# Brook Lane Surgery

# Local Patient Participation Report

### 23rd March 2013

**A description of the profile of the members of the Patient Reference Group (PRG):**

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**A description of what steps the Practice has taken to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps that have been taken by the Practice in an attempt to engage that category:**

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| Prior to April 2011 Brook Lane Surgery did not have a PRG, but has attracted members to the group by publicising its meetings through its website, newsletter, notice board, community network screen, display leaflets etc in and around the practice.  The practice has tried to target specific registered patients, particularly ethnically underrepresented groups, through various means. For example, the clinical staff have specifically asked individuals in these groups, and the local large secondary school has been visited and made aware of the PRG.  All new patients are invited to join the PRG as they register.  We are acutely aware of the need to engage the young end of our practice population and continue to invite pupils of the local secondary school to be involved in helping our patients with surveys and understanding our on-line appointment and prescription ordering service in an attempt to draw them into the surgery setting in the hope this may encourage them to join our PRG.  Engaging the upper end of our practice population (over 85 years of age) has not been easy but we hope that running a further campaign alongside our flu campaign this year will be productive. |

**A description of the steps taken to determine and reach agreement on the issues which have priority and should be included in the Local Practice survey:**

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| The PRG membership has changed considerably since its inaugural meeting and, therefore, the practice was keen to reiterate the roles and responsibilities of the group to ensure that, before it sought the views of its patients on the priority areas, these were understood.  These having been explained, the PRG were again very keen to look at and compare issues previously surveyed regarding their patient experience with regards to appointments, telephone access, seeing a GP of their choice. The PRG also wanted a view of what the patients at Brook Lane Surgery think about the services it receives from the GPs, Nurses and staff. To this end, at a meeting on 12th September 2012, the PRG decided to repeat the IPQ (Improving Practice Questionnaire) survey that the practice undertook in 2006, 2007, 2008 and 2011**.** Having made this decision, the specific questions to be asked were inherent in the IPQ survey and not open to amendment. Since the aim was to make a comparison with previous years, this was felt to be entirely appropriate.  This decision was taken primarily because the practice had agreed to increase its list size; potentially significantly, by taking on those patients of a local branch surgery that is closing who do not wish to transfer to the main surgery. Since this, along with offering clinics at the Fareham Community Hospital, was the biggest change to have happened at Brook Lane Surgery for many years, it was felt important to see if these changes have affected the experience of the patient at the practice.  For the 2013 survey the patient experience at the practice was felt to be the correct basis for this year’s survey given that the majority of the complaints received by the practice were for areas covered in the IPQ survey.  Furthermore, it was felt that effects of the practice changes, i.e. the expansion of the practice and the installation of a new clinical system, would be best measured through the IPQ survey. The PRG had no CQC issues and it was felt that this area would be best addressed in the 2014 survey. |

**A description of the manner in which the Practice sought to obtain the views of its registered patients:**

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| Prior to the survey the practice displayed posters in and around the surgery informing patients that a survey would be undertaken. It also advised patients that the survey was supported by its PRG members at a meeting on 12th September 2012. The posters invited patients to contribute survey topics if there were any priorities or particular issues patients felt strongly about particularly given the planned practice changes of expansion of the list size due to the closure of a local surgery.  No priorities or issues were received from patients other than those already addressed in complaints received during the year.  National GP patient survey issues were felt to already be incorporated in the IPQ questionnaire.  Since the priorities and issues addressed in complaints received were all included in the IPQ questionnaire the practice again wished to use this well established questionnaire, which is widely used in the UK, and presented it to the PRG for comment as to whether the questionnaire was suitable and met the areas/priorities to be included within the survey. The PRG unanimously supported the use of the IPQ within the practice, as they were happy in the knowledge that this particular survey had been used by over 4000 practices in the UK since 2004. The PRG acknowledged that the IPQ was a reliable and sensitive tool that accurately measured patient satisfaction.  Due to difficulties obtaining a representative number of survey returns last year, the PRG wanted to personally hand out the surveys in the surgery setting. The patients attending on the days the PRG were represented were approached by the PRG member. The purpose and scope of the survey was explained to them and then the patient was invited to complete the survey. Doing this meant the patients were well informed as to the reason why they were being asked to complete the survey which, it was hoped, would mean they gave a more meaningful response. The practice looked at targeting various groups of patients and different times of the day (for example: baby clinic, extended access sessions, open access sessions and general routine appointments with GP/Nurses).  The survey was conducted during November-December 2012. The PRG were actively involved in ensuring that patients participated in the survey.  In addition, clinicians held a number of the surveys to give to the patients seeing them.  Questionnaires were completed by patients and returned, anonymously, to the practice via a survey box. A statistically relevant total of 280 questionnaires were completed and sent to CFEP UK for analysis and a report of the findings was compiled. |

