

Patient Survey 2012/2013

Introduction

Plain Talking was founded in the spring of 2011. The group consists of patients from six practices within the northern locality of South Wiltshire. It is a virtual group whereby patients are contacted by email about the Practice including surveys and feedback.

In spring 2011, the group identified the following areas to improve local healthcare provision:

1. Out of hours access to an emergency GP and the use of A & E
2. Communication
3. Appointment access
4. Telephone access

Out of hours access to an emergency GP and the use of A & E and communication were prioritised by the group and therefore became the focus of last year's survey. The latter two areas, appointment and telephone access, were to be the focus of the second survey.

Using the priorities identified by the patients within Plain Talking, the Practice Managers associated with the group developed a survey to help further understand issues regarding appointments and telephone access. Questions were lifted from the survey recommended by the RCGP regarding appointments and telephone access to ensure the survey was valid. No requests were received to amend the questions or content of the survey.

Completing the survey also provided doctors with information about their work through the eyes of those they work with and treat, and was intended to help inform their further development.

Patients were asked to complete the survey from 1st July to 30th September 2012. The survey was emailed to patients and available in the Practice to complete. This ensured that as many patients as possible completed the survey to aid representation across the patient population. The survey was completed online using Survey Monkey or loaded manually by practice administrators if completed on paper. This enabled full analysis of the data at GP level, practice level and as a group (i.e. all six practices).

Results

The results are detailed in four sections:

1. Patient demographics
This section gives details of the demographics, such as age, sex and ethnicity of the patients who completed the survey
2. Appointments
This section is divided into three aspects; accessing the Practice by telephone, opening times and the respondent's experience of seeing a named GP
3. Other
This section reviews other comments made by respondents

Section 1: Patient demographics

Six hundred and thirty eight patients completed the survey for Plain Talking, the 'group' of which 101 responses were from patients of Avon Valley Practice.

Responses were received from all ages of patients (see Appendix 1). 20% of responders were aged 56 to 65 years, and in total 42% were over the age of 56. This was as expected as this is the age group that appear to have greater health problems and chronic illnesses and are therefore more likely to have concerns about the practice services available. This age range was similar for the group, with 18% of responders aged 56 to 65 years, and 43% over the age of 56. This ratio was felt to be representative of the age groups that use Primary Care Services.

Overall, 40% of respondents were female and 33% male. However, 28% did not answer the question. Gender ratio was slightly different for the group, with 50% of respondents being female, 30% being male and 20% not responding. A higher percentage of female respondents was expected, reflecting the findings of every day GP service.

The vast majority, 96%, of respondents were British or mixed British at both practice and group levels. This reflects the population of this area in rural Wiltshire with the towns of Amesbury and Tidworth. The remaining 4% were Irish, other white background or Chinese.

18% of respondents from Avon Valley Practice stated that there were carers for another person compared to 14% for the group. This is high if correlated to the whole practice population, but not if correlated to the high female, and older age group that have completed this survey.

Section 2: Appointments

Accessing the Practice by telephone

The majority, 60%, of respondents, considered that their ability to get through to the Practice on the phone in the morning was good or very good. In the afternoon, this rose to 62%. However, 9% considered telephone access to be less than satisfactory or poor in the morning compared to 4.5% in the afternoon. This may be explained by the preferred time of telephoning a Practice (see Appendix 2) as 85% of respondents preferred to call between 08:00 and 12:00 with the majority wishing to call between 08:00 and 10:00. Only 5% of patients preferred to call after 14:00.

Compared to the group results, i.e. the collective response from Avon Valley Practice, Barcroft Medical Practice, Bourne Valley Practice, Castle Practice, Cross Plain Surgery, and St Melor Surgery, our patients are less satisfied with their ability to get through to the Practice as only 47% considered that their ability to get through to the Practice on the phone in the morning was good or very good. Again, this may be explained by the preferred time of telephoning the Practice (see Appendix 2) as 80% of respondents preferred to call between 08:00 and 12:00 with the majority wishing to call between 08:00 and 10:00. Only 8% of patients preferred to call after 14:00.

Avon Valley Practice offers same day telephone appointments as well as those that can be booked up to six weeks in advance. When asked if they were able to speak to a healthcare professional on the day of request, only 75% of respondents answered yes or no as 25% were not aware of this service. Of the respondents who were

aware of the service, 18% stated that they could not speak to a healthcare professional on the same day of request.

Opening times

The Practice is open Monday to Friday. Upavon Surgery opening times are from 08:00 to 13:00 and 14:00 to 18:30 every day whereas Durrington Surgery closes at 18:00 except for Mondays when a late surgery runs until 21:15.

66% of respondents considered that the opening times of their practices were good or very good and only 3.5% considered the times to be less than satisfactory. However, only 50% of patients were aware of the late surgery.

