

# NETTLEHAM MEDICAL PRACTICE

## Local Patient Participation Report 2013-14

Welcome to our third annual report on how Nettleham Medical Practice has worked with patients to obtain their views and together continue improving our services.

### DEVELOPING OUR PATIENT REFERENCE GROUP

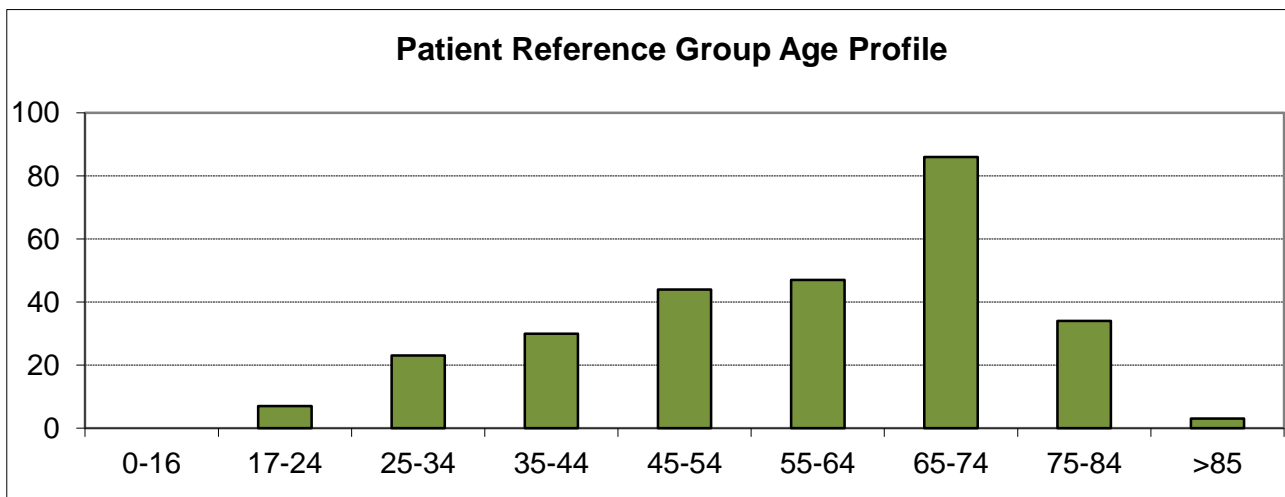
For many years Nettleham Medical Practice has had an active Patient Group who meet several times a year with the Management team of the practice to discuss issues relating to improving patient experience and also helping to raise funds for equipment for the benefit of patients. Over recent years the Patient Group has also established a very successful and popular Voluntary Drivers' Scheme which will pick up patients who have no transport of their own to come to the surgeries for appointments with only a small expenses charge to the patient.

We recognised, however, that many of our patients who do not have enough spare time to be able to become members of the Patient Group still may wish to have their views heard on issues related to the practice. We therefore wished to increase the number of patients able to express their views by setting up a second, larger group which we have called the Patient Reference Group. This group would not attend the meetings of the Patient Group, but would be asked up to a few times each year to give their opinions by e-survey or postal survey (depending on whether they have access to the internet).

The practice has continued to use a variety of methods to recruit patients to the group including the following:

- ◆ Posters in the Waiting Rooms
- ◆ Information on the Practice Website
- ◆ Attendance at Parish Council Meetings to publicise the group
- ◆ Existing members of the Patient Group kindly spent time in the Waiting Rooms to actively recruit new members – the existing members were briefed on the need to ensure a representative sample of patients were recruited
- ◆ Patients are still able to join the group and the group is still advertised widely within the practice. We continue to add new members on an ongoing basis.

There are 266 members of the PRG to date. The following chart shows a breakdown of the ages of the group members.



