

# Patient Survey 2013/2014

## Introduction

Plain Talking is now in its third year and is enabling the constituent practices to better understand the needs, opinions and priorities of patients living in the local area and to influence the shape of local healthcare in the future.

The constituent practices are Avon Valley Practice, Barcroft Medical Centre, Bourne Valley Medical Practice, Castle Practice, Cross Plain Practice and St Melor House Surgery.

The patients of each practice were emailed to explain that the next annual survey was due and that we wanted to know what they thought the key priorities should be when it comes to looking at the services the practice provides.

There were three key priorities identified by respondents; appointments, test results and prescriptions. Using this information, the Practice Managers developed a questionnaire to help further understand issues.

Patients were asked to complete the survey following an appointment with one of our GPs from 25<sup>th</sup> October to 29<sup>th</sup> November 2013. This was extended to 31<sup>st</sup> December 2013 to ensure we had an adequate response. 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
2. Appointments
3. Test results
4. Prescriptions

### Section 1: Patient demographics

Six hundred and ninety patients completed the survey for Plain Talking, the 'group,' of which 341 responses were from patients of Avon Valley Practice.

Responses were received from all ages of patients. 21% of responders were aged 56 to 65 years, and in total 54% 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 21% of responders aged 56 to 65 years, and 50% over the age of 56. This ratio was felt to be representative of the age groups that use Primary Care Services.

Overall, 50% of respondents were female and 34% male. However, 16% did not answer the question. Gender ratio was slightly different for the group, with 55% of respondents being female, 34% being male and 11% not responding. A higher percentage of female respondents was expected, reflecting the findings of every day GP service.

The vast majority, 98.5%, of respondents were British or mixed British at practice level and 97.5% at group level. This reflects the population of this area in rural Wiltshire with the towns of Amesbury and Tidworth.

8% of respondents from Avon Valley Practice stated that there were carers for another person compared to 13% for the group. This is low if correlated to the whole practice population.

## Section 2: Appointments

### Acceptable waiting time for a routine appointment with a GP

The majority, 73%, of respondents, considered that it was acceptable to wait one to five working days for a routine appointment. This is in line with the group results (see table 1. However, all the Practices operate an appointment system that allows patients to book appointments from on the day through to six weeks in advance. These results suggest that the Practices should reduce the length of advance booking for GPs to two weeks, only allowing clinicians to instigate appointments that are booked further in advance.

Table 1. Acceptable waiting time for a routine appointment with a GP

Level	1 working day	1 – 5 working days	5-10 working days	10-15 working days	15-20 working days
Avon Valley Practice	10%	73%	15%	1%	0%
Group	12%	70%	16%	2%	1%

### Amending appointment systems according to the time of year

Patients were asked what they thought about changing our appointment system according to the time of year. This was asked because we have noticed seasonal changes such as a decreased demand for on the day appointments during the school summer holidays alongside an increased demand to book appointments ahead, e.g. in 2-5 weeks' time. At other times of the year, there appears to be an increased demand for same day appointments and less to book ahead.

The majority of patients explained that such changes would be too confusing and that the system should be suitable all year round. Those who considered that such changes may be beneficial if supported by evidence and must be accompanied with comprehensive announcements and instruction.

### Reasons for requesting an emergency or urgent appointment

Evidence suggests that the reasons patients request an emergency or urgent appointment vary substantial and are usually different to the assumptions made by GPs and Practices. Therefore, the patients were asked why they would request an emergency or urgent appointment to promote greater understanding by Practices and therefore improved insight.

The majority of respondents considered that they wanted to see a clinician urgently due to sudden onset of health concern, pain and/or anxiety surrounding the problem

they were experiencing or that the wait for a routine appointment was too long. Urgent appointments should be provided as soon as possible and on the day.

6% of respondents considered that children should be given emergency or urgent appointments

### **Reducing the quantity of missed appointments**

The number of appointments that are missed increases year on year and now amounts to the loss of several months' worth of appointments in a year. This is despite text reminders, and notices in our surgeries and on our websites. Patients were asked for suggestions on how to deal with this.

Suggestions included the use of additional reminders to patients, such as telephone calls. This would be particularly useful for patients who do not have mobile phones and therefore cannot use the text messaging service. However, the majority of respondents considered that patients, who frequently miss appointments, e.g. three within a given period, should be fined and/or asked to leave the practice.

### **Other suggestions to improve the appointment system**

Most of the respondents were happy with current appointment system as it is and therefore did not suggest any changes. However, telephoning the Practice to make an appointment was difficult and needed urgent attention. Indeed, a new telephone system will be implemented in February 2014 to increase the capacity, thus addressing this problem.

## **Section 3: Test results**

### **Informing patients of test results when action is needed**

The majority, 75%, of respondents, preferred a telephone call from the Practice regarding test results when action was needed, followed by text messaging and emailing. These findings vary significantly from the group (see table 2). Comments made by respondents suggest that the Practice needs to offer alternative methods of communication to patients without mobile phone or email access.

Obtaining the actual result and what it means was also suggested to dispel undue anxiety. Suggesting that patients are accompanied to appointments if bad news is to be given would also be of much benefit to patients.

Table 2. Informing patients of test results requiring action

<b>Level</b>	<b>Letter</b>	<b>Text</b>	<b>Email</b>	<b>Telephone</b>	<b>Other</b>	<b>None</b>
Avon Valley Practice	10%	37%	22%	75%	3%	9%
Group	7%	24%	13%	52%	4%	2%

### **Accessing text results online**

This functionality is not available at present however if there was sufficient interest, the Practice may be able to partake in local, regional or national pilots. Ninety one percent of respondents stated that this would be of interest.