Compared to the group results, findings were similar for Avon Valley Practice with 64% of respondents considering that opening times were good or very good and only 3% considered the times to be less than satisfactory. More patients, 59% compared to 50%, were aware of late surgery.

Appointments with a GP (respondents' experiences of seeing a named GP)

A quarter of the respondents had seen a GP at Avon Valley Practice in the last week compared to 31% across the group and another 24%, compared to 28%, within the last month. 33% of respondents had seen a GP in the last 3 months and 18% more than 6 months previously at Avon Valley Practice whereas the findings were 21% and 16% respectively for the group. This suggests that only 4% of respondents had not seen a doctor within the last six months.

To ensure the results are representative across the practice population, we need to obtain results from patients who have not attended.

The reason for seeing a GP are displayed in table 1 and the main one was for an ongoing problem.

Table 1. Reason for seeing a GP

Reason	Response %					
	Dr Jenkins	Dr Ross Russell	Dr Green	Dr Millar-Craig	Practice	Group
To ask for advice	20.8	16.6	12.5	15	15.8	10
Because of an ongoing problem	45.8	30	58.4	55	45.5	53
Because of an urgent problem	16.6	13.3	12.5	5	11.8	9
For treatment inc. prescription	4.1	26.6	12.5	15	15.8	20
Not given	10.8	12.3	13.3	4.1	10.8	8.6

The respondents were also asked how good the doctor was at being polite, making patient feel at ease, listening, assessing medical condition, explaining condition and treatment, involving patient in decisions about treatment and providing/arranging treatment. The results are displayed by named doctor and by Practice.

Being polite

	Response %					
Rated ability	Dr Jenkins	Dr Ross Russell	Dr Green	Dr Millar-Craig	Practice	Group
Good or very good	79%	77%	87.5%	95%	84%	90.7%
Satisfactory	17%	23%	0%	0%	12%	4.8%
Less than satisfactory	0%	0%	0%	0%	0%	0%
Poor	0%	0%	0%	0%	0%	0.1%
No. of answers received from respondents	23/24	30/30	21/24	19/20	96/101	615/638

Making patient feel at ease

	Response %					
Rated ability	Dr Jenkins	Dr Ross Russell	Dr Green	Dr Millar-Craig	Practice	Group
Good or very good	75%	73%	87.5%	95%	82%	90.4%
Satisfactory	21%	23%	0%	0%	13%	4.5%
Less than satisfactory	0%	3%	0%	0%	1%	0.4%
Poor	0%	0%	0%	0%	0%	0.1%
No. of answers received from respondents	23/24	30/30	21/24	19/20	96/101	613/638

Listening

	Response %					
Rated ability	Dr Jenkins	Dr Ross Russell	Dr Green	Dr Millar-Craig	Practice	Group
Good or very good	67%	73%	88%	95%	79%	89%
Satisfactory	29%	23%	4%	0%	17%	5.7%
Less than satisfactory	0%	3%	0%	0%	1%	0.1%
Poor	0%	0%	0%	0%	0%	0.2%
No. of answers received from respondents	23/24	30/30	22/24	19/20	97/101	613/638

Assessing medical condition

	Response %					
Rated ability	Dr Jenkins	Dr Ross Russell	Dr Green	Dr Millar-Craig	Practice	Group
Good or very good	67%	57%	79%	79%	67%	84%

Satisfactory	29%	40%	4%	21%	26%	8.1%
Less than satisfactory	0%	3%	4%	0%	3%	0.7%
Poor	0%	0%	0%	0%	0%	0.2%
No. of answers received from respondents	23/24	30/30	21/24	19/20	96/101	605/638

Explaining condition and treatment

Rated ability	Response %					
	Dr Jenkins	Dr Ross Russell	Dr Green	Dr Millar-Craig	Practice	Group
Good or very good	67%	54%	79%	84%	67%	83%
Satisfactory	29%	27%	8%	11%	20%	7%
Less than satisfactory	0%	13%	4%	5%	8%	1.5%
Poor	0%	0%	0%	0%	0%	0.4%
No. of answers received from respondents	23/24	30/30	21/24	19/20	97/101	606/638

Involving patient in decision about treatment

Rated ability	Response %					
	Dr Jenkins	Dr Ross Russell	Dr Green	Dr Millar-Craig	Practice	Group
Good or very good	71%	67%	79%	84%	73%	83%
Satisfactory	25%	17%	4%	11%	15%	6.7%
Less than satisfactory	0%	10%	0%	0%	4%	1.2%
Poor	0%	3%	0%	0%	1%	0.3%
No. of answers received from respondents	23/24	30/30	20/24	19/20	95/101	601/638

Providing/arranging treatment for patient

Rated ability	Response %					
	Dr Jenkins	Dr Ross Russell	Dr Green	Dr Millar-Craig	Practice	Group
Good or very good	75%	64%	79%	79%	71%	82%
Satisfactory	21%	23%	4%	11%	17%	5.7%
Less than satisfactory	0%	7%	0%	5%	4%	1.2%
Poor	0%	3%	0%	0%	1%	0.4%
No. of answers received from respondents	23/24	30/30	20/24	19/20	95/101	600/638

None of the respondents considered that any of the doctors at the Practice failed to keep information about patients confidential. The majority, 97%, of respondents also considered that the doctors to be honest and trustworthy.