**A description of the steps taken by the Practice to provide an opportunity for the PRG to discuss the contents of the action plan:**

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| The practice received an analysis of the local patient survey which pinpointed the areas where the practice had scored well and also those areas where improvements might be needed. The analysis detailed a page by page guide to interpretation of the practice report to aid the practice and PRG in understanding the results.  This analysis was sent to the PRG members when it was received in order to give ample time for the members to read and digest its contents before the results were discussed.  The results were discussed in detail at a meeting in February 2013, which enabled the PRG to compile an action plan based on the findings/results.  The minutes of this meeting were circulated to those unable to be present at the meeting in February 2013 to enable these members of the PRG to contribute towards the action plan. A time limit was given for any such contribution.  Having taken into account the points raised at the meeting and those raised by members of the PRG unable to be present at the meeting, the action plan was produced and the practice was able to agree the action plan.  The final action plan was shared with all members of the PRG. |

**A description of the findings or proposals that arose from the local Practice survey:**

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| Patients were asked a total of 28 questions with regards to the practice; the practitioner; the staff and areas around complaints, illness prevention and reminder systems.  The practice received positive comments regarding the care and attention the patients received. The high level of satisfaction with consultations and the helpfulness of the reception staff.  The practice received negative comments regarding the inability to get through to the practice on the telephone in a ‘reasonable’ time, the long queues at the reception desk, the fact that the reception desk is closed at lunchtime, and the fact the method of calling patients to the consulting rooms could be improved.  Of the 28 questions, the practice’s mean percentage scores fell in the highest 25% of all means for 4 questions, the middle 50% of all means for 19 questions and the lowest 25% of all means for 6 questions.  In reviewing the order of performance with benchmark means scores, respect shown and ability to listen showed the highest mean scores, followed by explanations and confidence in ability. The lowest mean score was with regards to seeing a practitioner within 48 hours.  Our overall score was one mark lower than the national mean score and is lower than the score achieved last year.  In summary, 85% of all patient ratings about Brook lane Surgery were good, very good or excellent.  The PRG recognised that, at the time of this survey, Brook Lane Surgery was facing exceptionally mitigating circumstances.  Immediately prior to the survey being commenced, a new clinical system had been installed at Brook lane Surgery causing reception staff and clinicians alike, a great deal of angst and also causing everyone to work more slowly than prior to the system being installed.  In addition, and far more relevant to the problems highlighted in the survey, the imminent closure of a local surgery has led to a 13% increase in the list size at Brook Lane Surgery over 4 months (November 2012 to February 2013). The list size continues to grow, albeit it at a slower rate post February 2013, and the final closure of this surgery on 31st March 2013 will undoubtedly cause another sudden increase in the list size of Brook Lane Surgery.  It was recognised by the PRG that the practice could not have anticipated how many patients would register with them. It could have been one patient or all seven thousand that were registered with the surgery that is closing. This made forward planning impossible.  The PRG further recognised that the practice has recruited another GP partner who will start on 1st May along with, and in addition to, the partner replacing Dr Ryan, who left in October 2012.  **Sample of responses found to be most positive**  I like the open surgery on a Monday afternoon. Really works well with school and work hours.  I particularly like the ability to make appointments and get prescriptions online. Please continue that service and early appointments – especially for those who work. Thank you.  Very satisfied with the treatment and services I have always received.  Considering the practices recent sudden rise in patient numbers, really doing well.  Have been at this surgery for many years and have always been treated with utmost care by all.  I have always had satisfaction here. Everybody is caring; reception staff are helpful and polite.  I love this surgery.  Fantastic surgery. Really helpful staff. Great doctors.  I am new to the surgery – brilliant service.  Nothing is perfect but I defy anyone to find a better surgery.  Hats off to you all.  **Sample of responses found to be least positive**  Recently it has been difficult to get through on the telephone.  More telephone lines. More opening hours.  Very busy, unable to get through on phone. Online booking should show more dates.  More parking spaces needed as the local bus service has been terminated.  Difficult to get appointments.  Could reception staff stagger their lunch break to man the desk, so that reception is open all day?  Improve time taken to be seen.  Speaker system for calling patients is out of date and needs improving.  Long wait to see my doctor of choice.  The queue for reception is, at times, just too long.  Be more informative about the likely waiting time.  Phone often engaged for long periods particularly first thing in the morning. |

