

# KINGSWOOD SURGERY LOCAL PATIENT PARTICIPATION REPORT 2012-13

## **Introduction**

In 2011 the Department of Health launched a new Directed Enhanced Service (DES) to encourage Practices to engage more closely with their patients. This represents an integral part of the general initiative to encourage the closer involvement of patients in the design and delivery of the healthcare they receive.

The team at Kingswood Surgery fully supports this initiative. Having taken steps in 2011/12 to implement this service, the Practice has continued to take steps to foster dialogue with patients. The intention is that future service delivery will be based on increasing communication and information sharing with both small, focused patient groups and the wider patient population.

Steps have been taken to ensure that the consultation process remains as inclusive as possible and that the feedback from our Patient Representative Group (PRG) reflects the diverse nature of our catchment area.

## **Practice Profile:**

At the beginning of January 2012, there were 9,238 patients on the list at Kingswood with slightly more females than males. Patients were quite well distributed across the range with 40 males and 95 females over 85 and 388 males and 410 females below 5.

At the beginning of January 2013, total patient numbers had increased to 9,457 with females still slightly in the majority and 48 males and 83 females over the age of 85 and 396 males and 437 females below 5 years of age.

The Practice has an ethnically diverse list and patients come from a range of social backgrounds.

**Composition of the Patient Reference Group (PRG):** As documented in last year's report, the PRG is representative of the practice profile; The Group comprises individuals with ages ranging from 36 to 74 and a 60/40 split between females and males respectively. The diversity of the group is representative of the Practice profile.

## **Agreeing Priority Areas with the PRG**

In the previous year, the PRG was organised totally as a virtual support group and all communication was by e-mail. This year, the intention was to begin to transition to face to face meetings the first of which was held in October 2012 with four Partners, the Practice Manager and six members of the group attending. The meeting provided a very positive opportunity for briefing patients on levels of activity, challenges facing the Practice and what progress was being made in implementing the countermeasures aimed at meeting those challenges. Patients were very forthcoming with questions and suggestions on what is working and what is not. The meeting also addressed the key areas of patient interest with a view to structuring the questions for the 2012/13 Patient Survey. The full minutes of the meeting were circulated to the Group members who could not attend and the focus areas for the Patient survey were also circulated via e mail to allow for comment and consultation. As a result of the exercise, the following points were identified:

- With continuing high patient demand for access, the priority areas for further exploration remained unchanged:
  - Getting an Appointment
  - Clinical care
  - Opening Times
  - Reception Issues
  - Confidentiality
- A specific question should be included to establish whether patients think the service has been improving or deteriorating over the last 12 months.
- A clickable survey should be included on the website.
- Surveys should be sent out by e mail wherever possible.

## **Patient Survey**

Once again this year, the Patient Survey was compiled with the help of Patient Dynamics Ltd, an independent statistical analysis company with experience of the NHS and General Practice.

All of the PRG suggestions were retained or incorporated with the exception of circulating the survey by e mail. With a very limited number of patients sharing their e mail addresses with the Practice, and the difficulty of getting returns, it was decided to physically distribute the paper copies within the Surgery as in the previous year.

The patient survey was undertaken over a two week period in February 2013. A "clickable" version was made available on the Practice Website and receptionists offered patients the opportunity to complete a survey in the waiting room wherever possible. The survey was advertised on the public screen in the waiting room. Spreading the survey over a number of days and making completion of the survey completely voluntary avoided making the survey population selective.

## **Survey Results**

Patient Dynamics Ltd also assisted in the analysis of the 127 returned surveys and the drafting of the survey report and statistical analysis.

The reports show that the group of patients which took the survey was diverse with a good balance of age, gender and ethnicity. While just over 75% of responders were white, just under 25% classified themselves as Black, Asian or mixed race. In addition, nearly 17% of answers came from carers and nearly a half of the responses came from patients with long term conditions including physical disabilities and impairments.

In the main, patients answering the survey were happy with the service and care they receive. Over 40% of patients felt that the service had improved in the last 12 months with another almost 50% feeling it had remained about the same. This was an encouraging response.

