**Baldwins Lane Surgery - Patient Survey Report 2014**

Patient surveys were handed out to patients by all members of staff and were available in reception and the waiting room for patients to complete. These were available for a 6 week period in January/ February 2014.

In total 99 completed forms were received, although not all forms were completed fully and some were damaged by patients changing the wording of the questions. Comments were also received and some of these are included at the end of the survey report. (In view of number being close to 100, actual number of patients are used in bar charts rather than %)

The survey was designed with input from our Patient Participation Group at a meeting held in October with both Dr Dyer and the Practice Manager present following which the survey was compiled by the chairman of the group as agreed. The group wanted an emphasis this year on questions geared to looking at both the provision/ utilisation of online based services which are relatively new services and which the government would like us to roll out more and in addition the appointment system and ease of booking.

Survey Results:

Do you request them via Emis access or our website?

I believe that this question confused some patients as 6 patients responded that they use Access and 16 that they used the website, yet only a total of 14 ticked the box that they requested online prescriptions from any source. Only 5 had responded that they had registered to use Emis Access and from analysing data from our computer system I know that only 3 patients have actually used Emis Access to request prescriptions.

It is reassuring that the vast majority, where relevant are able to get through on the phone, although we need to investigate and see if the 18% who find it difficult to speak to a doctor can be reduced in some way.

This was surprising in that as many people found it difficult to book urgent appointments as routine. We have a policy of seeing all patients that request urgent appointments on the same day. These results may be due to the wording of the question, in that it includes requesting an appointment within 48 hours in order to meet government requirements. However 28% of patients are finding it difficult to book appointments within either of the timeframes. This needs to be looked at.

Current opening hours

78% of respondents report that they are aware of opening hours, although anecdotally a number of patients report that they are were unaware that we opened on a Monday evening and 1 Saturday morning per month. One patient also ticked that they knew the current opening hours, yet made a comment (see appendix) that they would like the surgery to be open 1 or 2 evenings per week, or a Saturday morning. So this question should be interpreted as 78% of respondents think they know the current opening hours.

Access into surgery.

80% responded that it was easy for them to gain access into the surgery, with only 1% reporting it was difficult.

Reception:

Seeing a Doctor

In a practice that has only part time doctors, plus a number of different trainees, it is very difficult for patients to see the doctor that they request on the specific day that they ask to be seen. Therefor it is reassuring that despite this, 65% of all patients are very satisfied and 33% satisfied with the allocated doctor. We hope that patients are aware that sometimes seeing a trainee GP can actually bring benefits as they have longer appointments and are fully supervised by the partners.

Nursing

Of those requesting nursing appointments 55% found it very easy to get an appointment and 37% found it satisfactory.

Overall satisfaction

Demographics of those completing survey:

Gender: 65% female 35% male

Age:

Occupation

These graphs confirm the high use of our services by the older person and those retired. We have one of the highest % of >65 year olds in Hertfordshire at >11% of the practice population. Yet they make up more that 45% of respondents to the survey which is in keeping with the older person using a far greater % of health care resources.

Disability and chronic illness

This graph represents absolute numbers declaring to have each condition, rather than the % split of conditions as some people may have more than one and others complete that they did not have each condition but did not tick the nil box.

Carers:

14% reported that they were a carer for someone with long-term health problems.

Ethnicity.

Conclusion and Action Plan

Overall the results of the survey remain positive and in line with previous years results, however as a practice we are aware of the issues it highlights regarding availability of appointments. With the retirement of Dr Flude in the summer and changes to the GP contract in April, this remains a priority and we will be looking at possible ways to alleviate this problem. We would welcome constructive ideas from patients regarding this and one idea from the Patient Group was to have a Suggestion/Feedback box in the waiting room available.

Our online services using Emis Access, available via PatientUK, is a relatively new service that understandably has teething problems. (One major one being that that PatientUK website reports that we don’t have it, when we do) We know that some patients have believed that they have not completed the registration process online and therefore cannot gain access, yet our system says that they are fully registered. However there are some people who have used the system successfully. All our routine appointments are available to book via the online service. They become available to book at the same time as they are available on the phone so there is no favouritism but may avoid the 8.30am engaged tone on the phone. Urgent appointments are not bookable online as they need to be assessed as to how urgent they are. We would like all users of our current online prescription request service available via our Website to switch to using Emis Access as this streamlines the service and is safer as it links directly into our clinical system and the patient record. Currently we are running both services but intend to move to EMIS Access alone in the near future. We will be running a campaign to promote the online services in the coming year. The Patient Group agreed that this should be promoted.

