

## **BURTON & BRANGORE MEDICAL CENTRES**

[www.burtonandbrangoremicalcentres.co.uk](http://www.burtonandbrangoremicalcentres.co.uk)

### **PATIENT PARTICIPATION SCHEME 2012-13**

#### **Objective**

To engage opinion about the Practice from as large and diverse number of the patient population as possible.

#### **Background**

In 2011-12 the Practice created the opportunity for a virtual patient representative group to complement the existing conventional group.

The Practice re-launched its website and at the conclusion of that year had

- 51 patients signed up to the Virtual Patient Representative Group
- Retained the enthusiasm of the existing conventional Patient Representative Group
- 1000 patients registered to order their repeat medications on line
- 341 patients registered to receive the patient newsletter on line

This work to communicate more widely with our patients has continued to grow, and a year on we now have:

- 60 patients signed up to the Virtual Patient Representative Group
- Retained the enthusiasm of the existing conventional Patient Representative Group
- 1548 patients registered to order their repeat medications on line
- 514 patients registered to receive the patient newsletter on line

#### **Patient Survey 2012-13**

The Practice looked at the approved surveys and liked the breadth that was covered in the latest GPAQ survey. It was felt that this would give a balanced view of the important aspects of the Practice's services. However, before launching this, we wrote to both the conventional and virtual patient representative group members to invite them to offer suggestions for any specific areas of the Practice that they would like us to elicit the opinion of other patients about. The letters were sent out at the beginning of November, and responses requested before 1<sup>st</sup> December.

There were a total of 3 responses from patients via the 'Comments & Suggestions' section of the website. Two of the responses were requesting that we surveyed opinion about routine appointments and the availability of one specific doctor, and it was felt that this was adequately covered in the GPAQ survey. The other response was asking to elicit opinion about the handling of telephone callers who were asked to wait by the reception team. This latter point was added to the GPAQ questionnaire as question 3 which read: 'If the receptionist is unable to deal with your telephone enquiry immediately, would you prefer to:

- a) Not have the phone answered
- b) Have an electronic queuing system
- c) Be asked to wait by the receptionist (as now)
- d) Don't mind

## **GPAQ Questionnaire**

The questionnaire was launched in the first week in December to the virtual patient representative group, and copies were sent in paper to the conventional representative group. The questionnaire was also profiled in the Winter Newsletter issued in the second week of December. Paper copies were also placed in both surgeries.

The questionnaire closed on 22<sup>nd</sup> January when 112 had been completed. The demographics of the responders were weighted to the retired population 53%, and 66% female. However this does not reflect the footfall in the Practice. All ages were well represented, and the ethnic diversity was too small to appear in the percentages, but were nevertheless there.

60 of the responders added their comments at the end of questionnaire.

### **The Results**

The 36 questions directly relating to the services and care given by the team at the Practice were very gratifying, with very high satisfaction ratings, and especially when taking into account the % of 'no response'. For example, 97% of patients find the receptionists helpful; 3% did not respond. Also, in the results about how good the nursing team are there was a much higher 'no response' rate (34%) as the questions didn't apply if the patient hadn't been seen by a nurse in the last 6 months. Taking this into account clearly showed a very high satisfaction rate with the nursing team.

#### Telephone Access

The results of question 2, 'How easy is it to get through to someone at your GP practice on the phone?' were that 92% found it easy; 2% hadn't tried; 4% no response; and 1% not very easy and 1% not at all easy.

This was seen as a very satisfactory response.

Question 3 asked patients about their preference on the occasions when a receptionist wasn't available immediately to deal with their enquiry and the overwhelming response was to leave things as they are now (69%), in that the telephone is answered by the receptionist who occasionally has to ask the caller to wait.

#### Appointment System

The question of how easy it is to book ahead in the Practice produced the lowest results, with 20% of patients finding it not very easy and 12% not at all easy. The appointment system also featured in the specific comments from patients.

### **Patient comments**

Of the 112 completed questionnaires submitted, 60 patients took the trouble to add their own comments.

Of these 41 were positive, with examples:

'Very satisfied – care wonderful – very reassuring – Thank you'

'First class excellent, caring people'

There were a further 30 comments giving feedback about aspects of the services that they were either struggling with, or felt disappointment. They can be categorised as follows:

- 12 Appointment system
- 4 Secondary care services
- 2 Out of hours service
- 1 Timekeeping of doctors
- 1 Re-ordering medications and not effecting the change of pharmacist
- 1 Car parking spaces

### **Patient Representative Group**

The results were posted on the website, and a copy was posted to each member of the conventional patient representative group on 23<sup>rd</sup> January 2013.

On 18<sup>th</sup> February the following was agreed with the conventional patient representative group.

All were delighted with the results and agreed that they were, on the whole, very positive. They agreed that what the Practice has historically done so well is being sustained and that confirmation of this is very encouraging indeed given that we have experienced changes in the team of doctors here in the past 12 months.

The appointment system continues to be heavily debated, and in light of the comments received from patients. It however confirms the merits of continuing with the telephone 'triage' system to ensure that patients are seen based on clinical need. It was recognised that arrangements for routine appointments will always be more problematic, in meting out a finite supply of appointments as fairly as possible. Two week booking ahead rather than four weeks has reduced DNAs and is providing scope to be seen in a reasonable time and will continue.

It was however decided to adopt a rolling daily release of appointments 2 weeks ahead rather than a block release week by week.

There was recognition that there were issues over the availability of the more popular doctors, ie, those who have been with the Practice some years, and the introduction of new members to the clinical team.

With regard to the telephone system, and waiting for a response, the majority have voted to keep things as they are. It was explained that we had introduced more telephone lines at Burton when we upgraded the system two years ago, which are exclusively for dialling out so as not to block the line for incoming calls. Currently we have four lines across the practice solely for patients' incoming calls but regrettably there are a finite number of receptionists to answer them, which occasionally requires people to be asked to wait.

42% of responders would like to book appointments on line and the Practice needs to explore this further.

## **Action Points**

- **Adopt a rolling release of appointments 2 weeks ahead rather than a block release week by week.**
- **Retain the current system of asking callers to hold the line if reception unable to deal with the enquiry there and then.**
- **Explore the opportunity to book appointments on line.**

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1.3.13