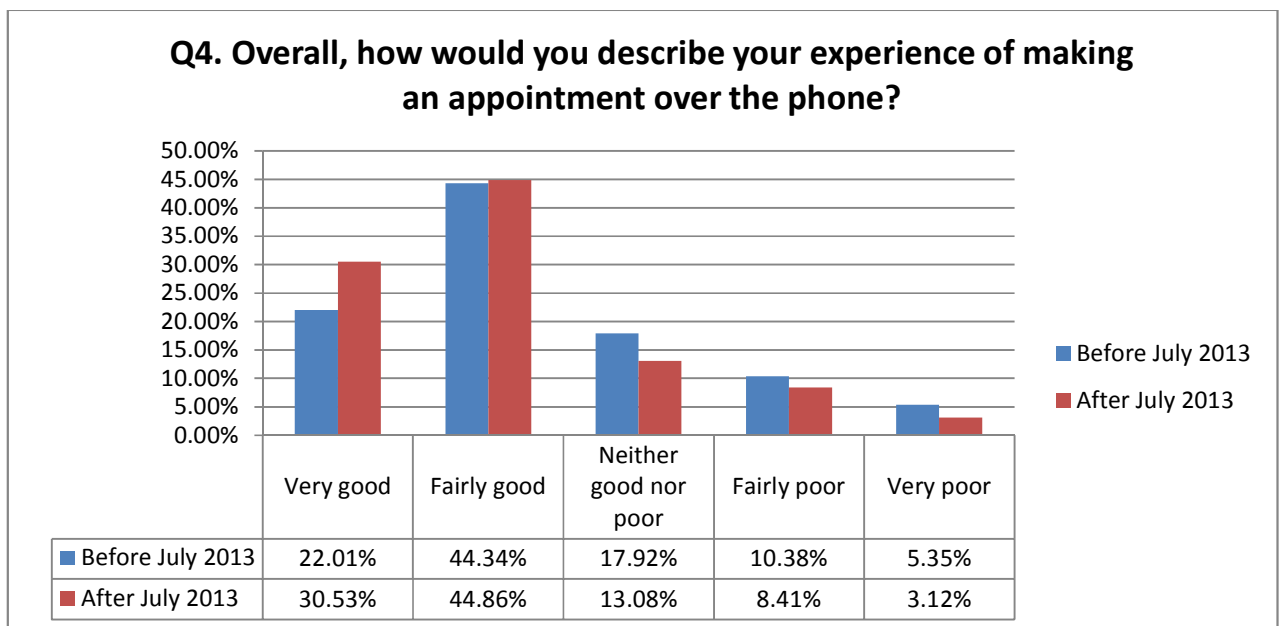
- Patients reporting that getting a routine appointments was “better” rose from 6.85% to 25%

Action:

The results show that there has been an improvement in the ease of making an appointment since we changed our system. It is hoped that further development will further improve this. No specific action identified.

Q4. Overall, how would you describe your experience of making an appointment over the phone?

- 66% of people would describe their experience of making an appointment over the phone before July 2013 as very good or fairly good and 75% of people said the same for after July 2013



Q5. Overall, how would you describe your experience of making an appointment with the receptionists?

- 75% of people would describe their experience of making an appointment with the receptionists before July 2013 as very good or fairly good and 76% of people said the same for after July 2013

Q6. If you have a preferred GP: How often did you see or speak to the GP of your choice?

- 47% of people said that, if they had a preferred GP, they saw or spoke to the GP of their choice always or almost always or a lot of the time. 51% of people said the same for after July 2013