**A summary of the evidence including statistical evidence relating to the findings or basis of proposals arising out of the local Practice survey:**

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**Description of the action which the Practice intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local Practice survey.**

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| The PRG have identified the following priorities:   * Telephone Access * Seeing a doctor within 48 hours * The patient calling system   An appended action plan details the recommendations/priorities identified by the PRG/Practice for the 2013 survey and, in addition, outlines the actions taken with regard to the recommendations/priorities identified by the PRG/practice for the 2011/12 survey. |

**A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:**

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| Brook Lane Surgery is open Monday, Tuesday and Friday 08.00 – 18.30 and on Wednesday and Thursday 07:00 – 20:00. The practice provides extended access on Wednesdays and Thursdays from 07:00 – 08:00 and from 18:30 – 20:00 which enables patients (particularly those in education/working) to access appointments at an earlier/later time.  Patients can make appointments by telephoning or calling in to the practice to make an appointment at anytime the surgery is open with the exception of 13:00 – 14:00 when the telephone lines are diverted to an answer phone. The practice also offers online facilities, to enable patients to request repeat prescriptions and to book appointments via its secure website 24/7. |

**A description of any extended opening hours that the Practice has entered into and which health care professional are accessible to registered patients.**

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| The practice provides extended opening hours on Wednesday and Thursday early mornings from 07:00 – 08:00 and on Wednesday and Thursday late evenings from 18:30 – 20:00.  These are pre-bookable appointments.  The healthcare professionals available during these sessions are GP’s and nurses for the early mornings and GP’s for the late evenings. |