Dr Dyer had explained to the Patient Group at our meeting in October that she is now a board member of the Herts Valley Clinical Commissioning Group of which Baldwins Lane Surgery is a member. Herts Valley CCG is responsible for commissioning healthcare services in the local area and ensuring that the services and care provided to all members of the community are both safe and value for money. Dr Dyer is involved with the review of healthcare in the elderly as there has been a significant increase in admission to secondary care of patients in the over 75. We, as a Practice, want to ensure that our patients in this age group avoid unnecessary hospital admission by reviewing our own procedures in house. We will be working with the CCG and in line with the forthcoming DES to see how this population can be better served.

We also agreed with the Patient Group that we would review the current appointment system especially in light of Dr Flude’s retirement in July. At present we are looking at how to replace him effectively and a full appointments review will be undertaken as part of this process.

We have included various comments made via the survey as these have also helped formulate our Action Plan which is summarised thereafter.

Comments received and feedback from partners

Appointments

‘Process for getting an appointment is too difficult as if you don’t call in the time suggested, there are no appts left and if you do call at suggested times phone is constantly busy with everyone ringing. Never has anyone mentions that I could make an appointment online, even with I have explained these difficulties, particularly for people who work.’

*We will be running a promotion to get people registered to use the online service.*

‘Very difficult to get thro’ on telephone to make an appointment. Also sometimes just need an appointment some time in the future i.e. 2 weeks, 3 weeks and cant make that appointment.’

‘Just a thought, I would like to ask if surgery hours could be extended , say ½ nights a week Tuesday and or/ Thursday until 8pm. Also Saturday 8am to 12 noon. Not for me, but the bigger picture for people who work daily 8-5’

*We are open Monday evening 6.30-8.30 except 1 week per month when we open Saturday 8-10am*

‘It just seems appointments are now harder to get’

‘I wish that when the doctor says that he wants to see me again in 4-6 months that I could make that appointment there and then.(As I do with my dentist)’ *We do not book appointments that far in advance as we do not always know which doctors are available at that time. We have trainee doctors that move jobs every 4-12 months and our partners can often be called to other commitments at short notice. The further in advance an appointment is made the more likely a patient is to not turn up for it.*

‘Please inform me how to get appt etc. through email’

*It is not possible to book appointments via email, but if you register for online access they you should be able to book some appointments online.*

Only frustration is when I am told to ring back at 2pm for apt to be released. As a working mum, I cannot always make myself available to be on the phone at 2pm so often find I miss the window of opportunity.

Telephone lines are always busy, have to re-ring a few times to make a quarterly appointment.

My only issues are with getting an appointment and my experience so far with the reception staff is that they can be rude and abrupt. They should not sound like they are doing you a favour when they give you an appointment. It’s belittling. I understand they are busy but they are working with people. Clinical staff so far have been great.

*We are aware of the issues of appointments. It is an NHS wide problem and one that we will be investigating and researching possible solutions over the next year.*

Waiting times are always terrible

Reception

Reception very kind

Reception pm good, am poor

Fantastic receptionists, very good quality care. What a surgery is all about. Thank you.

Reception: good by the majority, a smile means everything

Reception depends on who is working from v good to poor.

Online services

‘Had no idea patients could access services online.’

New online system1) gaining a username via reception was problematic but this was during the initial phase and they ahd not been briefed on system requirements 2) first use stated I needed a password which I requested but got no response, subsequently found I did not need one. 3) requesting repeat prescriptions is flaky. Requested on a Monday, on the Wednesday when I went in they were unaware of any request via the online system.

*This is a new service and as such there are teething problems. We are currently running both systems for requesting prescriptions online and training reception staff to spot when prescription requests come through.*

Other

Only concern is consistency with one doctor, I always see different people and never MY GP.