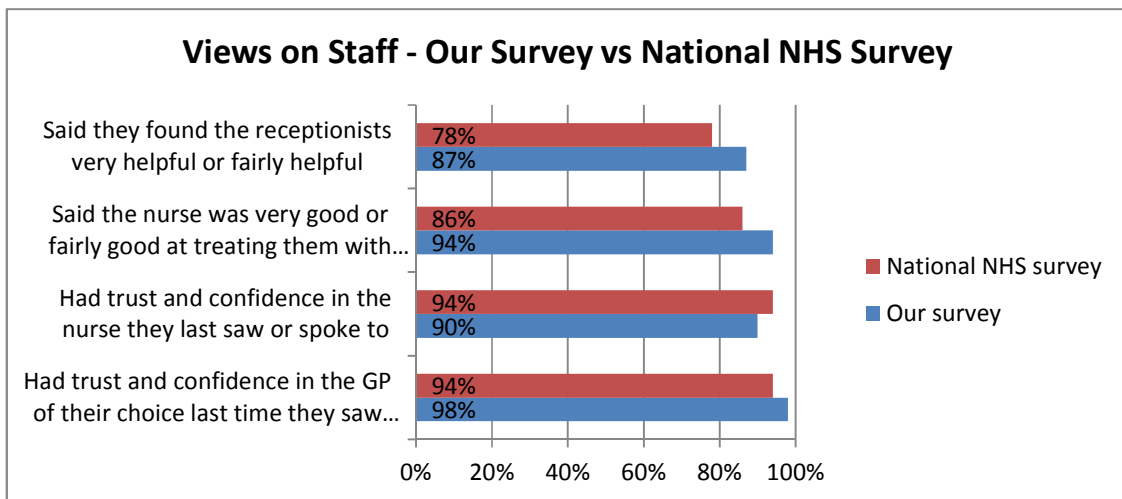
Action:
Given that one of the key elements of the changes was to improve the opportunity for patients to contact their GP of choice, this is rather disappointing.
Action – review and adapt continuity slots.

Comment

These results show that patients have found a general display across the board of improvement in the experience of making an appointment.

In hindsight we realize that question 6 of the first section should have been about routine, pre-booked appointments as our triage emergency appointments are a shared responsibility of all the clinicians at the surgery and as such we cannot provide continuity with any one clinician in these circumstances

Views on staff



Q6. Would you describe the reception staff at your GP surgery as...?

- Polite: 98% of people would describe the reception staff as polite
- Approachable: 92% would describe them as approachable
- Efficient: 86% would describe them as efficient

Q8. Would you say that reception staff at your GP surgery...

- Made eye contact: 96% of people would say that reception staff made eye contact
- Smiled: 85% would say that they smiled
- Acknowledged you: 95% of people would say that the reception staff acknowledged them
- Listened attentively: 87% would say that they listened attentively

Q7. Would you describe the telephonists at your GP surgery as...?

- Polite: 95% of people would describe the telephonists as polite
- Approachable: 89% would describe them as approachable
- Efficient: 89% would describe them as efficient

In General

Q1. How satisfied are you with the hours that your GP surgery was open?

- 79% of people said that they are very or fairly satisfied with the hours that the surgery are open with 2% being very dissatisfied with 3% saying that they are not sure when the GP surgery is open (the NHS survey states that 7.87% said that they did not know when the surgery is open)

Q2. After you arrived at the practice on time for an appointment, how do you feel about how long you have normally had to wait to be seen?

- 71% of patients said that they don't normally have to wait too long to be seen once they've arrived on time for an appointment. 6% said they had to wait far too long

Q3. In the reception area, could other patients overhear what you say to the receptionist?

- 66% of patients said that they felt that they can be overheard at reception but don't mind whereas 28% are not happy about it (See next section for comments)

Q4. If you have a long term condition: In the last 6 months, have you had enough support from other local services or organisations to help you to manage your long-term health condition(s)?