When asked about their confidence in the specific doctor's ability to provide care, 90 of the 101 respondents answered the question. Of these 90 patients, all of them stated that they were confident about the particular doctor's ability to provide care. Of the 11 patients who skipped the question, two saw Dr Jenkins, one saw Dr Ross Russell, five saw Dr Green and three saw Dr Millar-Craig.

The respondents were asked if they would be completely happy to see the named doctor again. The majority of patients stated that they would.

Willing to see named GP again	Dr Jenkins	Dr Ross Russell	Dr Green	Dr Millar-Craig	Practice	Group
Yes	96%	93.3%	96%	90%	94%	94%
No. of answers received from respondents	24/24	30/30	23/24	18/20	98/101	610/638

Section 3: Other

All respondents were asked to add any other comment. These have been allocated to the Practice or a named doctor as relevant.

Comment	Related to
I have always found all the doctors at this surgery to provide excellent care. Haven't got a usual doctor. They keep leaving (is it me?)	Practice
Would always prefer to see any permanent GP of the practice that has been with some years but am willing to see new Drs at least twice before I make any comments but it always take at least 2 weeks or more to have an apt made with Dr of my choice (IG) and in netheravon. I do not mind travelling to upavon at mo while I am able to drive but a I get older it may become very difficult especially when cannot drive anymore	Practice
If ever the budget can stretch to it, why not have a couple of bench type seats outside so that on a nice day people can sit outside while they wait to see the doctor. The garden area is quite pretty	Practice
The delay in getting an appointment for a non urgent matter is too long. It can take 7 to 10 days – sometimes more. Is the Practice over worked?	Practice
When you feel unwell, having to hang about reception waiting for your prescription to be signed is awful. Drs need printers in their room really. All of the receptionists are very nice and helpful apart from XXXX who is rude and unwelcoming. She is the only one of your staff who makes you phone back at specific times for repeat prescriptions.	Practice
I don't mind which Dr I see as they are all great. AVP is a great practice	Practice
I think that the surgery has a good team of doctors	Practice
The surgery always tries to get you seen ASAP. With the option at Upavon if Durrington is too busy. Top surgery.	Practice

I need more explanation and help to decide about treatments	Dr Jenkins
A credit to the Practice	Dr Green
As far as I'm aware Dr Green is my preferred Doctor here at the Practice	Dr Green
Dr Green is an excellent Dr and I'd recommend him as a GP to anybody	Dr Green
Dr Green is always caring and considerate. He never rushes you and is extremely thorough. The same cannot be said for the other Drs at AVP	Dr Green
Excellent, diagnosed quickly and given medication, Thank you.	Dr Millar-Craig

Recommendations

Following discussion with the doctors and practice manager on 10th December 2012, made the following recommendations which were emailed to 311 patients on the 11th January 2013. Comments were received from six patients and are included where appropriate below.

Accessing the Practice by telephone

To improve telephone access, the Practice needs to amend the working arrangements of the reception and dispensing team so that all staff working from 08:00 to 10:30 answer telephone calls. However, our current telephone system does not enable this flexibility and therefore we will investigate systems and discuss costs.

The need for a new telephone system was endorsed by patients responding from our patient reference group stating that 'waiting times on the phone to get through are incredibly long at times' and 'it's a nightmare trying to get through on the telephone and this issue needs to be addressed as a matter of urgency.'

Patients requesting same day telephone calls are given an appointment that day with a GP. There may be a delay if wishing to speak with a practice nurse as there are fewer appointments available. An audit was carried out in January 2013 to identify why patients contact us. Categorising the reasons enabled us to begin to develop clear pathways to ensure that patients are handled accurately and timely. It will also be important to reduce appointment wastage when reviewing the pathways. As one patient commented through the patient reference group;

'It would be helpful if the review information given on the website or by reception could tell us if we need to book a blood test before seeing the GP so that we can book the appointments in the right order. (Not booking a blood test first can mean 2 appointments with the doctor thus wasting his time and booking one unnecessarily- as I did last week - wastes the nurse's time).'

However, implementation of clear pathways will need to be carefully considered to address patient concerns about sharing information with receptionists. As one patient via the patient reference group commented

'when I need urgent assistance or really need to speak to someone I find they ask me what the problem is and they make the decision if I am an urgent problem? I dont think its there responsibility to determine if I fall under that catagory? Also I find that if we have results for tests I would feel more comfortable if a doctor or nurse rang me and not have a receptionist tell me over the phone.'