## Advertising the length of time required to analyse test results

Different tests take differing amounts of time to be processed at the laboratory. Patients should be made aware of the length of time to wait for results to be made available. According to respondents, 89% are informed of the expected delay. This is in contrast to 79% reported at group level.

## Section 4: Prescriptions

### The Electronic Prescription Service (EPS)

EPS means that GPs will be able to send prescriptions electronically to the dispensary/pharmacy of your choice, without the need for paper in most cases. EPS is reliable, secure and confidential.

This service is of particular benefit to those patients on regular repeat medications and means that, once approved by the GP, the dispensary/pharmacy will be able to dispense medication at monthly intervals until the next medication review is due, without the need for patients or dispensaries/pharmacies to order prescriptions from the Practice every month. This should make the prescription and dispensing process more efficient and convenient for both you and GP Practices.

Advertising this service will be essential and therefore patients were asked how to promote it. Suggestions included

- Newsletter
- Posters in the Practice
- Website
- Local magazines
- B side of prescriptions
- During medication reviews
- Emailing
- Text messaging
- Letter in the post
- Announcements on radio

### Ordering prescriptions

Repeat prescriptions should be easily ordered and therefore patients were asked their preference to ensure this method was available (see table 3).

Table 3. Preferred method of ordering repeat medication

Level	In person	Online	Telephone	Fax	Post	Other	
						Email	Direct from chemist
Avon Valley Practice	40%	37%	43%	0%	0.5%	5%	
Group	45%	36%	35%	0.2%	1%	6%	

The Practice currently enables patients to order prescriptions in person, online (using a secure system) and by telephone, fax or post. Current best practice does not recommend the use of email to order medication if an online secure system is available. Therefore, the promotion of this service should be improved so that

patients wishing to order prescriptions electronically can do so using the secure system provided by the Practice clinical computer system.

The introduction of EPS will enable patients to order frequent, stable repeat prescriptions from their pharmacy of choice.

## Recommendations

Following discussion with the doctors and practice manager on 30<sup>th</sup> January 2014, the following recommendations which were emailed to 594 patients on the 13<sup>th</sup> February 2014.

### Appointments:

1. The suggestion to reduce the length of advance booking for GPs to two weeks, only allowing clinicians to instigate appointments that are booked further in advance is currently being trialled. The findings should be available at the end of March and therefore will promote additional insight. However, in the meantime, there is no rush to change the appointment system as the majority of respondents requested changes were not implemented at present.
2. However, there are various initiatives, both locally and nationally to increase access to GP services outside of 0800 to 1830, Monday to Friday. The group has agreed to submit proposals to offer extended hours throughout the working week and at weekends. Further information will follow if the proposal is accepted by NHS England.
3. The Practice is also seeking additional GP support over the summer to help whilst the existing GPs are on annual leave.
4. To ensure that the most appropriate appointment is arranged for a patient, the doctors have agreed questions for the receptionists to ask. This will ensure patients are given emergency or urgent appointments as needed. A message will be added to the telephone system to explain this to callers as follows:

***Hello, this is Dr Jenkins one the partners at Avon Valley Practice. When you speak to a member of staff, please provide as much detail as you feel comfortable to give. They will only ask you questions that the doctors have agreed. This enables the team to support you in the best way we can. Please be assured all information is kept totally confidential. Thank you***

5. A new service will be piloted in early 2014 to enable patients to communicate with the practice by text message to cancel appointments. Together with increased telephone capacity, the Practice expects a reduction in missed appointments. Once established, the Practice will adopt a policy that addressed patients who miss appointments. The Practice is unable to fine patients for missed appointments due to the NHS constitution.

No comments made by patients. Therefore, assume recommendations are satisfactory.

## Test results

1. A new service will be piloted in early 2014 to enable the Practice to leave voicemail messages on patients' landlines once written consent has been obtained. This will enable the Practice to contact patients by telephone and make recommendations, e.g. to be accompanied
2. When functionality becomes available to share test results online, the Practice will partake in available pilots

### Comment made by one patient as follows:

*The only point I have is that it would be better if patients were advised of the results of tests, even if they were negative, and that the Dr who requested them checked the results.*

This is ideal and if possible the Practice would implement this service. However, with over 2000 results received per week, it is impractical at present without improved IT services.

## Prescriptions

1. The Practice will as many forms of communication as possible to advertise the introduction of EPS
2. The Practice will advertise the use of online services using as many forms of communication as possible so that patients wishing to order medication electronically are aware of this service.

No comments made by patients. Therefore, assume recommendations are satisfactory.

## 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	13 <sup>th</sup> February 2014	Email sent to 594 patients, responses received from 3 patients
To submit proposals to NHS England to pilot increased access to GP services throughout the week and at weekends	AM	14 <sup>th</sup> February 2014	Completed, awaiting outcome
To arrange additional GP sessions in August and September to assist during times of annual leave	AM	5 <sup>th</sup> February	Arranged
To include message to patients via telephone system to explain why receptionists ask for information to help arrange an appointment	AM / PDJ	17 <sup>th</sup> February	Completed
To formulate and implement a communication strategy for the Practice in 2014 which includes use of two way text messaging and voicemails	AM	31 <sup>st</sup> March	Completed
To partake in pilots available to test	AM	31 <sup>st</sup>	Awaiting

online access to test results		December 2014	opportunity
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Written 8<sup>th</sup> February 2014

Updated 19<sup>th</sup> March 2014 with comments and progress regarding agreed action plan