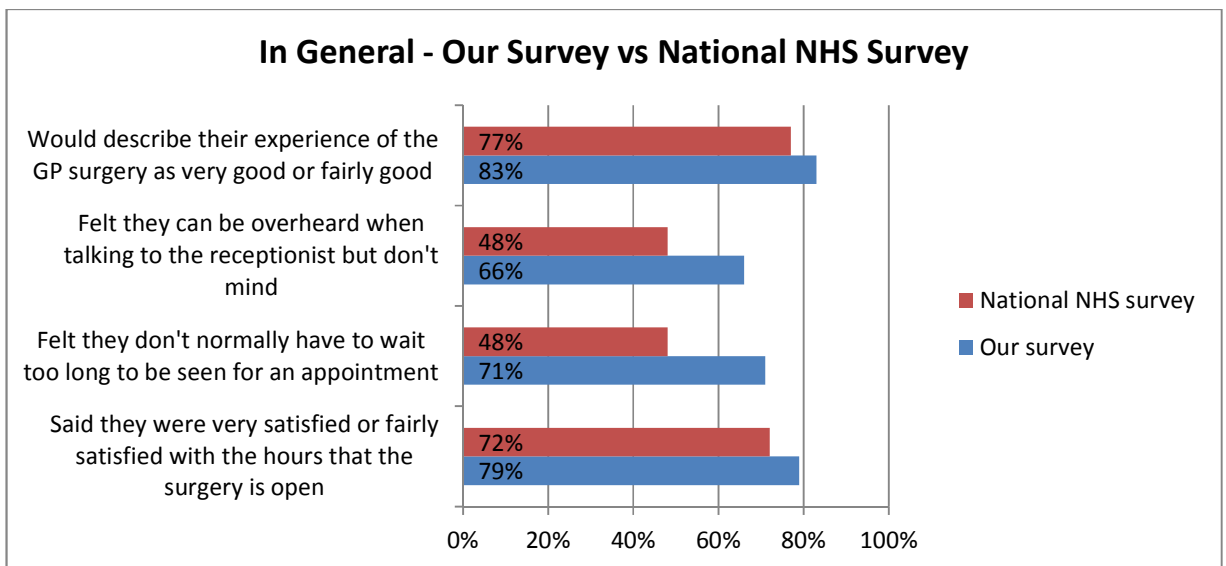
- Out of those who have long term conditions, 82% feel that they definitely or to some extent had enough support from other local services or organisations to help them to manage their long-term health condition(s)

Q5. Overall, how would you describe your experience of your GP surgery?

- 83% said that their overall experience of the surgery was either very good or fairly good (38.57% said very good compared to the NHS survey stating that 25% said very good)

Q6. Would you recommend your GP surgery to someone else?

- 73% of patients said that they would recommend the surgery to someone else with 16% being unsure. The NHS survey states that 31.75% would definitely recommend it compared to our results showing 44% saying that they definitely would.



Patient comments on what we can do to alleviate other patients being able to overhear in reception

There were mixed reactions as to what we can do to alleviate this;

- Get some plastic dividers so when you are talking to someone then you should not be overheard.
- Have a private area to talk about sensitive things.
- I don't think there is much you can do unless a side room is made available for those who wish to discuss the reason for their visit in private. This would be a costly solution though.

- Perhaps a side screen if a patient was concerned - to the side of reception?
- Put up a sign saying 'if you would like to speak to the receptionist in private, let them know'
- Thicker walls!!! I realise it is only bad when patients have hearing problems!
- Don't think you can unless you move reception area but it's in a good accessible spot
- Not sure
- When I asked to see the practice manager immediately on a very urgent confidential issue it was handled very well, efficiently and the problem was quickly resolved to both my and the surgery's needs. I was taken to a side office to discuss which was very good.
- Please please don't think About putting up a barrier

Action:

Despite the increase in signs identifying that we have a private room, we need to further increase awareness

Any further comments

8 main themes occurred within the comments that were left

Phone staff and receptionists shouldn't ask so many questions

- Hathaway like every other surgery I know has the standard gestapo first line service. It is practically impossible to see a GP without being interrogated on why and if the answers you give are not good enough you are side-lined to the nurses (who are very good at the basics). It is also impossible to make a double appt to discuss things properly so you end up having to make several appointments over different days or weeks. I have several health issues to sort out but for now am putting up with them because I don't want to have to go through this process. There is no personalised service anymore; the whole thing feels like a cattle market for hypochondriacs.
- I do not like being asked at reception or on the phone "Exactly what is the problem?", this is very personal and this is why I am asking to see a doctor.
- My primary concern is having to discuss medical issues with non-medically trained staff. I require regular injections, it seems I usually need to describe exactly what these are to the Receptionists in order to get the correct booking made
- On overhearing, I have heard other peoples' problems which I find I do not really need to know and feel embarrassed, as sometimes I know the person.

