

The Surgery
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Amersham Health Centre: Patient Participation Report 2011/12

Introduction

All GP practices are being asked to encourage patient participation in the running of their practices and to produce and publicise an annual Patient Participation Report.

One of the best ways to involve patients and obtain their views is via a patient participation group (PPG). Another way to obtain the views of a wider selection of patients is through the use of a practice survey.

This report sets out details of the process used to develop our patient participation group and of the patient survey undertaken in March 2012.

Patient Group

We already had a small patient participation group comprising seven members with whom we had met in previous years to discuss issues relating to patient survey results and the running of the practice. Most of the members of this group were retired. We decided that the group didn't have enough members to properly reflect a cross section of patients registered with the practice and that we must recruit more patients to join the group.

Another group of patients were already interested in the practice and had asked us to email them copies of our quarterly practice newsletter. We decided to send emails to these patients and asked if they would be interested in joining our patient participation group and be prepared to attend meetings. We said that if they were interested but could not attend meetings, would they be willing to participate in a 'virtual' patient group by email. We would ask for agenda items by email and for comments about patient group minutes and any other patient group questionnaires initiated by the practice.

A number of patients responded to our request and agreed to join our group, mostly as 'virtual' group members. We emailed a contact form to these patients asking for more details about them. This contact form included ethnicity details and employment status so that we could work out whether the new members of our group were representative of all our patients.

We decided that we still needed to recruit more members to our patient group. This was done in the following ways:

- A poster was displayed in the main waiting room asking for volunteers entitled 'Your Health Centre Needs You' and asking patients to complete a contact form.
- A request for new members was included in practice newsletters.
- A request for new members was included on the notice board on our web site.
- A patient flyer was produced asking patients to join the group using the same wording as the poster.
- A poster was displayed inviting patients to our patient group meeting in November 2011.

See Appendix 1 for a copy of the patient contact form.

See Appendix 2 for a copy of the poster in the waiting room.

We are still striving to expand our patient group numbers by advertising for new members in our newsletter, a poster in our waiting room and the notice on our website.

Profile of the members of the Patient Group

The patient group is led by Dr Simon Thompson, GP, Joyce Hayes, Practice Manager and Fiona Bingham, Practice Administrator.

There are currently thirty-three patients in the group of whom ten participate via email. There are nine male and twenty-four female group members. We have a mixture of employed and retired patients. These patients fall in to a variety of age and ethnic groups.

Terms of Reference

The aims and objectives of the patient group are to:

- Improve communication with our patients.
- Identify issues which are important to our patients.
- Involve patients in decision making with an aim to improve services provided.
- Help formulate action plans from the results of practice surveys.
- Involve the group members in sharing information with other patients.

Patient Satisfaction Survey

At the patient group meeting on 16 November 2011 it was agreed that the GPAQ (General Practice Assessment Questionnaire) should be used to carry out a survey of patient satisfaction. (© GPAQ is copyright of the National Primary Care Research and Development Centre, University of Manchester and Safran/NEMCH).

See Appendix 3 for a copy of the minutes of the meeting.

The survey was carried out in March 2012. A copy of the questionnaire was given to patients coming in to attend appointments, to book appointments, to collect prescriptions and coming in with any queries. The questionnaire was also posted

on our website. More than three hundred questionnaires were handed out in the surgery and two hundred survey forms were completed and returned to us.

Actions from Patient Group Meeting & Patient Satisfaction Survey

The results of the survey have been emailed to our patient group and we asked them for any immediate comments for inclusion in this report. The survey results will be discussed in detail at the next Patient Group Meeting.

Survey Result

The survey results are very encouraging and details are summarised below. A poster has been put up in the patient waiting room summarising the results and patients have been informed that copies of the results are available from Reception. The poster also states that the results of the survey will be published on our website.

Practice Opening Times

Monday* – Friday 8.30am to 6.00pm

(*Monday Sunrise Surgery by pre-booked appointment only from 7.20am)

Saturday Surgery 8.30am to 12.10pm by pre-booked appointment only. The reception desk is open for patients to collect repeat prescriptions.

Patient Survey Analysis

The individual scores for the evaluation questions in GPAQ are expressed as an average (mean) for all patients who completed the individual question. They are represented as a percentage of the maximum possible score, so the best possible score is 100%.

1. Satisfaction with Receptionists.

- The mean score for satisfaction with the way patients are treated by the Receptionists was 81%.
- 94% of patients reported that they were good, very good and excellent.