At the same time, there is no room for complacency. There remains a very clear indication that "getting an appointment" and "seeing the doctor of choice" are areas which need addressing. Although nearly half of the responders were able to get through via the telephone most or all of the time, 11% felt this was hardly ever possible and 35% were only able to get through some of the time. The ability to book an urgent appointment drew a very similar response. The comments show that a number of people would like to see some attention focused on the following key areas:

- Additional urgent-on the day appointments.
- Shorter wait times for pre-book appointments.
- Shorter telephone wait times.
- Appointments running late

These comments and areas of concern are very similar to last year's results which clearly show that, despite efforts to address concerns, the Practice has been unable to keep pace with growing demand in these areas.

Please see the full report on the outcome of the survey at [http://www.kingswoodsurgery.org/Survey/outcome\\_of\\_the\\_Survey\\_2012-13.pdf](http://www.kingswoodsurgery.org/Survey/outcome_of_the_Survey_2012-13.pdf) for the scored questionnaire showing how patients answered each question and at [http://www.kingswoodsurgery.org/Survey/Scored\\_questionnaire\\_2012-13.pdf](http://www.kingswoodsurgery.org/Survey/Scored_questionnaire_2012-13.pdf) for the more detailed statistical analysis which also contains an interesting list of comments made by patients – this list can be found towards the end of the document.

The results are also published on the Practice Website, and have been made available to the surgery staff and the PRG.

### **Action Plan**

The proposed actions to address these key issues were initially discussed internally at a Practice Meeting and then submitted to the PRG for comment and consultation via e-mail. The original intention had been to hold a second face to face meeting with the PRG in January/February 2013 but support for such a meeting was not widespread. The freezing weather may well have been a factor and it does not mean that the idea of meetings should not be abandoned; albeit that the warmer months may prove more popular. Equally, it is worth considering that e-mail and telephone communication may well remain the primary means of distributing information and inviting comment.

The outline of the resulting Action Plan is as follows:

<b><u>Action</u></b>	<b><u>Who?</u></b>	<b><u>When?</u></b>
<ul style="list-style-type: none"> <li>• Create additional urgent and pre-bookable appointments by recruiting a new Partner to work a full 8 sessions and add additional Locum cover.</li> </ul>	Partners, Practice Manager	Throughout 2013

<ul style="list-style-type: none"> <li>• Increase the number of receptionists working during peak call times.</li> </ul>	Practice Manager	April 2013
<ul style="list-style-type: none"> <li>• Reduce wait times for patients in waiting room, allow more time for consultations and reduce pressure on GPs by increasing consultation times to from 10 to 12 minutes</li> </ul>	Practice Manager	April 2013
<ul style="list-style-type: none"> <li>• Investigate new telephone system with appropriate call waiting information, recording facility and caller ID to facilitate smoother call handling.</li> </ul>	Practice Manager	July 2013
<ul style="list-style-type: none"> <li>• Initiate a programme of continuous improvement based on the NHS "Productive General Practice" model</li> </ul>	All staff	Throughout 2013
<ul style="list-style-type: none"> <li>• Implement on-line prescription requests.</li> </ul>	Asst Practice Manager	End of October 2013

### **Practice Opening Hours and Contact Numbers**

Normal core hours at Kingswood Surgery are from Monday to Friday 8am to 6.30pm and we can be reached during these hours at the telephone numbers below to make appointments with the appropriate clinicians or answer queries.

Extended hours are available **by appointment** on Mondays from 7-8am, Tuesdays from 6.30pm - 8pm, and Thursdays from 7am - 8am. Appointments can be made on the number below.

Telephone 01494 474783

Other useful numbers are:

Fax 01494 438424

District Nursing Team 0844 2252404  
Health Visitors 01494 459757

### **Out of Hours**

Urgent Out of Hours Medical Care can be obtained when the surgery is closed by dialling 111

### **Summary**

The survey has again proved to be a useful tool to focus attention on the key areas for service design and improvement. The results of the survey and the feedback from the PRG are very consistent with internal feedback, general patient comment and patient complaints.

The Practice team fully accepts the comments made and commits to improving the service in all the areas identified.