

Patient Participation Directed Enhanced Service.

Local Patient Participation Report.

Priory Medical Centre For year 2011-12

The Priory Medical Centre [PMC] is a large, well established practice in the centre of Warwick serving the town and villages around it. With a list size of 13,600, it offers all the traditional components of general practice and some which are not routinely offered by all. The practice scores highly at QOF and did well in a recent peer review.

The surgery has a long standing determination to offer the best care and service it can to its users that is to say the patients which are registered with us and it was with this in mind that we set out to find what our patients thought of what is offered and how the service is run.

How we sought to gain the views of our patients and get feedback - establishing our Patient Reference Group [PRG]

We have had great difficulty gaining a big enough response from patients in our attempt to create a virtual Patient Response Group [PRG]. We had hoped for in excess of 100 but finally managed 57. Some responders did not leave their e mail address and some responded in spite of having no internet access.

The table below shows Age Sex and Ethnic distributions of the responders as well as the frequency with which they use the service provided by Priory Medical Centre

Age	Under16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	Over84
Male			1	1	3	4	5	5	1
Female	1	1	1	4	7	7	8	8	
British	1	1	1	4	9	11	11	12	1
Asian				1			2		
Caribbean			1						
Irish					1			1	
Use reg	0	0	1	1	3	7	7	7	1
Use occas	1	0	1	3	6	4	4	6	0
Use rarely	0	1	0	1	1	0	2	0	0

The ethnic distribution above in fact is a fair replica of our population as a whole although we have no Chinese responders.

Age range responses seem to reflect a greater willingness to respond by female patients, especially in the age ranges 35-54 where the ratio is more than 3:1

There are fewer respondents in younger age a band which is not unexpected and may reflect both their less frequent attendance and lack of interest or unwillingness to be involved in a service they do not use much and therefore have little opinion on.

The largest group is the 75-84 group who are probably the biggest consumers and therefore have most invested in the system and how it affects them. As a consequence they may wish to have a greater say in how it is organised. They may also have more “spare” time and our request for e mail address and the anticipation of time involvement in responding to surveys may be less challenging to them. As health issues become more frequent and more significant it tends to focus attention on how health care provision is managed.

Attempts to gain patient involvement were varied, with individual approaches being made by all staff members [Drs, Nurses and reception] In addition to leaving forms out on the side in the waiting rooms and on occasions left on the chairs like programmes in a theatre; forms were attached to repeat prescriptions for particular target groups who might otherwise be under represented and this also allowed us to target those patients with chronic and enduring conditions in the limited time we had to establish the group. New patients were approached in the process of registering. Patients of the practice who work in residential homes or long stay mental health facilities were approached to act as representatives for the groups they cared for but in general the response has been disappointing.

If we had longer to gain more support, the rate of attendance in the surgeries may have given us a larger group but in order to complete the cycle of activity we felt that 3 months was as long as we could allow. It was also noticeably difficult to engage patients during a consultation due to existing time pressures which are already huge and the use of an automated self -check-in restricts the opportunity for access to patients when they arrive in the building by reception.

The apparent apathy or disinterest reflects our experience of a previous attempt to establish a traditional Patient Participation Group several years ago, where very low numbers and a lack of autonomy or willingness to be self directing caused the small group to founder and disperse after only a few months.

None the less, it was agreed that we would proceed with the 57 volunteers as our PRG and initially an e- mail was sent to them detailing the broad areas we planned to survey in our questionnaire, this was to gain approval of those targets and to seek their opinion on appropriateness as well as to ask if other areas needed attention and to ask for ideas so the PRG could help shape the direction our survey took. We always intended to establish a virtual PRG this time around and we did not arrange a physical meeting but set out to use the internet as our conduit for information exchange.

Agreeing areas of interest and priority

The areas that we as a practice thought worthy of investigation were partly those areas which had been raised in previous years with other surveys but also included other aspects of our activity which we sought input on and help with. We could now design our own survey whereas before the questions asked were governmental in origin and we now had the flexibility to personalise our search.

1. Site for our new surgery [and the importance of maintaining a town centre presence in light of our lease running out soon]
2. Building. - Its shortcomings.

3. Opening hours and availability of appointments
4. Skill mix - Drs, Nurses, Nurse Practitioners.
5. Clinical activity.
6. Reception.
7. Telephone.
8. Parking.
9. Any other suggestions.