2. Satisfaction with opening hours

- The mean score for satisfaction with opening hours was 68%.
- 85% rated our opening hours as good, very good or excellent. When asked what additional opening times they would prefer, there was a range of answers. The highest number of responses was for no change to our hours followed by a request for weekend opening.

3. Satisfaction with the availability of a particular doctor

- The mean score for satisfaction with the availability of a particular doctor was 68%.

- 69% said that they could see a particular doctor within 2 working days which they rated as good, very good and excellent.

4. Satisfaction with the availability of any doctor

- The mean score for satisfaction with the availability of any doctor was 78%.
- 91% were able to see any doctor within two working days and rated this as good, very good and excellent.
- 76% of patients were able to see any doctor on the same day for a routine appointment.
- 92% of patients who needed to see a doctor urgently on the same day said that they were able to be seen.

5. Satisfaction with waiting times at the practice

- The mean score for satisfaction with waiting times was 60%.
- 70% rated the waiting time as good, very good or excellent.
- 63% of patients said that they are seen within 10 minutes of their appointment time.
- 95% are seen within 20 minutes.

6. Satisfaction with phoning through to the practice

- The mean score for satisfaction with phoning through to the practice was 55%.
- 57% rated their ability to get through to the practice as good, very good and excellent.
- 15% of patients rated their ability to get through to the practice as poor or very poor.
- Telephone access will be discussed further at our next patient group meeting.

7. Satisfaction with phoning through to a doctor for advice

- The mean score for satisfaction with phoning through to a doctor for advice was 65%.
- 38% of patients have never tried to telephone a doctor for advice.
- 79% of the patients surveyed who have telephoned the doctor for advice rated this service as good, very good and excellent.

8. Satisfaction with continuity of care and seeing usual doctor

- The mean score for satisfaction with continuity of care was 67%.
- 77% of patient rated the continuity of care as good, very good and excellent.
- 60% of patients surveyed said that they see their 'usual doctor' a lot of the time or always.

9. Satisfaction with consultations with usual doctor

- The mean scores for satisfaction with consultations with their usual doctor were as follows:

Satisfaction with doctor's questioning about how you are feeling	83%
Satisfaction with how well the doctor listens to what you have to say	84%
Satisfaction with how well the doctor puts you at ease during your physical examination	84%
Satisfaction with how much the doctor involves you in decisions about your care	81%
Satisfaction in how well the doctor explains your problems or any treatment that you need	83%
Satisfaction with the amount of time your doctor spends with you	81%
Satisfaction with the doctor's patience with your questions or worries	84%
Satisfaction with the doctor's caring and concern for you.	86%

10. Satisfaction with consultations with a nurse

- The means scores for satisfaction with consultations with a nurse were as follows:

Satisfaction with how well the nurse listens to what you have to say	77%
Satisfaction with the quality of care the nurse provides	79%
Satisfaction in how well the nurse explains your problems or any treatment that you need	78%

- 97% of the patients surveyed who had seen a nurse rated the quality of care as good, very good and excellent.

11. Demographics of the patients surveyed

- 67% of those surveyed were female and 33% were male.
- 74% of those surveyed were over 45 years old and 26% were under 45 years old
- The mean age for those surveyed was 57.
- 46% of those surveyed had a long standing illness, disability or infirmity.
- 74% of those surveyed live in owner occupied or mortgaged property.
- The ethnicity of those surveyed was as follows:

White	92%
Black or Black British	0%
Asian or Asian British	4%
Mixed	2%
Chinese	2%
Other ethnic group	0%

- The patients surveyed described themselves as follows:

Employed (full/part time, self employed)	45%
Unemployed	2%
School or full time education	2%
Long term sickness	2%
Looking after home/family	8%
Retired	39%
Other	2%

12. Comments made by Patients

- **The following is a sample of comments made by patients about what we do well:**
 - ♥ Nice bright surgery and friendly staff.
 - ♥ This surgery is excellent overall and we are fortunate to have this facility.
 - ♥ I get to see the doctors I want to see
 - ♥ I cannot fault care and understanding from doctors, nurses and staff – well done Amersham Health Centre.
 - ♥ One of the reasons I'm reluctant to move out of the area is my doctor – he's the best! All the other doctors are of a high standard.
 - ♥ Pharmacy on the premises is a great help.
 - ♥ Very good that I can see a doctor on the same day.
 - ♥ Easy to get appointments – in my previous practice in a different area it could take more than a week (you almost had to predict you were going to be ill).
 - ♥ Fantastic!
 - ♥ I have a very helpful supportive GP who was extremely caring last year whilst my daughter was ill.

