

Patient Feedback 2014/2015

Introduction

The Practice has reviewed feedback from patients throughout the year and conducts a collaborative review annually. Feedback has been received in a variety of ways including:

- Written complaints and suggestions made direct to the Practice via email, post and website, to NHS England and NHS Choice
- Verbal complaints and suggestions made direct to the Practice
- Family and Friends Test
- External health and social agencies, e.g. Wiltshire CCG, Salisbury Hospital

There were three key priorities identified from the review; telephone access, appointments and the provision of care for carers and older people.

Review of feedback

The review is detailed in four sections:

1. Summary of feedback received
2. Priority areas to address
 - a. Telephone access and customer service
 - b. Appointments
 - c. Dispensing

Section 1: Summary of feedback

Complaints and suggestions made direct to the Practice via email, post, telephone and website, to NHS England and NHS Choice have been received throughout the year and have been categorised according to remit of concern:

Table 1. Summary of complaints and suggestions received according to area of concern

Area of concern	Route of communication			
	Direct to Practice	NHS England	NHS Choices	Total (%)
Telephone access	18	0	1	53%
Appointment system	3	0	0	9%
Dispensing	6	0	1	20%
Administration	2	0	0	6%
Clinical care	1	0	0	3%
Customer service	0	0	3	9%

Each complaint was acknowledged within three working days and responded to by senior management, usually the Practice Manager or a doctor. Both complaints and suggestions were taken very seriously and acted upon accordingly to make every endeavour to address the concern and prevent a recurrence.

The review also included results from the Family and Friends Test (FFT) which was launched on the 1st December 2014. It is a national survey used by healthcare services to ask patients to provide feedback on the service they received.

Patients can provide feedback using the FFT form placed at reception or following a link on the practice website. The test asks patients how likely they are to recommend Avon Valley Practice to family and friends who needed similar care or treatment. The ratings ranged from extremely likely to extremely unlikely. The reason for the rating was also asked for to give guidance to the Practice on how to address any concerns and improve services. The results were as follows:

Table 2. Ratings made by patients

Rating	Month			Total for 3 months (%)
	December	January	February	
Extremely likely	99	73	9	74%
Likely	20	23	0	18%
Neither likely or unlikely	2	3	0	2%
Unlikely	3	3	2	3%
Extremely unlikely	5	1	0	3%
Don't know	0	1	0	0%

Table 3. Reasons for ratings made by patients according to themes identified during reviews

Rating	Reason			
	Practice team	Appointments system	Online access	
Extremely likely	60	6	1	
Likely				
Percentage	89.5%	9%	1.5%	
Rating	Telephone access	Appointments system	Dispensing	Customer service at reception
Unlikely	5	3	3	6
Extremely unlikely				
Percentage	30%	17.5%	17.5%	35%

Collectively, patient feedback identified the following areas to be further investigated in priority order:

Area of concern	Total (%)
Telephone access	46%
Dispensing	19%
Customer service	17%
Appointment system	12%
Administration	4%
Clinical care	2%

The key three areas identified were telephone access, dispensing and customer service. However, given that the majority of comments about customer service also related to telephone access, these have been combined. Therefore, the key priorities addressed were:

- Telephone access and customer service
- Dispensing errors
- Appointments

Section 2: Priority areas to address

Telephone access and customer service

A new telephone system was installed in February 2014. The system was introduced across both surgeries to enable reception staff to answer telephone calls from either surgery. Four additional telephone lines were also installed for patients to call in. This combination has increased the number of telephone calls the Practice can answer at any one time. The new system provides two messages to patients if they are in the queue to be answered as follows:

1. All receptionists are speaking with other callers. Your call will be answered as quickly as possible. Thank you for waiting
2. 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

The second message was introduced following feedback from last year's survey about the questions receptionists ask patients when booking appointments. It is imperative that the correct appointment is booked for a patient first time. This means appointments need to be booked with the most appropriate clinician, within the correct time frame and using the most appropriate method, e.g. telephone or face to face.