The group additionally has the following statistics:

**GENDER:**           ♦ 61% Female           ♦ 39% Male

**ETHNICITY:**       ♦ 97.7% White       ♦ 2.3% Other

The overall Practice Patient List has the following statistics:

**GENDER:**           ♦ 51.1% Female       ♦ 48.9% Male

**ETHNICITY:**       ♦ 96.2% White       ♦ 2.7% Other       ♦ 1.1% Not Stated

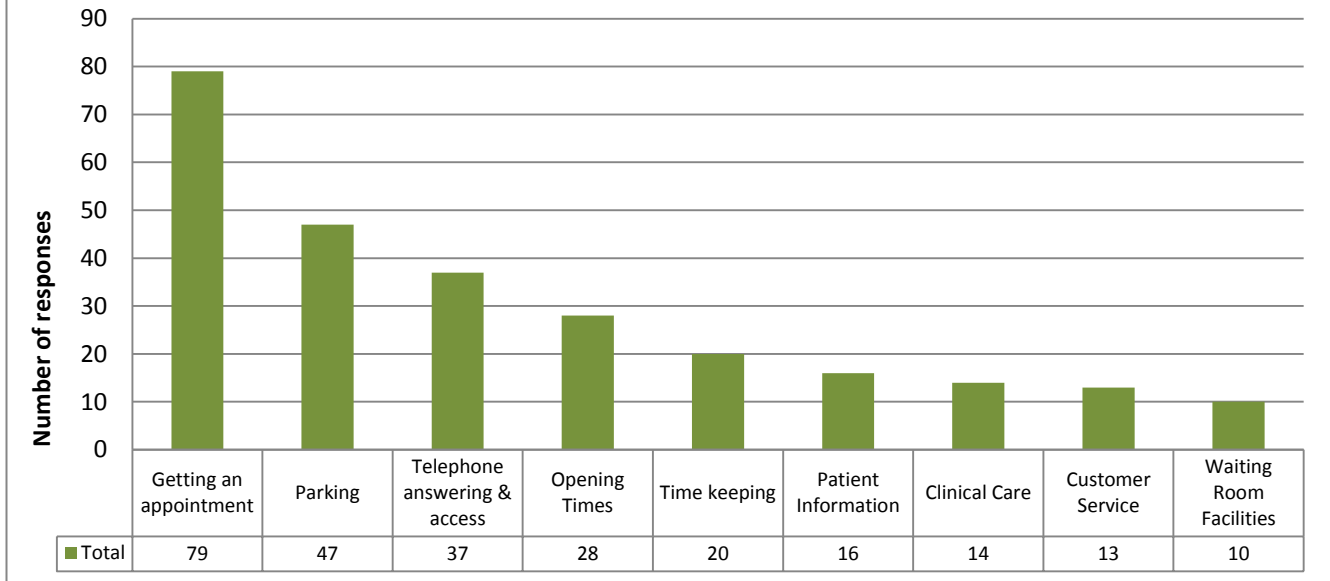
As can be seen from the above statistics, the membership of the group is representative of the practice population.

## **AGREEING WHICH ISSUES ARE A PRIORITY AND OUR LOCAL PRACTICE SURVEY**

A survey was sent out by letter and e-mail to all members of the PRG asking them to indicate their new priorities for the group to focus on in terms of improving systems and making positive change. A copy of the survey is shown in **Appendix 1** to this document.

The following table shows a summary of the areas indicated by patients as their priorities for change.

## PP DES Patient Priorities Nov 2013



### *Priorities for Change from the PRG*

As can be seen from the above chart, the main areas identified were:

- ◆ Getting an Appointment (29.9%)
- ◆ Car Parking (17.8%)
- ◆ Telephone Answering & Access (14%)
- ◆ Opening Times (10.6%)
- ◆ All other categories were much lower in percentage level

Further to this PRG survey it was agreed that the practice would look at the top priority as the third Local Practice Survey.

## **COLLATING PATIENT VIEWS THROUGH A LOCAL PRACTICE SURVEY AND INFORM THE PRG OF THE FINDINGS**

It was agreed to perform the Local Practice Survey using the questions shown at **Appendix 2** to this document.