There should be a more private way of talking to receptionists

(Covered in section 3 – see ‘Comments on what we can do to alleviate other patients being able to overhear in reception)

The telephone service needs to be improved and the surgery should be on an 01249 number

- Experience poor telephone service. Lines frequently engaged. Frequently after listening to long message from Dr. Wright concerning the surgery (it costs 34 pence just to listen to this) we find that there are no operators available. As a result twice recently we have had to drive to the surgery to make an appointment. A premium rate number for appointments is not in the spirit of the NHS. These problems lead to a feeling of discontent and frustration. Recently the above problems cost me nearly £10 to get the result of an MRI scan over the phone. Please revert to a local number.
- Have to wait at least 6 minutes for a call to be answered... I would like to have seen my GP but couldn't wait until the end of the month. I have not experienced this wait time before.
- Would not recommend due to the phone system.
- Not happy about 0844 telephone numbers and repeated prolonged instructions by Dr Wright on answerphone
- I agree with telephone system but object to being charged to make phone calls particularly when I need to phone up 3 times to arrange an appointment
- I don't normally telephone the surgery because I object in principle to the continuing use of 0844 prefixed numbers particularly when possibly the caller has limited means
- I think it is wrong that telephone calls to the surgery are charged at the premium rate.
- I would be very happy if you answered your 01249 number as a pensioner I don't see why I should pay special price to make an appointment, you have the line installed why can't we use it!!?

Better continuity with seeing the same GP is needed

- I strongly believe that one should be offered to see a GP of choice, after being acquainted with the various GPs. This process may be facilitated if there was a brief profile on each Professional to enable a patient to make up their minds on who they would possibly be most comfortable with.
- My main concern with Hathaway is having to see a different GP every time and having to explain my health circumstances over and over again. I'm scheduled to have what is classed as major surgery next week and I found it disappointing that I was not assigned/able to see one GP throughout the build-up to that surgery, i.e.

over the past four months at least. In addition, I ended up seeing quite a few very junior GPs only being there for a few months or so, who then had to call upon more senior colleagues to support decision-making. A steady GP would have definitely taken away some of my anxiety. Not sure what your criteria are for a patient to be assigned one steady GP.

- Only because it can take 3 or more weeks to get an appointment with the doctor of my choosing and I don't think that is acceptable. Quite often I cancel the appointment and ignore the problem
- The only concern is that nowadays we do not have a doctor that understands family history, due to the fact that I see lots of different doctors. I know that you have the computer system, but it would be better if 1 doctor was assigned to a patient. I know that they wouldn't always be available, but at least there might be a doctor/patient relationship developing and a trust. However, I do understand the problems with funding etc. might make this a challenge!
- Very difficult to get an appointment with your own doctor. During last three visits saw different doctors.

Patients dislike having to call up each day for an appointment or having to wait until 7 days before an appointment to make it, specifically for follow up appointments that a clinician has requested

- Before my heart attack in Nov 2013 I rarely had to make appointments. I was frustrated when I tried to make an appointment with a named doctor and told I was not able to do so more than 7 days in advance. No appointments were available within that time so had to phone days later. Seemed a counterproductive rule
- In general having to wait until 7 days before to make an appointment has caused difficulty especially when trying to arrange follow-up appointments e.g. in 2 weeks' time.
- You see a doctor or nurse they say they want see you in 1- day's time you can't book it for that time in advance. you are told to ring nearer the time then you don't get one for another week or more
- If your doctor asks you to make an appointment 2 weeks ahead it should be possible to do so - this is not always the case. Online booking is not always an option - not all people have a computer and a face to face conversation is often preferable. Receptionist's attitude depends on who you speak to
- Appointments with my own doctor made more available would be nice. Within 7 days would be even better! Voice message a bit too long Why do you have to call back to get an appointment Why do we have to keep phoning back to get an appointment because they aren't released until tomorrow?!! Do you pay my phone bill?!!

- Trying to make an appointment is frustrating having to repeatedly call back the next day to see if an appointment is available which adds stress to an illness.