There were initial teething problems when the telephone system was installed in March 2014. However, problems arose from July to December 2014, due to staffing issues. In short, there were an insufficient number of receptionists answering telephone calls. Hence, comments such as 'Your telephone rings continuously for long time. Why do you not answer it?' were made via the Family and Friends Test. However, staffing issues were resolved as of 1st January 2015. This was achieved by recruiting four new receptionists between September and November 2014 and increasing staffing hours to answer the telephone from a back office.

Telephone activity is now monitored weekly to ensure any concerns are identified and addressed promptly. There have been occasions whereby the telephone system appeared to cut callers off but once the Practice had been made aware of the problem, it was rectified quickly. The results of these actions are demonstrated by the reports in telephone activity. For example, in the first week of March 2015, the average ring time was 24 seconds and the average duration of a telephone call was 1 minute 42 seconds. During this week, there were five members of staff answering telephone calls in the morning and three in the afternoon. The delays occur when patients are in the queue to be answered whilst the receptionist is handling another

telephone call. The Practice is currently investigating how to display real time information to the team to optimise telephone call handling.

Whilst reviewing our capacity to answer telephone calls, the Practice has also been investigating how to reduce the need to contact the Practice from the outset. For example:

- Patients can now cancel their appointments by SMS rather than having to telephone. With 2906 patients, 46.2%, signed up for this service, cancellations are regularly received using this communication method
- The practice team uses SMS to contact patients, for example, test results, annual reviews for chronic disease management and invitations for special appointments. This prevents the practice from using the telephone lines instead of patients
- Dispensing staff use SMS to inform patients that their medication is ready for collection. This removes the need for patients to telephone us to check their medication is ready before setting out on their journey. This is particularly important due to the rurality of the local area.
- Online access to medical records, including test results, will be available from 31st March 2015. This will enable patients to access their medical records without having to telephone the Practice.

The improvement in telephone access should be experienced by all patients trying to contact the Practice. Ideally, telephone calls should not be answered at reception. Due to funding this is not viable at present. However, by the end of 2015, the Practice expects to remove the need for call handling during busy periods.

Dispensing

Concerns about dispensing ranged from medication not being ready within two working days, to the incorrect medication being prescribed or dispensed, to the rules regarding who can use the dispensing service.

With regards to medication being available for collection within two working days, 96% of medication was issued and dispensed within this time frame. However, the main reason for delay is that the medication is out of stock from our supplier. To ensure that medication is available to the patient as quickly as possible, the Practice has appointed two supervisors. It is their role to resolve this. These arrangements have only been in place for two months but in this time the length of delays have reduced from six working days to four.

We have a variety of safety measures in place to ensure we make every endeavour to prevent an error with a patient's medication. Identifying, recording, correcting and reviewing dispensing errors is necessary because:

1. It is the only ethical thing to do for patients
2. It demonstrates the Practice's concern for patient safety
3. Records documenting, assessing and making changes to improve safety show due care in case of litigation
4. The process helps Senior Management and Partners of the Practice detect problems they may not be aware of
5. Changes can be made that will prevent similar errors from occurring in the future

From April to November 2014, the system for monitoring these safety measures failed to identify two errors, no harm came to patients. Regardless, the system was

redesigned and launched on 1st January 2015. The revisions to the system show encouraging results however further data are required before a comprehensive analysis can be undertaken.

The rules relating to dispensing mean that patients who live a mile or more away from a pharmacy may use the dispensing services provided by the Practice. These patients may also choose to use a pharmacy if they are willing to travel further. Unfortunately, patients who live within a mile of a pharmacy do not have this choice and are therefore unable to access the dispensing services provided by the Practice. Further training has been given to the Practice team to ensure this message is given consistently to patients to prevent any misunderstandings.

By the end of 2015, the Practice intends to offer a service to enable the electronic transfer of prescriptions. Indeed, one patient enquired about this service recently.