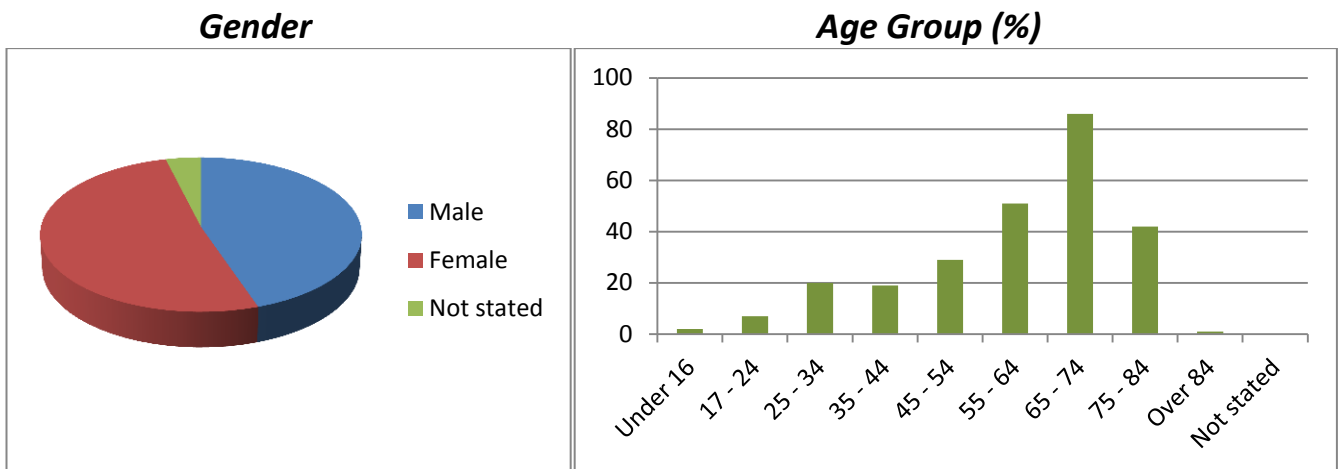
The questionnaires were administered using the Practice's Patient Participation Group (PPG) which is a group of around 15 patients who have volunteered to be members of the group. This group has been in existence for some time and is involved in a number of initiatives across the practice.

The PPG worked in the waiting room during busy surgeries across the working week and spent time with patients asking them to complete their views on the forms provided. The survey period lasted for two weeks and was carried out at both the Nettleham and Cherry Willingham sites.

## RESULTS OF THE SURVEY

In total there were 257 completed surveys returned. The following is a summary of the results.

### About the patients...



The above charts show some of the demographics of responders to the survey.

### About the surgery...

The questionnaires focussed on the top identified priority which was:

- ◆ Getting an Appointment

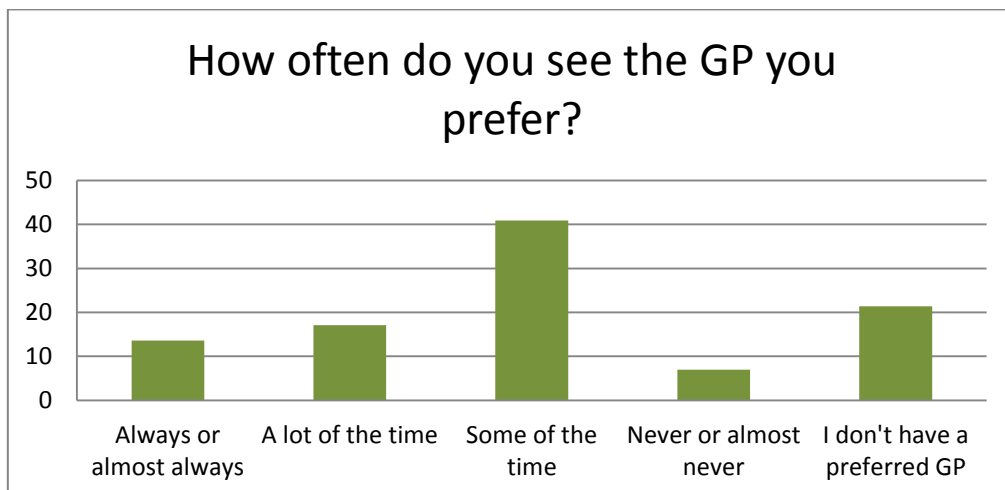
The biggest frustration identified appeared to be getting an appointment with a specific doctor