*At present we do not run a named GP service, you are registered with the practice not an individual doctor. From April those >75 will have a named GP who is responsible for overseeing their care, but not delivering it. As a practice where all doctors are part time it is not always possible to see the same doctor as it may be a day when they are not in the surgery. We encourage patients to see the same doctor for the same problem, and follow up appointments up to a month later, if deemed necessary by the GP, can be booked by the GP at the time of the initial appointment.*

‘Would be helpful if you could have blood test in afternoon not just in mornings. Other doctors have mornings and afternoons.’

*This is beyond our control. We are limited by when the pathology lab arrange to pick up our specimens as we do not have adequate facilities to store blood overnight. We currently only have a single collection service at midday. Some surgeries have 2 collections per day.*

‘As I am on warfarin for life it would be a great help if the anticoagulant INR test could be performed at the surgery. This would save repeated visits to the hospital. I feel that this service would be helpful to many patients.’ *Unfortunately due to the small number of patients involved, it is not viable to offer in house INR services. To do this safely specific training, computer programming and equipment is required. Anticoagulation is not part of GP core services, but the CCG (clinical commissioning group) does commission this from some practices. There may be a possibility in the near future for us to allow our patients to attend a different GP surgery where it is available, which should be easier than attending the hospital.*

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To end on a positive note

Couldn’t find a better surgery! So nice to come here.

I have found all staff in this surgery to be very supportive and feel lucky to be a patient here. ☺

My family and I are very impressed with the care and help received by the surgery, in particular we have found the reception staff to be exceptionally caring and helpful, compared to experience from previous surgeries

Thank you to our patient participation group for their helpful comments over the year and we look forward to working with you over the years to come. There is no requirement to conduct a survey in the changed contract (there will be a national survey only) but we will continue to hold meetings with the group and welcome all patients to become members.

Patient participation group

Baldwins Lane PPG has been established for the last 2 years. It has a small cohort of patients who meet with the practice on an ad hoc basis, but the chairman keeps more regular contact with the surgery.

The group has 11 regular members, but notices are put up in the surgery prior to meetings welcoming all patients to attend.

Of the 11 patients 4 are male, 7 female. 6 are under 65 and 5 over 65. 1 member is non Caucasian. This is relatively representative of our practice mix and we are pleased that so many members are of working age as this is often a difficult group to engage with PPGs.

We met 3 times with the PPG over the year to discuss the action plan for the coming year. We met to discuss the results of the survey and to discuss the future of the PPG. It was felt that currently the PPG was being led by the surgery rather than the patients and that it should be changed so that they became more proactive and took a lead over the forthcoming year. They would like to host some education sessions for patients and a member volunteered the use of a room at a local sheltered housing complex for this purpose.

ACTION PLAN

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| **ACTION** | **IMPLEMENTATION** | **TIMESCALE** |
| **ACTION 1:**  **Promote online EMIS ACCESS to all Patients** | **Reception staff to be pro-active in Registering both new and current patients for the online service.** | **April 2014 – March 2015** |
| **ACTION 2:**  **Transfer all current users of the website Prescription Request service over to EMIS ACCESS online** | **Practice Administrator to work on this with Dr C Dyer** | **April 2014 – September 2014** |
| **ACTION 3:**  **Review of Appointment system for all patients. Full review in light of retirement of Dr Flude in July 2014** | **Practice Administrator with Practice Partners to review as part of recruitment of new GP Partner replacing retiring Senior Partner at surgery** | **July 2014- December 2014** |
| **Action 4:**  **Review GP availability on the day to patients aged over 75 to avoid hospital admission** | **Practice Administrator to review this with GP Partners** | **April 2014 – September 2015** |
| **Action 5:**  **Install suggestion box in waiting room for patients and provide increased noticeboard space for Patient Group information to allow them to communicate with other patients** | **Practice Administrator** | **April 2014 – June 2014** |

**OPENING HOURS**

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| --- | --- |
| **MONDAY** | **8:30 – 18:30**  **Also 3 Mondays per month**  **18:30 – 20:30** |
| **TUESDAY** | **8:30 – 18:30** |
| **WEDNESDAY** | **8:30 - 18:30** |
| **THURSDAY** | **8:30 – 18:30** |
| **FRIDAY** | **8:30 – 18:30** |
| **SATURDAY** | **1 per month, usually the 4th/last Saturday. 8:00 – 10:00** |