Appointments

The appointment system has been further developed to address the concerns raised from last year's survey as follows:

- 78% of appointments are available to booked one to five working days in advance in light of the survey results from 2013-2014 whereby 10% of patients wanted to book an appointment the same day and 73% between within five working days.
- The Practice piloted changing the appointment system according to the time of year in winter 2013-2014. This received a mixed reaction from patients and therefore we employed additional doctor time in summer 2014. This had a much more positive response from patients. To date, the Practice has been unable to confirm a booking for summer 2015 however we are still on the look out!
- The receptionists follow guidelines provided by the GPs to ensure a same day appointment is offered to patients with a sudden onset of a health concern, pain and/or anxiety surrounding a health problem they were experiencing or who are under five years old
- The SMS service has been extended to enable patients to cancel their appointment using SMS. This has reduced our rate of missed appointments by 12%. This is equivalent to one and a half appointment surgeries with a doctor. However, missed appointments are still of concern as there are, on average, 22 appointments missed every week.

Since, 12th January 2015, Dr Ross Russell has been on sabbatical. Additional doctor time to replace Dr Ross Russell's appointments had been arranged in March 2014. Unfortunately, the arrangement fell through in November 2014 and therefore contingency plans were implemented. The availability of appointments has been monitored throughout this period and improvements to increase capacity made where possible. Dr Ross Russell returns on the 6th April.

Recommendations

Following discussion with the practice team on 2nd March 2015, the following recommendations were emailed to 548 patients on the 19th March 2015.

Telephone access and customer service

- To provide monthly reports to patients via the website about telephone activity.
- To install real time information to staff to keep the practice team informed of the number of callers and their waiting time, with the aim to answer calls within a maximum of 20 second
- To remove the need for call handling during busy periods at reception
- To continue to advocate SMS services to patients
- To inform patients about accessing their medical records, including test results, online from 1st April 2015
- To provide music in waiting room to provide distraction from conversations between the practice team and patients

Dispensing

- To provide quarterly reports to patients via the website about dispensing activity and associated safety measures
- To offer the electronic transfer of prescriptions

Appointments

- To continue to advocate SMS services to patients
- To continue to review and improve the appointment system to ensure the correct appointment is booked for patient first time. This means appointments need to be booked with most appropriate clinician, within the correct time frame and using the most appropriate method, e.g. telephone or face to face.
- To display the number and impact of missed appointments in the waiting room

Other

- To provide quarterly reports to patient via the website about complaints and suggestions received by the Practice.
- To provide a log of what patients have said and consequently what the Practice did. Very much like supermarket feedback 'You Said.... We did!'
- To use electronic noticeboards in the waiting rooms to improve communication with patients, providing information about the Practice and local health and social events

In total, 16 patients responded to the email of the 19th March asking for feedback on the review and the posed recommendations. All agreed with the recommendation with the exception of one person who suggested that quarterly reports were not necessary.

Additional comments were made by many as follows:

Recommendation	Additional comments made
Telephone access and customer care	I would welcome more information about online access to medical records from 1 st April and what steps you are taking to keep this information secure

	<p>One suggestion I have is that when requesting a repeat prescription we are informed that we need a review before the next request. I have been caught out and haven't been able to get my prescription and then an appointment for 5 days. I know it says when the review is on the back of the prescription but I didn't know until it was pointed out to me.</p> <p>On a purely personal note, I hate “musik”- be it in supermarkets, shops or even waiting rooms. I'm not sure it'll solve the problem....the music makes it harder to hear speech, so you talk louder, so one can still be heard if anyone is really interested or nosey.</p>
Dispensing	<p>It would be hugely helpful to many of your patients if there was a degree of flexibility as to where the prescriptions may be dispensed</p>
Appointments	<p>Text messaging I find very useful</p> <p>I would make the comment that I had a 4.30pm appointment the other day and had to wait half an hour in the waiting room before being called by the doctor, during which time the phone rang incessantly and did not seem to be answered by anyone, although there were people walking around in the office. The receptionist at the front desk was very busy and concentrated, rightly, on the people coming into the surgery. I found listening to this incessant ringing very stressful and felt someone somewhere should be answering the phone.</p> <p>You also mention in your report that 78% of appointments are available to be booked 1 -5 days in advance, how is it then that I have to wait 2 – 3 weeks for a non-urgent appointment?</p> <p>One suggestion, I see when I go on line to your web site that only 1/2 Dr's use the appointment system is it for the future that all the practice Dr's will use the booking system and that you will be able to go on line and book an appointment as well as ringing up the surgery?</p> <p>It would be very good after seeing the Doctor if a blood test is requested that the bloods could be taken by the nurse that morning to save the person having to return when an appointment is free with the nurse. I understand that the specimens are collected at a set time so this could not be possible the whole day, unless kept in a fridge.</p>
Other	<p>I have been to other surgeries where patients key in their date of birth on a touch screen when they arrive at the surgery, I think this is quite efficient, often at Upavon, there is quite a queue of people waiting whilst the receptionist has to deal with complicated telephone conversations with patients.</p>