◆ The questions focussed on how easy patients find it to either consult face to face or speak on the telephone to the doctor of their choice.

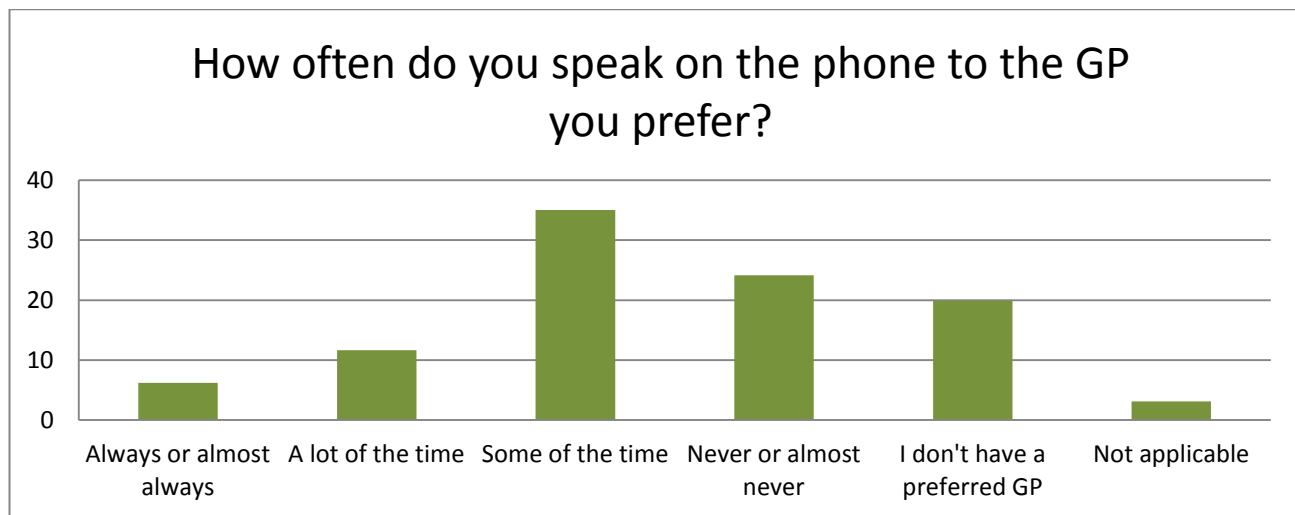
◆ As the practice is now implementing the use of text message reminders for appointments and health messages such as flu jabs, patients were also asked to provide their mobile number if they would like to receive such text reminders.

The following graphs show a summary of the responses received:

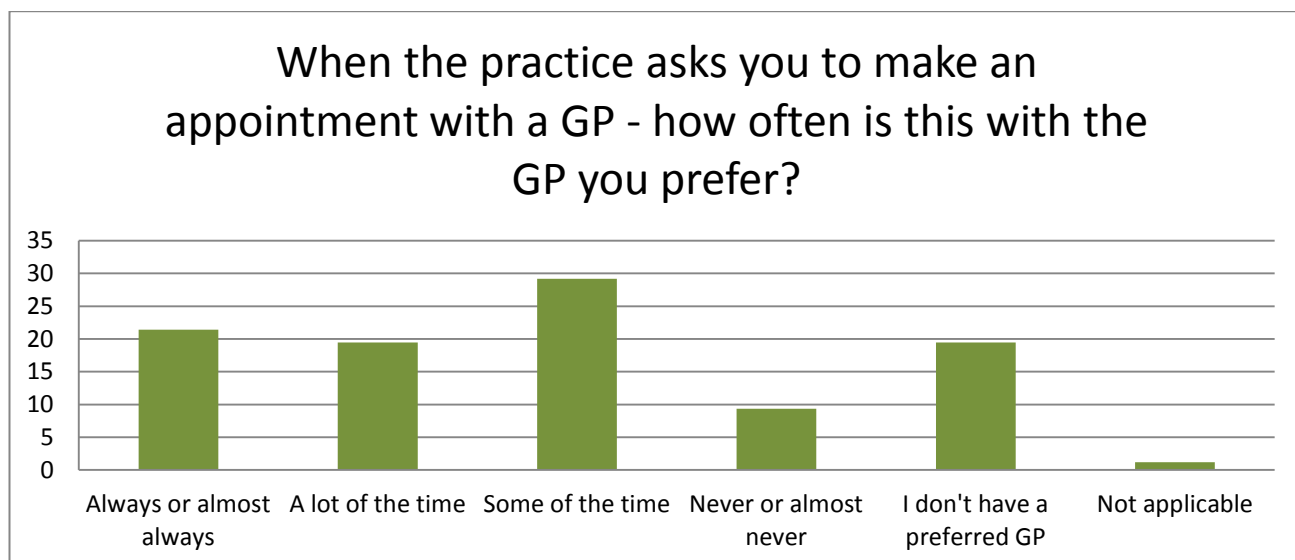
### SEE THE PREFERRED GP



## SPEAK ON THE TELEPHONE TO THE PREFERRED GP



## WHEN THE PRACTICE INITIATES THE APPOINTMENT – WITH THE PREFERRED GP



So, as can be seen from the above graphs, it appears that the most common response from patients, when asked how often they consult face to face with the doctor of their choice, was that 'Some of the Time' this is the case. Additionally it was noted that the next most popular responses to this question were 'A lot of the Time' or 'Always or Almost Always'.

However, when looking at the responses to the second question concerning speaking on the phone to their preferred GP, patients responded highly in the 'Some of the Time' category followed by 'Never or Almost Never'.

Finally, when patients were asked about appointments which were initiated by the surgery, there was a much more evenly spread response across the categories. The most common response was 'Some of the Time' followed by 'Always or Almost Always' and then 'A Lot of the Time'.

These responses appear to indicate that, for surgery initiated consultations, patients are mostly booked in with the GP of their choice (the initiating GP). However, for patient initiated consultations, patients find it easier to gain face to face access with the doctor of their choice than they do to speak with that doctor on the telephone.

These responses confirmed the subjective experience of the practice team and that received from patient feedback throughout the year.

## **TEXT REMINDERS**

Finally patients were asked if they would like to receive text reminders of appointments and health messages (such as flu jabs etc). Many patients gave their contact details to join up for this service.

## **PATIENT COMMENTS**

There were also a number of free comments expressed on the survey. Please find below a summary of these:

- Lots of positive comments about 'it has always worked well' and 'we have never had a difficulty' and many patients thanking the surgery for the good service received
- A few people commented on the 8.30am rush on the telephones
- Lots of comments were received about the lack of being able to book appointments a few weeks in advance
- Positive feedback was received about the improvement in the service offered by the Reception team
- Longer opening hours with better GP availability was requested
- Quite a few comments regarding continuity of care with a specific clinician – many patients commented on how important this was to them but some responses indicated that they did not see the need to see the same clinician each time as the notes were available to all clinicians anyway so it should not make a difference

Overall the survey process was seen as a positive experience and the feedback from the PPG members was that the majority of patients engaged in the process and found the subject an important one for them. The practice is always interested to hear the views of patients and to make changes when they are appropriate and feasible.