Staff training will be paramount to optimise the pathways.

Opening times

The information provided to patients about opening times was reviewed. Information included the practice leaflet, website and poster 'useful information.' All clearly define opening times.

One patient commented via the patient reference group that Saturday morning appointments would be helpful in addition to our late surgery on a Monday evening. This will be taken into consideration when reviewing the appointment schedules.

Appointments with a GP (respondents' experiences of seeing a named GP)

The group results were obtained and included to allow comparison with local practices. Due to the small number of respondents, it was very difficult to draw conclusions as only 101 of the 3096 patients who had an appointment through the period of data collection responded to the survey. Indeed, 1.6% of our patient population completed the survey. Obtaining more data is essential to promote further insight.

From the results obtained, patients appeared satisfied that the doctors were polite, made them feel at ease and listened. This was supported by a comment made via the patient reference group;

'Amongst other Doctors, I have been privileged to be a patient of Dr Ross Russell to whom I am massively grateful; for all the time, expertise, patience, care and consideration which she has given to me personally - much of which has gone well beyond the call of duty.'

With regards to explaining conditions and treatments and involving patient in decisions about treatment, the use of leaflets will be promoted to support the information provided to patients during consultations. Only 30% of information is remembered from consultations and therefore providing a leaflet to support the discussions may be of benefit to patients. An autoconsultation within TPP will be set up to link to leaflet so that the doctors and nurses have quick access to good, up to date resources. Consent forms could also be emailed to patients in advance of minor surgery appointments or procedures. This could be supported by the use of an ipod touch/Ipad mini and app to allow patients to electronically sign consent forms which are uploaded onto their medical records.

Alternative appointment strategies, such as 5 minute on the day appointments, will be discussed following the results of the audit investigating why patients contact us, to optimise the appointment system. This should reduce the length of time patients have to wait for a routine appointment.

Accessing patients' opinions is paramount to evaluating services and therefore obtaining email addresses for all patients to set up a mailing list may assist this. Using email to consult with patients is on the agenda for the NHS and the Practice expects to be involved. This was supported by the comments of one patient via the patient reference group;

'In consultation with individual patients greater use should now be made of email - especially in circumstances where the patient is being called in to see a Doctor following the result of tests. In one case it took four weeks to tell me that my medication needed to be reviewed. You could have emailed, you could have left a

message on my answerphone, you could even have written. It is too easy to use "patient confidentiality" as a reason (excuse?) for failing to let me know that action was required.'

Agreed plan of action

Action	By who	By when	Progress
To share findings and suggested recommendations with all patients who have provided an email address for receiving information about the Practice.	AM	31 st January 2013	Email sent to 311 patients on 11 th January 2013. Comments received and included where appropriate within the report
To meet with telephony suppliers to discuss practice needs together with costs. These will be reviewed by the partners.	AM	28 th February 2013	
To carry out an audit to identify the reasons why patients contact us	AM	17 th January 2013	Completed
To discuss results of above audit with partners at next partners meeting and decide next steps	AM	31 st January 2013	Completed
To obtain group results and compare to practice results	AM	31 st January 2013	Completed 8 th January 2013, ready for further discussion with partners on 14 th January 2013
To develop an autoconsultation for healthcare professionals to obtain quick access to good leaflets	IG	31 st March 2013	
To develop an app to use with TPP to obtain patients' signature for consent	AM	31 st March 2013	
To trial alternative appointment strategies to optimise appointments following discussion of audit results in January 2013	AM	31 st March 2013	Pilot begins 25 th February 2013
To develop a mailing list for all patients for sending information/surveys etc..	AM	30/6/2013	

Written 17th December 2012

Revised with group results on 8th January 2013

Revised with patients' comments from patient reference group and further discussion at practice meeting on 25th February 2013

Section 1: Patient demographics

Table 1: Age of respondents

Age range (years)	Response (%)	Response count	GROUP (%)
0-18	7.9	8	5%
19-25	9.9	10	7%
26-35	11.9	12	12%
36-45	15.8	16	15%
46-55	12.9	13	17%
56-65	19.8	20	17.5%
66-75	13.9	14	15.5%
76+	7.9	8	11%
Total	100	101	

All respondents answered the question

Section 2: Appointments

Table 1: Preferred time of telephoning Practice

Time	Avon Valley Practice		Group	
	Response (%)	Response count	Response (%)	Response count
08:00 - 10:00	68	66	70	446
10:00 – 12:00	12	12	15	96
12:00 – 14:00	11	11	6	38
14:00 – 16:00	7	7	4	30
16:00 – 18:30	1	1	1	10
Total		97		620

Four respondents skipped this question for Avon Valley Practice
 18 respondents skipped this question across the group