	<p>I was hoping that the electronic noticeboard would save the doctors the walk to call for patients in the waiting room, by displaying the name of the next patient. The Marlborough surgery has this and it worked well.</p> <p>During a recent visit I was asked if I had any suggestions on what the practice might offer as extra services (as if you haven't got enough to do :-). I suggested 'brain training' classes to help the older patients keep alert. Your plans to use an electronic notice board in the waiting rooms prompted the idea that, to publicise the 'brain training' classes, you might consider putting a different puzzle question on the electronic notice board in the waiting room to interest patients and draw their attention to the scheme.</p>
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The Practice Manager responded to each person providing feedback (see appendix 1). Consequently the recommendations were amended.

Agreed plan of action for 2015-2016

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	20 th March 2015	
To provide monthly updates via the electronic noticeboard about telephone activity	JH	20 th July 2015	
To install real time information to staff to keep the practice team informed of the number of callers and their waiting time, with the aim to answer calls within a maximum of 20 second	JH	30 th June 2015	
To remove the need for call handling during busy periods at reception	AM and JH	31 st December 2015	
To inform patients about accessing their medical records, including test results, online from 1 st April 2015	AM	1 st April 2015	Supporting documentation amended to include additional information about security and specific instruction regarding online access (27.3.15). SMS to be sent to patients on 1.4.15 Settings checked to ensure access to

			all doctors available online. Settings updated 27.03.15
To pilot use of music in waiting room to provide distraction from conversations between the practice team and patients	JH	1 st April 2015	
To provide quarterly reports to patients via the website about dispensing activity and associated safety measures	JH	20 th July 2015	
To offer the electronic transfer of prescriptions	AM and JH	31 st December 2015	Date pencilled in for 9 th June 2015
To continue to advocate SMS services to patients	AM and JH	Ongoing	Discussed how SMS could be used to send medication review reminders rather than highlighting on Bside of prescription. Ongoing investigations
To cost installation of self check in units for both waiting rooms	AM	30 th June 2015	
To continue to review and improve the appointment system to ensure the correct appointment is booked for patient first time. This means appointments need to be booked with most appropriate clinician, within the correct time frame and using the most appropriate method, e.g. telephone or face to face.	AM	Ongoing	
To display the number and impact of missed appointments in the waiting room	JH	1 st April 2015	
To provide quarterly reports to patient via the website about complaints and suggestions received by the Practice.	AM	20 th July 2015	
To provide a log of what patients have said and consequently what the Practice did. Very much like supermarket feedback 'You Said.... We did!'	JH	20 th July 2015	

To use electronic noticeboards in the waiting rooms to improve communication with patients, providing information about the Practice and local health and social events	JH	1 st April 2015	
To introduce regular quizzes whilst waiting for appointments to improve memory	JH and AM	30 th June 2015	

Thank you

Please can I thank each and every patient who took the time to read this review and then offer their thoughts.

We very much appreciate your feedback and ask you to continue to share your suggestions. Together, we provide safer, more efficient and responsive primary care.

Finalised 30th March 2015