Having an independent patient group is helpful as they can represent the views of patients and help in the patient practice dialogue that is important for planning practice services in the future.

## **PRACTICE DISCUSSION**

The results of the survey were presented and discussed at meetings involving representatives from the whole practice team where, after discussion, it was agreed that the suggested actions which would be put to the PRG as a result of the surveys were as follows:

The GP contract for 2014-15 requires us to designate a 'named GP' (or 'usual GP') for patients over 75 years of age. In addition to this, we propose to roll this out to other patient groups, starting with the most vulnerable:

- Patients who are over 65 years old
- Palliative patients (ie those who are near the end of their lives)
- Patients who are seen by the District Nursing team

The 'named GP' system would enable:

- Clinic letters and discharge letters to be directed to the 'named GP'
- District nurses and other team members to be able to approach the 'usual GP' if they had concerns regarding a patient
- Receptionists to be able to direct family members (with consent), social services and other agencies to the appropriate 'named GP'
- Medico-legal reports to be directed to the 'named GP'

## **INFORMING THE PRG OF THE FINDINGS OF THE LOCAL PRACTICE SURVEY AND GAINING THEIR AGREEMENT TO THE PLANNED CHANGES**

The above information was shared with the PRG by e-mail.

A copy of the report sent to the PRG is shown at **Appendix 3** to this document.

Along with the report, the members of the PRG were also sent a letter, detailing the suggested actions, together with a ballot paper for them to put forward their views on the proposals.

The PRG voted as follows in relation to the changes suggested to the appointments system. (97 responses overall)

<b>VOTES IN AGREEMENT WITH THE PLAN:</b>	<b>92 VOTES</b>	<b>94.8%</b>
<b>VOTES AGAINST THE PLAN:</b>	<b>5 VOTES</b>	<b>5.2%</b>
<b>SPOILED PAPERS:</b>	<b>0 VOTES</b>	<b>0%</b>

A selection of other comments received is as follows:

- Excellent idea
- First ensure that the 'Usual GP' is one that the patient agrees with and NOT the one that is always listed on the PRESCRIPTION sheet – do the patients have a choice?
- Excellent plan which makes the Shared Record consent scheme a little more workable
- Patients should be able to get an appointment with a reasonable time or directed appropriately
- Seems to be a step in the right direction
- This is a positive start, but is it taking away patient choice
- It might be worth considering the whole family of someone on the palliative register, that way the 'usual' doctor would be able to look at the family's needs together. e.g.: I have terminal cancer, my family might be under stress which the doctor might identify and manage
- Many patients are under 65 who need constant support from a 'usual GP'
- I think everyone regardless of age should have a designated doctor
- Sensible choices
- Having a "named GP" would build confidence

- This is slight progress but this needs to be rolled out to include other groups. As a female patient I would want to be seen by a female doctor. I will not have any choice in this
- I think it sounds really good and hopefully will address any problems with the patient very quickly as the doctor will know what is going on with the individual
- The next group to add would be those with more serious or complex illnesses.
- I think it's a good start and it's the right thing to begin with vulnerable patients.
- It would seem to me to be a sensible way to go forward from the survey and it appears the best way to target patients who are likely to visit the surgery on a more regular basis than other patients

So, as can be seen from the above results, the PRG voted conclusively in favour of the proposals. It is therefore agreed to proceed as planned.

## **THE AGREED PLAN**

The proposals will be developed and implemented from March 2014.

The GP contract for 2014-15 requires us to designate a 'named GP' (or 'usual GP') for patients over 75 years of age. In addition to this, we propose to roll this out to other patient groups, starting with the most vulnerable:

- Patients who are over 65 years old
- Palliative patients (ie those who are near the end of their lives)
- Patients who are seen by the District Nursing team

The 'named GP' system would enable:

- Clinic letters and discharge letters to be directed to the 'named GP'
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- Receptionists to be able to direct family members (with consent), social services and other agencies to the appropriate 'named GP'
- Medico-legal reports to be directed to the 'named GP'

The practice GP's have now begun allocating 'usual GP' to patients on the District Nursing Team caseload and Palliative patients. They have also begun the process of recording 'usual GP' for over 70 year old patients. The current categories include 2,337 patients. They will start allocating named GPs to all patients over 65 years old by August 2014 (a further 1055 patients).