There is sometimes insufficient staff on reception and the experience varies from staff member to staff member

- I have put yes to the reception questions because there was no alternative. On the whole they are very pleasant but the occasional one is quite abrupt and when one is vulnerable it is quite hard work and unhelpful to be insensitive. A person is only striving for the best for themselves or a family member and they need to understand the emotions that that person is going through. On the whole though I have been treated well by your receptionists.
- Reception very busy. Insufficient staff on counter should consider Saturday opening.
- Overall my experience with the surgery is great and I'm very happy. However, I feel the receptionists asking what the problem is, there really is no need for this as I have felt when I've told them they've been the judge on how long I have to wait to see a doctor. They aren't the professionals with all due respect. I also understand they deal with lots of people on a daily basis some happy some not so happy and face challenges, but if they treated everyone as a single person instead of assuming we are all grumpy that would be very much appreciated. On occasions I've thought to myself thank goodness for self-sign in. I would also like to take this opportunity to Thank all the staff at Hathaway and continue all your hard work
- Some of the reception staff on the phone can be quite abrupt, interrupt you in mid conversation, and also make you feel belittled. You're ringing up for a reason not just for the fun of it. They also rush you when speaking, and you can't tell them all the details and what you want to happen
- Unfortunately certain telephonists I find ask too many questions. I understand that they need to know certain answers but I feel it's too probing and one certain telephonist was advising me what I needed to do regarding my medical condition. Some come across as very abrupt and like they do not want to speak to you. Also whenever I do have an appt, I am never seen on time of my appt and always normally 15 to 20 mins late. I understand patients want time with the doctor but either appt need to be extended as it makes me very late for work or if I go in my lunch break etc it always takes longer.

Later or weekend hours are desired

- I found a bit bad that the surgery doesn't offer many appointments late in the day...I don't see the point of keep the surgery open until 18:30h but don't offer GP appointment from 4 pm onwards

- I think you should open on a first come first served basis (drop-in) on Saturday Mornings, closing the doors at 12 noon but continuing to see patients until they are all seen.
- The surgery and appointments are not designed for the working person. You always have to tell the telephonists you don't work in the area when I feel it should really be asked. Appointments at evenings and weekends should be more available. I also feel that some of the nursing staff are far too concerned with going by the book than listening to patients. When you've lived with a condition for over 20 years, you know what your triggers are and how other illness can effect your condition. It's not always down to the patient managing their illness 'incorrectly'.
- The surgery is closed when I leave home to go to work, closed when I return from work, and of course is closed on weekends. I look forward to pilots of 7 day working in Chippenham, or the abolition of practice boundaries as I currently have to book annual leave to see a GP at Hathaway
- The surgery should be open at the weekends. The local veterinary practices are open to treat animals every day.

The waiting time for appointments is too long

- I think that waiting 7 days for an appointment is too long. Last time I saw a nurse, I was misdiagnosed and had to go to A&E. The last appointment I was given was 7 days after ringing, I again had to go to A&E as the condition became intolerable.
- Have to wait far too long for appointments. When you are ill waiting for an appointment for weeks is not much help! The surgery could do with being open later and open on a Saturday. The surgery are always at least 20 mins behind, on one occasion I have sat in the waiting room for about an hour and a half. I really feel more staff and longer opening hours are needed. Don't see the point in not releasing appointments when I call I do not expect to be told no appointment can be made and have to call back another day very odd way to make appointments
- It was over a 4 week wait to see ANY GP at ANY time of day for a routine follow up appointment when I booked an appointment recently. This is really poor. I don't really mind about receptionists politeness, waiting times etc, what is really important is whether I can see a GP when I need one. Please change the 0844 number to a local rate number ie 01249.
- The appointment system is beyond ridiculous. It took longer to get an appointment to see a GP (8 days - for a suspicious skin lesion) than it took to see the consultant dermatologist to which I was referred (7 days). The "ring back tomorrow, the appointment isn't released yet" is fundamentally a ridiculous system that wastes my time, and the receptionists, when I have to ring back 24 hours later. This has happened almost every time I have tried to book an appointment.

- Trying to get any appointment when ill is difficultno point in offering appointments a week /ten days away. People need to see a doctor WHEN THEY ARE ILL!! Situation seems to be getting worse, not better.