We were aware of the need to keep the questions to a reasonable number and to encourage the return of responses by designing a survey of adequate size yet including appropriately asked and structured questions aimed at getting an answer to the problems or enquiries we posed.

The response to our suggested range of questions was positive and many of the PRG agreed with the areas we planned to study. Some individual comments and complaints were voiced but generally the respondents were pleased to have a say in the service. There were no significant/recurring additions noted in their feed back to us.

As a result of the support for our intentions we proceeded to design a Practice Questionnaire using the web tool "Survey Monkey".

The "Survey Monkey" Survey

After seeking the support for the survey from the patient representative group [PRG] we used the web facility "Survey Monkey" to design a questionnaire of 37 questions using a mix of tick box and free text responses. We set out to find out patients' perception and experience of the service we currently offer and also tried to find out how we might do things differently and what areas we need to develop. E mails were sent to patients with an attachment to the questionnaire asking that they complete this on line but as less than 50 % responded we added to the number of responses we got by giving out copies of the questionnaire in hard copy form to patients when they attended the surgery. This allowed us to target all age groups and ethnicities to try and ensure a broad representation of the practice population and at the end of the month which we had given over to data collection we had received over 160 responses. Unfortunately we have not collected a large enough number of e-mail addresses yet to allow for the usual poor response rate seen in polls but in future we would send out more requests and allow for the low response rate and in future years we hope it will be solely an internet activity. Manually entering hard copy responses was time consuming and expensive. All told, with the e mail shots and hard copy handouts we attempted to get feedback from 450 patients but only managed 167 which is 1.2 % of the practice population

Results

The full survey result can be seen on our website- <http://www.priorymed.nhs.uk/>

In no particular order the following are some of the learning points-

Patients valued the use of a telephone call- either to discuss matters or as a triage call to deal with something more urgent when either an appointment was not available or more importantly when it was

thought that an appointment was not necessary. The majority also used the phone to make their appointments

64 % of people who requested an appointment in the next 2 days got one and only 17 % did not, but over half who did not chose not to accept an appointment with another Dr or a nurse practitioner when it was offered.

80% of patients got an appointment with the Dr of their choice within 7 days.

57% of patients did not know they could book a telephone consultation with a Dr of their choice, yet 69% of respondents claimed to have had such a telephone call.

42% of people using the telephone advice service found they did not need to make an appointment

Of those patients who were given a triage telephone call **over 90 %** found the problem was dealt with efficiently and to their satisfaction with relatively few requiring an appointment and most dealt with over the phone.

Nearly **50 %** of the respondents see a Nurse Practitioner regularly and of those **86%** found the experience to be “good” or “very good.”

Only 5.4% of our patients were “dissatisfied” or “very dissatisfied” with our opening times but interestingly many patients were unaware that we offer some appointments before 8.00 am, after 6.30 pm and on some Saturdays.

Of the respondents **11 %** wished for more very early appointments, **28 %** wanted appointments at lunchtime and **31 %** wanted more appointments after 6.00 pm. It must be borne in mind however that the re-distribution of appointments to certain times will reduce availability at other times.

When asked about things that matter to patients regarding our new practice location -

50 % did not think a town centre location was important,
75 % thought the size of the car park was “very important” and only
40% thought location on a bus route important.
75% thought location close to shops unimportant

We will bear all this in mind as we plan

When the responses to the question about other services were looked at, chiropody, physio, dentistry and counselling were thought to be useful in that order.

70 % of respondents agreed that text alerts would be useful or of value but this major step forward would require an accurate record or data base of mobile telephone numbers which is something the practice could consider and work towards.

Gaining Feedback From The PRG

After the staff of the practice met and discussed the results, we agreed what we thought were the learning opportunities for us as a practice and discussed those which we thought we might be able to change. Where this was possible we produced an action plan and set out our thoughts and suggestions and submitted these with the full survey results to the PRG and asked them to respond and feed back to us their own comments as well as a response to our suggestions. As time was tight we had to give them a 2 week turn around time which would be longer in future but the virtual responses were sought as best we could. Disappointingly we only received comments or contributions from 7 members of the original PRG but all of them opened the e mail.

We will increase our data base of e- mail addresses and continue to try and recruit more people who wish to have a say in the development of the service we offer. We have met with someone from the PCT to discuss ways of broadening the input and gaining wider representation in the PRG [patient representative group] and hope to develop the exchange of ideas and information to increase patient involvement in the form of service delivery we give. Mrs Yvonne Yates has suggested she might attend a Sure start clinic to actively seek the input and response of pregnant ladies and young Mothers with small children who may have been overlooked in the survey and who could add a unique dynamic to the PRG.