Patients will be informed about the changes in the following ways:

- ◆ Information leaflets in the Waiting Rooms and Reception area
- ◆ Information on the Practice website
- ◆ All teams proactively asking eligible patients for their preference regarding their 'named GP'



## **ACTIONS TAKEN AS A RESULT OF THE MARCH 2013 ACTION PLAN**

The following actions were proposed following the March 2013 Survey and Report:

- ◆ Carry out a review of the car park at Nettleham, with the aim of increasing the number of parking bays and to reassess the provision of disabled parking spaces.
- ◆ Run a pilot scheme for sending text message reminders for specific clinics within the practice, with the aim of rolling the service out to all clinics if the pilot is successful.
- ◆ Run an education campaign to inform patients how the appointment system works.

### **ACTIONS TAKEN SINCE MARCH 2013**

#### ***Review of the Car Park at Nettleham***

- ◆ It was agreed, on re-assessing the state of the tarmac in the Nettleham Car Park, that there were significant repairs needing to be undertaken before any further changes could be undertaken.
- ◆ The Practice obtained a number of quotes for both repairing and re-laying the tarmac in the car park at the front and rear of the building.
- ◆ After discussion it was agreed to proceed with one of the quotes obtained to repair the car park (front and rear) – to repair potholes, repair damaged surface areas, remove and repair manhole covers and to re-paint the existing white and yellow lines to existing spaces.
- ◆ Due to a number of delaying factors this repair work was undertaken towards the end of 2013 and the bad weather over the winter months has delayed any further re-lining of the car park or additional parking spaces. This work will continue in 2014.

#### ***Pilot Scheme for Sending Text Message Reminders***

- ◆ This scheme went ahead and a full roll-out of the scheme has been implemented. The surgery is continuing to gather contact details for patients wishing to be part of this scheme.

#### ***Education Campaign to Inform Patients how the Appointment System Works***

- ◆ The surgery reviewed the posters and information available for patients on how to access appointments. New posters were designed explaining the modified system for booking appointments and work continues on a pamphlet which will give patients more information about seeking advice from appropriate members of the multidisciplinary team, both within and external to the practice.

## OPENING HOURS OF THE PRACTICE PREMISES

The opening hours of the practice premises are **8.30am** (8am for urgent calls or appointments) to **6.30pm every week day**. In addition, the practice is open every **Thursday evening from 6.30pm until 8.00pm** and every **Saturday morning from 9.00am until 12.00 noon**.

Routine Clinic times are as follows:

### NETTLEHAM

#### Monday to Friday

8.30am – 11.30am & 3.20pm – 6.00pm

#### Extended Access Hours

**Thursday evening:** 6.30pm – 8.00pm\*

**Saturday:** 9.00am – 12 noon\*

### CHERRY WILLINGHAM

#### Monday to Friday

**Mornings:** 8.30am – 11.45am

**Monday afternoons:** 3.20pm – 6.00pm

\*Please note that the Thursday evening and Saturday morning appointments can be booked ahead. There is no phone access to the surgery at these times as our line gives details of the emergency out of hours service.

All patients are seen by appointment by telephone **Nettleham** or **Cherry Willingham Surgery** on

**(01522) 751717**

All emergencies are seen the same day.

**TELEPHONE CONSULTATIONS** are now available by pre-bookable appointment.

**HOME VISITS** are available for people unable to get to the surgery for medical reasons (lack of transport is not a valid reason for a home visit). If you need a non-urgent visit please try to contact the surgery before 9.15am.