**Brook Lane Surgery**

**Improving Patient Satisfaction**

**Practice Action Plan 2011/2012 – summary of actions taken**

| **Area for Improvement** | | **Recommendation** | **Action required** | **Practice Lead** | **Timeframe for changes** | **Comments /Achievements** |
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| 1 | Ability to get through to the Practice by Telephone | Review the telephone system as it is now 9 years old. | * Define options to be provided * Research and identify the options and solutions that are available to help with current set-up to improve patients’ experience * Allocate responsibilities to staff * Consider auto attendant features that could provide information to patients when on hold * Monitor telephone usage | Carolyn Hill | December 2012 | Dec 2012 - The current telephone system is old and there are many possible better alternatives but the practice is waiting to see if it will move in its entirety into the Fareham Community Hospital before considering replacing the telephone system. |
| Trial a wireless headset for reception staff to enable staff to carry out range of other duties without missing incoming calls | * Ensure this is a cost effective solution for the practice * Monitor and evaluate whether equipment has enabled staff to take more incoming calls whilst also covering reception desk | Carolyn Hill | December 2012 | Dec 2012 – The wireless headset was used but staff felt that its inherent auto answer feature actually decreased the effectiveness of the reception staff |
| Improve awareness of online appointment booking system for patients in order to reduce the number of incoming calls | * PRG to investigate feasibility of local pupils, within the surgery setting, showing patients how easy the system is to use for appointments and ordering repeat prescriptions. | Michele Sharpe/Carolyn Hill | June 2012 | Brookfield School has been contacted and visited. So far 3 pupils have demonstrated a willingness to assist us with this action. 2 pupils along with members of the PRG spent a considerable amount of time explaining the online system to patients. This resulted in a 100% increase in the number of patients registered for online access. |
| 2. | Telephone Appointments | Audit the number of consultations that could have been dealt with via a telephone appointment rather than a face to face consultation with a view to increasing the number of available telephone appointments. In addition, audit the telephone appointments to see how many were inappropriate and should have been a face to face consultation | * GP’s/Nurses to conduct audits as described over a two week period | Carolyn Hill/GP’s | September 2012 | The audit of the telephone appointments showed that whilst there were some exceptions, the majority of the telephone appointments were entirely appropriate. The consultation audit showed that 10% of the consultations could have been dealt with over the telephone. However, it also revealed that this is not the method most patients would choose to have their problem dealt with. The practice has increased the number of telephone appointments it offers by 50% and will monitor their usage. |
| Alter the telephone appointment system so that the GP calls the patient rather than the patient telephoning in | * Trial this change with the GP’s and assess effectiveness in the next survey | Carolyn Hill | June 2012 | This change was made to great effect. Both the clinicians and the patients prefer this change. |
| 3 | Waiting Room | Price up plastering the brickwork and painting it white as we have in the treatment room in order to lighten and brighten the waiting room | * Reduce patient anxiety and increase satisfaction by creating a welcoming and supportive environment | Carolyn Hill | December 2012 | Again the practice is waiting to see if it will move into the Fareham Community Hospital Lock Stock and Barrel before undertaking this costly change. However, the practice recognises the problem and has increased the lighting in the waiting room. |
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| 4 | Publicise results | The PRG felt the results were excellent and that local MP’s and Councillors should be made aware of this | * MP’s and Councillors to be contacted | Michele Sharpe | June 2012 | The PRG made the MP’s and Councillors aware of the 2012 survey results. |
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Prepared by: Carolyn Hill – Practice Manager, Brook Lane Surgery – March 2013

**Brook Lane Surgery**

**Improving Patient Satisfaction**

**Practice Action Plan 2012/2013**

| **Area for Improvement** | | **Recommendation** | **Action required** | **Practice Lead** | **Timeframe for changes** | **Comments /Achievements** |
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| 1 | Ability to get through to the Practice by Telephone | Increase the number of incoming lines or the number of staff or both. | * Consider a queuing system on the telephone rather than the patient getting the engaged tone when the two incoming lines are in use. * Consider increasing staff numbers * Consider auto attendant features that could provide information to patients when on hold * Monitor telephone usage * Consider increasing the percentage of appointments available online thus avoiding the need for the patient to telephone the surgery | Carolyn Hill | June 2013 |  |
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| 2. | Seeing a GP within 48 hours | Look at the number of appointment offered compared to other local practices allowing for list size. | * Telephone other local surgeries to ascertain their appointment/list size ratio’s and compare to that at Brook Lane. | Carolyn Hill | June 2013 |  |
| Consider increasing the number of appointments offered along with additional Open Access clinics. | * Increase the number of appointments offered to match those at other local surgeries if the ratio of appointments offered per 1000 patients is lower | Carolyn Hill | June 2013 |  |
| 3 | Patient Calling System | Consider a visual announcement system | * Price up a visual patient announcement system and request that the practice purchase one. | Carolyn Hill | December 2013 |  |
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Prepared by: Carolyn Hill – Practice Manager, Brook Lane Surgery – March 2013