The PRG agreed with our broad interpretations

It became evident once again that telephone usage was the main source of frustration.

The initial busy time -usually the first hour of the morning from 8.30 to 9.30 when circa 200 calls come in, in the first hour, it is obvious it would require a call centre facility to deal with demand. This facility is not available so we plan to –

Improve education about when to call or rather when **not** to call.[We would not choose to drive on the M25 at 8.00 am if we were only going shopping and we must persuade people not to ring at 8.30 am on Monday for something non essential or that could wait till later in the morning or later in the week.]

Patients must realise there are times of peak demand and adjust their requests and expectations accordingly. We must find the best way of imparting this information to all.

For the first hour of the morning we will deploy 1 member of staff from the office to answer calls as well as all the reception team.

We will look at ways of making appointments available on line for later in the morning but we have to keep the balance between “pre-bookable” and “book-on-the-day” appointments as they are currently or we will be unable to meet the needs of people on a daily basis.

Action Plan.

Survey Finding	Agreed Action	Action By Whom	By When	Date Completed
Criticism of reception and telephone system [cost and delay] generates disgruntled patients. There is a need to help people find the appointment they want.	1 Review the telephone cost compared with other operators. 2 Access staff training sessions re telephone use as provided by MDU. 3 Utilise a member of Office staff in the first 30-60 minutes every morning.	Practice Manager.	1 Within 1 month. 2 within 3 months.	
Broadcast availability of extended hours more widely as many respondents did not know about extended hours.	Notices in waiting room and on the Right side of scrips also we will update details on the information screen in the Waiting Room.	Practice Manager and Reception Manager and partners	On-going over 12 months.	
The automated message on the telephone irritates people and could be altered to make calling us less frustrating.	Review the script on the phone and delete the duplication.	Practice Manager.	Within 1 month.	
A desire for more pre-bookable appointments was expressed.	We agree to review it but the trade-off is fewer "on the day" appointments and there may be little room for manoeuvre until in new premises and more staff can be employed.	Practice Manager and Partners.	On Going.	
Criticism of car park access and availability with other users clogging the spaces.	A camera operated registration number recognition system will automatically identify vehicles present for longer than they need be and a penalty can be levied.	Practice Manager.	As soon as possible.	

The Priory Medical Centre has been on its current site for 28 years and is operating from a building designed for 5 clinicians and 12,000 patients. We now have the equivalent of 8 clinicians and nearly 14,000 patients who expect to see their doctor nearly 3 times more often each year than they did when it was built.

It is amazing that we are able to offer the number of appointments we do and see people as quickly as we do but with finite resources and increased work load from the hospital, it is essential that people learn to be more discerning in their use of the health service, use the full range of help available - including pharmacists, recognise their responsibility for their own health and accept that the growth in service cannot continue to expand in the same relentless fashion.

OPENING HOURS

PRIORY MEDICAL CENTRE Tel No. 0844 477 3451		1 BRESE AVENUE Tel No. 0844 477 3453	
Monday	8.30am – 6.00pm	Monday	8.30am -12.00 2.00pm-5.00pm
Tuesday	7.15am – 6.00pm	Tuesday	8.30am -12.00 2.00pm-5.00pm
Wednesday	7.15am – 7.30pm	Wednesday	8.30am -12.00 2.00pm-5.00pm
Thursday	8.30am – 6.00pm	Thursday	8.30am -12.00 2.00pm-5.00pm
Friday	8.30am – 5.00pm	Friday	8.30am – 12.00 CLOSED
Saturday	Contact the surgery for details		
Sunday	CLOSED		

There are a variety of appointments available with the Doctors and Nurses, they are as following:-

- Some may be booked up to 5weeks in advance allowing you to see the doctor of your choice
- Others are available on the day
- If all routine on the day appointments have been taken you will be offered a telephone call from the Triage Doctor who after discussion will either arrange for you to be seen during that morning or afternoon surgery or they may be able to deal with your problem over the telephone
- You can also go online to book an appointment through our electronic booking system
(registration to use the software is required).

EXTENDED HOURS

We provide a number of appointments between 7.15am – 8.00am and 6.30pm – 7.30pm during the week, also on some Saturday mornings at 1 Brese Avenue. These appointments are for routine problems and need to be forward booked.

Emergency problems during these times will be dealt with via the Out of Hours service.