Summary of Actions:

- Raise awareness as to why reception and phone staff ask the questions that they do. Ensure that questions are asked in a sensitive manner
- To improve continuity we must ensure that patients are asked if they have already seen someone about their problem and if so, who? Patients also need reassurance that problems can sometimes wait until a GP has a routine appointment
- Greater awareness of our 01249 number
- Suggests that more GPs book their own follow-up appointments
- Ongoing training and feedback for staff
- Some of the comments show that we have been unable to communicate our opening hours to many of our patients. The surgery is open from 7:00am and until 7:30pm on some days. On other days GP appointments are offered up until 6:00pm
- There is a difficult balance to be struck between routine pre-bookable appointments and urgent on the day appointments. Patients who are “ill” want to be seen on the day, others want to be able to book days or weeks ahead. This balance is further complicated by the desire for continuity and the practice’s need to be able to plan the delivery of its services. Despite offering more GP appointments than ever before, there is still a perceived shortage of appointments. We will continue to monitor what is offered and attempt to adapt the system we have to improve access in partnership with our patients.

Positive feedback

- A visiting GP (family member from Yorkshire) described the surgery as one of the best laid out and organised he had seen
- Excellent surgery. More parking would be helpful
- Since the last survey, telephonists have been much kinder.
- Extremely professional! Thank you!
- Good location/access and female doctors available if requested by female patients

- I am a relatively new patient so I have recent experience of another as a comparison. I find Hathaway Medical Centre and all the staff treat me with respect, inspire confidence, are very knowledgeable and reassuring
- I would just like to say that Dr Wright is a fantastic GP, if I have a problem he listens to me and then gives me the medication I need. I have been with the practice a long time and I hope to have Dr Wright as my GP for a very long time as from now! Thank you.
- I'm very satisfied with everything at Hathaway
- In my dealings with The Hathaway Practice, they've all been excellent!
- Lovely and helpful staff
- My thanks to all staff at the surgery.
- Thanks for your hard work
- Very friendly GPs, nurses, receptionists and really good trainee GPs who I have seen a few times. I can't think of anything to complain about really!
- Views on staff - Nurses have been excellent!

Appendix 2 - The 2013-14 Questions

During the spring of 2013 we conducted a second patient questionnaire to seek the views of patients regarding our appointment system, specifically around making appointments with GPs. Two very clear messages came out of the responses:

1. Patients want to be able to get a routine GP appointment within 7 days
2. Patients want to be able to get back to see or talk to the doctor or nurse who is treating them for a current problem

While no one has yet designed a perfect appointment system that can flex with changes in daily demand or demand for specific doctors, we have changed our system to incorporate these two key features with the aim of improving patient satisfaction by improving access and continuity.

You said:

89% of patients stated that routine GP appointments should be within 7 days or less. At that time we were only achieving 42% available within 7 days.

We have changed:

85% of appointments are held back and only made available 7 days in advance. The remaining appointments are available up to 6 weeks in advance for patients who need to organise their life further ahead. In the future these appointments may only be available through online booking.

You said:

Continuity - 78% of patient view continuity as very important, important or desirable

We have changed:

Our previous duty doctor system meant that urgent requests to speak to a doctor always went to the duty doctor; this potentially left a patient, whose health was deteriorating, talking to, or being seen by, different doctors. We have introduced telephone appointments specifically to support continuity; these are now available each day a doctor works. There may not always be sufficient appointments to satisfy all patients, but we hope to be able to accommodate the majority of patient requests and greatly improve continuity.

The questions below relate to two separate time periods, the period before the 1st of July 2013 and the period after.

These questions relate to your experience BEFORE the 1st of July 2013

Q1. Generally, how easy has it been to get through to the surgery?

Very easy	Fairly easy	Not very easy	Not at all easy	Haven't tried	Does not apply
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Q2. Were you been able to get an appointment to see or speak to someone within an acceptable period of time?

Yes	Yes, but I had to call back closer to or on the day I wanted	No	Can't remember	Does not apply
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Q3. How did you find getting a routine GP appointment?

Better	No difference	Worse	Does not apply
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Q4. Overall, how would you describe your experience of making an appointment over the phone?

Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Does not apply
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Q5. Overall, how would you describe your experience of making an appointment with the receptionists since?

Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Does not apply
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Q6. If you have a preferred GP: How often did you see or speak to the GP of your choice?

Always or almost always	A lot of the time	Some of the time	Never or almost never	Does not apply
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These questions relate to your experience AFTER the 1st of July 2013

Q1. Generally, how easy has it been to get through to the surgery?