- ♥ My GP is an amazing doctor, he always has time to listen and he explains so that you can understand.
 - ♥ The surgery is a first class practice. I have seen the staff dealing with difficult and abusive patients in a very professional way.
 - ♥ Medical staff are always professional and caring.
 - ♥ Find the Saturday morning surgery is wonderful.
- **The following comments were made about what could be improved:**
 - ◆ Booking system for follow up appointments could be improved.
 - ◆ Wish there was a bigger car park.
 - ◆ Would like slightly longer appointment sessions.
 - ◆ Would like more flexibility in appointment times i.e. evenings & weekends.
 - ◆ I would prefer a local i.e. 01494 phone number.
 - ◆ Phone calls could be answered more quickly.
 - ◆ Having to call at 8.30am is not ideal in big queue, but otherwise wouldn't get same day appointment.
 - ◆ Please remove expensive telephone number.
 - ◆ Would like to pre-book appointments which are not just early mornings.
 - ◆ I would like to have a 'usual' doctor.

13. Conclusions form the 2012 Survey and Action Plan

The results of the survey indicate that the practice is performing well and that patients are more than reasonably satisfied in all areas. However, there are areas that we can try to improve to meet the needs of our patients.

We will discuss the survey results in detail at our next patient group meeting and will focus on the following areas.

- Contacting the practice by telephone
- Waiting times to see a doctor
- Availability of a particular doctor
- Continuity of care
- Practice opening times

If you are interested in joining our patient group and having your say in how we develop patient services, please let us know. You are welcome to join us in person or via email.

Appendix 1

Patient Participation Group Contact Form

If you would be happy to take part in our patient participation group either in person or by email please complete your details below and hand this in to the Reception Desk.

Please note that these meetings take place Monday – Friday and are usually at lunchtime.

This information will help us to make sure that our patient group is representative of all our patients:

Name :	
Date of Birth:	
Contact Telephone Number:	
Email address:	

Are you? Male Female

Are you? Employed Unemployed Retired

How would you describe how often you come to the practice?

Regularly Occasionally Very rarely

To which of these ethnic groups do you feel you belong:

Please tick the box that you feel applies to you:

WHITE		ASIAN OR BRITISH ASIAN		MIXED	
British	<input type="checkbox"/>	Indian/British Indian	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Any other white background – please specify:	<input type="checkbox"/>	Pakistani/British Pakistani	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
		Bangladeshi / British Bangladeshi	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
		Any other Asian background – please specify:		Any other mixed background – please specify:	<input type="checkbox"/>
BLACK OR BLACK BRITISH		OTHER ETHNIC GROUP			
Black Caribbean / British Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		
Black African / British African	<input type="checkbox"/>	Other – please specify:	<input type="checkbox"/>		
Any other black background – please specify	<input type="checkbox"/>				
I DO NOT WISH TO ANSWER:	<input type="checkbox"/>				

YOUR HEALTH CENTRE NEEDS YOU!

If you are interested in joining our Patient Participation Group and coming to meetings, please ask the Receptionist for a contact form to complete.

If you are unable to attend meetings but would still like to be involved, please note this on the contact form and we will ask for your comments by email.

Many thanks
Dr Dellow & Partners
Amersham Health Centre

Appendix 3

Patient Participation Group Meeting 16th November 2011

Minutes – excluding names of attendees

Attended by:

Dr Thompson (ST)
Joyce Hayes – Practice Manager (JH)
Fiona Bingham – Practice Administrator (FB)

Patients: RB, GV, DF, CB, NF, HJ, STa, JB, RS

Apologies: TV, TR, CB, TM, JL, BA

Fiona Bingham introduced the meeting and thanked members of the group for attending. FB explained that the surgery is trying to expand the group to make it more representative of the surgery's patients and is involving people by email as well. JB asked how the surgery could involve elderly people that aren't able to travel to the surgery. JB could distribute copies of our newsletter to other patients who live in her sheltered housing complex. NF said that he would be happy to bring patients to the meetings. DF raised the difficulty of getting the newsletter to patients who don't regularly attend the surgery. FB reported that the newsletter is sent out electronically and is on the practice website however a lot of patients particularly the elderly don't use computers.

Play Corner for Young Children

Joyce Hayes reported that the play area had been removed due to concerns over hygiene and health and safety but would be happy to re-introduce this if the patient group felt strongly that it was a good idea. RS felt that the surgery was being over cautious as the hospital has play areas in out-patients. It was felt that it was safer to have a specific area for small children to play in and that having a space for children was more important than what was put in that area. JH will look into obtaining a new house.