For **URGENT VISIT REQUESTS** phone between 8.00am and 6.30pm

## Appendix 1 – PPG Priorities Survey

Dear member of the Patient Representative Group,

Thank you for telling us your 'priority areas' last year. We are continually striving to improve the services we offer patients and the quality of our care.

Therefore, we would be grateful if you could complete this short survey to suggest which area(s) you believe we should focus on improving this year.

Please tick all that apply:

- Getting an appointment
- Clinical Care
- Telephone answering and access
- Waiting room facilities
- Customer service
- Time keeping
- Patient information
- Opening times
- Parking
- Other (please specify below)

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**Thank you.**

*Please note that no medical information or questions will be responded to.*

## Appendix 2 – The Local Practice Survey

### Nettleham Medical Practice - Local Practice Survey 2014

We recently asked our Patient Representative Group what area we should look at as a practice in the coming year. Again, the priority identified was 'Getting an appointment'. The biggest frustration appears to be getting an appointment with a specific doctor.

Please answer the following questions:

*How often do you see the GP you prefer?*

- Always or almost always
- A lot of the time
- Some of the time
- Never or almost never
- I don't have a preferred GP

*How often do you speak on the phone to the GP you prefer?*

- Always or almost always
- A lot of the time
- Some of the time
- Never or almost never
- I don't have a preferred GP

*When the practice asks you to make an appointment with a GP, for example to discuss results or have a review, how often is the appointment made for the GP you prefer?*

- Always or almost always
- A lot of the time
- Some of the time
- Never or almost never
- I don't have a preferred GP

*Thank you for taking the time to answer these questions. If you have further comments to make, please use the back of this sheet.*

#### **Text message reminders**

We do now have the ability to send you text message reminders for appointments and health related messages (e.g. flu jabs). If you'd like to receive such reminders, please complete the section below:

Name:

Mobile:

Date of Birth:

## Appendix 3 – Report sent to the PRG – Survey Findings & Ballot

Dear member of the Patient Representative Group,

Thank you for taking part in the previous surveys. The first identified that people are still finding it difficult to see a GP of their choice. We therefore surveyed the practice population to assess this further 257 patients responded:

*How often do you see the GP you prefer?*

Always or almost always	14%
A lot of the time	17%
Some of the time	41%
Never or almost never	7%
I don't have a preferred GP	21%

*How often do you speak on the phone to the GP you prefer?*

Always or almost always	6%
A lot of the time	12%
Some of the time	35%
Never or almost never	24%
I don't have a preferred GP	20%
Not applicable	3%

*When the practice asks you to make an appointment with a GP, for example to discuss results or have a review, how often if the appointment made for the GP you prefer?*

Always or almost always	21%
A lot of the time	19%
Some of the time	29%
Never or almost never	9%
I don't have a preferred GP	19%
Not applicable	1%

### **Proposed Action**

We propose the following action plan, and would be grateful for your comment:

The GP contract for 2014-15 requires us to designate a 'named GP' (or 'usual GP') for patients over 75 years of age.

In addition to this, we propose to roll this out to other patient groups, starting with the most vulnerable:

- Patients who are over 65 years old
- Palliative patients (ie those who are near the end of their lives)
- Patients who are seen by the District Nursing team

The 'named GP' system would enable:

- Clinic letters and discharge letters to be directed to the 'named GP'
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- Receptionists to be able to direct family members (with consent), social services and other agencies to the appropriate 'named GP'
- Medico-legal reports to be directed to the 'named GP'

Do you agree with the plan outlined above?

Yes       No

If you have any further comments, please use the other side of this sheet.

### **Text Message reminders**

We now have the facility to send text message reminders for appointments and other health-related reminders (eg flu jabs). If you would like to receive such reminders, and have not already told us, please complete your details below:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Thank you for your continued support of the surgery

***The Partners***

***Please return this form in the box in  
either surgery by  
Friday 28<sup>th</sup> February 2014***