Very easy	Fairly easy	Not very easy	Not at all easy	Haven't tried	Does not apply
-----------	-------------	---------------	-----------------	---------------	----------------

Q2. Were you been able to get an appointment to see or speak to someone within an acceptable period of time?

Yes	Yes, but I had to call back closer to or on the day I wanted	No	Can't remember	Does not apply
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Q3. How did you find getting a routine GP appointment?

Better	No difference	Worse	Does not apply
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Q4. Overall, how would you describe your experience of making an appointment over the phone?

Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Does not apply
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Q5. Overall, how would you describe your experience of making an appointment with the receptionists since?

Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Does not apply
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Q6. If you have a preferred GP: How often did you see or speak to the GP of your choice?

Always or almost always	A lot of the time	Some of the time	Never or almost never	Does not apply
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Views on Staff

Q1. When you last saw the GP of your choice, did you have confidence and trust in the GP?

Yes, definitely	Yes, to some extent	Not at all	Does not apply
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Q2. When you last saw another GP, did you have confidence and trust in the GP?

Yes, definitely	Yes, to some extent	Not at all	Does not apply
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Q3. Did you have confidence and trust in the nurse you saw or spoke to?

Yes, definitely	Yes, to some extent	Not at all	Does not apply
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Q4. Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at treating you with care and concern

Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Does not apply
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Q5. How helpful do you find the receptionists at your GP surgery?

Very helpful	Fairly helpful	Neither helpful nor unhelpful	Not very helpful	Not at all helpful
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Q6. Would you describe the reception staff at your GP surgery as...?

Polite

Yes	No
-----	----

Approachable

Yes	No
-----	----

Efficient

Yes	No
-----	----

Q7. Would you describe the telephonists at your GP surgery as...?

• **Polite**

Yes	No
-----	----

• **Approachable**

Yes	No
-----	----

• **Efficient**

Yes	No
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Q8. Would you say that reception staff at your GP surgery..?

• **Made eye contact**

Yes	No
-----	----

• **Smiled**

Yes	No
-----	----

• **Acknowledged you**

Yes	No
-----	----

- **Listened attentively**

Yes	No
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In General

Q1. How satisfied are you with the hours that your GP surgery was open?

Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Not sure when GP surgery is open
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Q2. After you arrived at the practice on time for an appointment, how do you feel about how long you have normally had to wait to be seen?

I don't normally have to wait too long	I have to wait a bit too long	I have to wait far too long	Does not apply
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Q3. In the reception area, could other patients overhear what you say to the receptionist?

Yes, but I don't mind	Yes and I am not happy about it	No, other patients can't overhear	Does not apply
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Q4. If you have a long term condition: In the last 6 months, have you had enough support from other local services or organisations to help you to manage your long-term health condition(s)?

Yes, definitely	Yes, to some extent	No	Does not apply
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Q5. Overall, how would you describe your experience of your GP surgery?

Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor
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Q6. Would you recommend your GP surgery to someone else?

Yes, would definitely recommend	Yes, would probably recommend	Not sure	No, would probably not recommend	No, would definitely not recommend
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Appendix 3 – Report on Last Year’s Actions

The grey boxes below detail the actions we planned to take:

Action:

Improve patient information outlining our position as a training practice, the reasons behind this decision and what it means to patients and the service we give.

This was identified in the newsletter but will have more information contained in the new practice booklet. A section about training has also been added to our website.

Actions:

To implement changes that the practice has already started formulating as a result of the questionnaire to reduce the time patients need to wait for a routine appointment then run another questionnaire in the autumn to include all appointments.

Routine appointments are released as follows:

- 10% 6 weeks in advance
- 90% 7 days in advance

The results of this year’s questionnaire show that this has improved patient experience.

Action: Whenever there is a change in GPs or a need to reschedule routine GP surgeries, the opportunity must be taken to increase the amount of extended hours available.

There have not been any changes in permanent staff to be able to implement this change.

Action: We are aware that our current appointment system does not always lead to continuity and we will look at changes that can be made to improve this.

We converted approx. 30% of our GP capacity to “continuity slots.” The results of this year’s questionnaire show that this has improved continuity.