Could a second desk be opened in the morning when it is busy?

FB/JH explained that the second computer was for the automatic check in and that it would be difficult to staff a second desk in the mornings, when the phones are extremely busy. The patient group felt that the queues had been better since the introduction of the check in screen. FB/JH reported that a lot of patients don't like using the check in screen. The group suggested putting something in the next newsletter regarding use of the check-in screen to encourage people to use it and explaining how it works.

STa suggested putting a question in the patient questionnaire asking if people like the check-in screen and if not why they don't like it. RS suggested that when the reception desk is very busy the receptionist calls another member of staff to help patients with more complicated issues. STa suggested that the surgery gives

patients time slots for bringing in registration documents as this can be time consuming. JH will discuss these suggestions with the receptionists.

Calling 08444 Number

STa asked if it would be possible to have an 01494 number as well as the 08444 number. Two other members of the group brought up the issue of the cost of calling the surgery. JH reported that previously the surgery had an 0870 number but due to a government directive had changed to the 08444 number which is in fact the same charge as a local rate number. Members of the group reported that they have telephone packages where they get free calls but that the 08444 numbers are not included in these packages. JH reported that having this number allows the surgery to have a good system. RB told the group that this issue had been discussed at previous meetings and that it had been agreed that we had the best system that we could have.

HJ asked if would be cheaper to have auto-forwarding. Dr Thompson said that the cost of calls is a universal problem for organisations.

RS asked what the surgery could do for deaf people who need to make appointments. Dr Thompson said that the surgery would happily look at any suggestions but wasn't aware of what was available.

NF said that he would like to see communication by email in future. JH felt that the volume of emails that the surgery would receive would be a problem. NF also suggested that the surgery look into the possibility of booking appointments electronically. FB/ST felt that this might be a problem as patients calling the surgery are given the most appropriate type of appointment for their medical problem. Appointments booked on line might not be booked in the most appropriate type of appointment.

NF asked if there could be pre-bookable appointments later in the morning and also if there could be pre-bookable appointments for specialties such as for diabetes with Dr Bennett and joint injections with Dr Dellow and Dr Gabe. JH explained the difficulties of getting the balance right between pre-bookable and book on the day appointments.

DF and STa felt that the practice had a good appointments system. STa asked if something could be put in the newsletter about the specialties of the various doctors.

NF said that he didn't know much about the Express Clinic and what it was for. FB reported that the practice tries very hard to inform patients through its newsletter and website and more information will be included in the next newsletter.

Patient Satisfaction Survey

The group were given a standard General Practice Assessment Questionnaire to look at with the meeting papers and JH asked the group if it felt that the practice should use this survey or write its own. The group felt that the survey covered

everything but that questions could be added if there is anything else that the practice would like to know.

JH gave details of the result of a national GP Patient Survey. One question in the survey asked patients if they tried to book an appointment more than 48 hours ahead and, if they tried, were they able to do so. JH said that the surgery has 12,000 patients and 34 patients answered this question. Of the 34 patients who answered, 14 said that they were unable to book an appointment more than 48 hours ahead. The GP Patient Survey results affect the amount of money that is paid to the surgery to provide patient care. We will receive a payment of £3,000 – as we did last year – because patients reported that they were able to be seen on the day or within two days. However, we will not be paid a further £4,500 as 14 patients reported that they could not book an appointment more than 48 hours ahead – even though we do have appointments that can be booked ahead. JH said that the surgery felt that this was very unfair. The patient group agreed that it wasn't fair to penalise the practice when the sample group was so small.

NF suggested having a screen in the waiting room to advertise information about the surgery.

The group discussed waiting times as this had been a question suggested by a patient by email. Dr Thompson reported that patients are sometimes late for appointments or have complicated problems that need more than the allotted ten minutes of the doctors' time and this is usually the reason for appointments running late.

Any other business

DF asked if doctors met regularly to discuss patients that had not been given a fair deal by the NHS. Dr Thompson reported that the doctors look after issues for their own patients but advised that where a patient is having particular problems with hospital appointments or treatment that they should speak to the Patient Advice & Liaison Service(PALS) *post meeting note – now Patient Experience Service – 0800 328 5640*. Some members of the group were not aware of PALS and their remit, DF suggested an article in the newsletter. FB to action. Also FB will send out PALS leaflets with the minutes.

NF asked how often the group should meet. Dr Thompson suggested quarterly.

An item suggested for the next agenda was how the group could expand its role to support the surgery.