Action: For many patients a referral to a consultant is a new experience. This experience could be improved by giving more information (or sources of information) when they are referred. The information could detail issues such as the transfer of care from the GP to a consultant; what is likely to happen when seen by a consultant, timescales, results and who is responsible for communicating these to the patient, follow up appointments etc. This information may help shape patient expectations and help them to identify when things are not going to plan.

This action has not yet been achieved.

Action:

Through the commissioning process, raise with the hospitals their inability to share information. Most of our diagnostic tests are carried out locally or in Bath; it is unfortunate that other hospitals (Swindon and Bristol) cannot currently access this information and this sometimes leads to duplicated tests, wasted outpatient appointments and inconvenience for patients etc. The ideal outcome will be for all local hospitals to be able to appropriately access patient results irrespective of where the test was performed.

We are active in the Clinical Commissioning Group (CCG) and we have raised the issue of information sharing between hospitals. We are assured that this is being worked through by the acute hospitals.

Actions:

- We need to:
 - Review and re-record a number of messages
 - Review the options, look to remove or change the prescription option
 - Revert to a telephone number included in call packages – *we are already committed to do this in 2014*

A new message has been recorded for while patients are on hold.

Receptionists have been further trained to help patients with prescription requests and the option for transfer or leaving messages for the prescription team has been removed.

Since 1 January we have publicised a local number for patients to use as an alternative to the 0844 number.

Actions:

Through training we will improve consistency between all staff with a fundamental approach that we are here to help patients. This training will need to support staff to find a balance between ensuring that patients are seen by the most appropriately trained members of staff and being intrusive/insensitive with the questions that are asked.

We will review the information available to patients about why we ask questions and also what is and what isn't possible to achieve so that we do not appear "inflexible."

We now record all of our telephone calls and these are audited for quality on a regular basis. Staff are also encouraged to listen to "difficult" calls with a more senior member of staff to help their development.

The CCTV that covers reception now records conversations and this is used to give feedback to staff.

Staff have had further training on asking questions and making appointments.

Actions:

We will look to maximise services delivered from the medical centre whenever it is possible to achieve this.

Actions:

We will improve the promotion of services already available in the medical centre and try to identify more services that may be interested in working from here, or offer more signposting to services offered from other locations

We are active in the Clinical Commissioning Group (CCG) and we have put the medical centre forward to hold ophthalmology and orthopaedic clinics for GWH consultants. These have not yet been commissioned.

We have managed to secure podiatric surgery in our surgical theatre since January 2014.

Actions arising from patient comments

Actions:

Technology

- Many facilities that patients ask for are already available. This raises the question about how we communicate with patients, what information is available etc. One patient states that he and his wife cannot both use the online prescription request because they need different email addresses; this is not the case. Another asks for email confirmation of appointments yet text confirmation is available; unfortunately a high number of confirmations/reminders are undelivered because patients fail to update their telephone numbers with us. Appointments can be booked by email and we will be working to establish on-line appointment booking.

Continuity

- This will be our main area of development over the next year; it is desired by patients and clinical staff.

Technology – we have implemented SystmOnline giving patients access to some areas of their medical records to make/cancel appointments, register, change address and request medication.

Continuity – from 1 July 2013 we converted approx. 30% of our GP capacity to “continuity slots.” The results of this year’s questionnaire show that this has improved continuity.

Appointments

- We predict that by increasing continuity, the multiple attendances of some patients will reduce thereby increasing the number of appointment available for other patients.

Layout

- We need to improve confidentiality at reception

Medication

- We will adopt electronic transfer of prescriptions as soon as it becomes available plus the ability for patients to order prescriptions on-line directly from their medical record. We anticipate that this will reduce problems of repeat medication.

Appointments – this continues to be a challenge irrespective of the number of appointments we make available. We have employed more locums than in previous years to manage the shortfalls at some times of the year.

Confidentiality in reception – we have put signs on the reception counter informing patients that confidential matters can be discussed in the office. Despite this, patients still comment about the lack of privacy in reception as a problem.

Medication – we were the first practice in Chippenham to implement the electronic transfer of prescriptions (ETP) and we also made direct ordering from the clinical system available very shortly after adopting a new clinical system that offered this functionality.