

THE WATERLOO PRACTICE

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Patient Participation Report

Introduction

In 2011 The Waterloo Practice decided to engage with the Patient Participation Directed Enhanced Service, a new national initiative for GP Practices delivering NHS health care. The purpose of the Directed Enhanced Service (DES) was to ensure that patients are involved in decisions about the range and quality of services provided and in the future, the services which the practice would be commissioning for their benefit.

As we entered 2013 our Patient Participation Group was well established. The group was meeting regularly, with both Practice Manager and GP representation at every meeting. Unfortunately, during 2013 our chairperson resigned and more recently we have received the resignation of the appointed secretary. I wish to take this opportunity to thank both of these past official members and all of those who have given their time and energies to the group in pursuit of the representation of patient views. Your contribution and support is greatly valued.

The Waterloo Patient Participation Group has a representative on the local Patient Reference Group Network which feeds directly to Greater Huddersfield Clinical Commissioning Group and a representative also sits on the local Patient and Public Experience and Engagement Steering Group.

As the group has now been up and running for about 3 years we are grateful that our core membership of about 12 – 15 members can provide stability but welcome the fresh approach and challenges that new members bring.

In both the 2012/13 and 2013/14 patient surveys there have been opportunities to record an interest in joining the Patient Participation Group. As a result of this a number of new faces were invited to PPG meetings during 2013. Proposals to enrol those who have had cause to complain, to engage with their suggestions for improving service provision at the practice, are also under consideration.

The practice has approximately 9300 with the following age/gender profile

Practice population profile No			PPG core members No.	
Age Range	Male	Female	Male	Female
Under 16	851	844	0	0
16 – 25	535	518	0	0
26 – 35	565	646	0	0
36 – 45	610	608	0	1
46 – 55	636	654	0	1
56 – 65	517	577	1	4
66 – 75	465	510	3	1
76 plus	296	456	1	1

For a second year running members of the PPG assisted with a charity cake stall in the surgery waiting room in September which allowed them first hand contact with patients visiting the surgery that day. In addition, there is a PPG suggestion/comment box in reception inviting patient comments.

Some thirty to forty patients have now attended one or more of our patient participation group meetings. The meetings have recently all been held on Monday evenings and we have noticed that whilst the regular pattern of Monday evenings assists some, we have found it difficult to attract the younger patients. As we move forward the group will need to address this deficiency and consider alternatives to membership being based on meeting attendance. Suggestions being considered at present include membership officials having direct contact with care home residents and links with school nurses and hence teenage contact. There are also suggestions that mid-morning or early afternoon "casual" meetings be held to help attract in particular young parents where one or two PPG members could be present to collect thoughts and opinions. Discussions with other practices about how their patient group works are highlighting possibilities to address the shortfalls.

Promotion of and messages from the PPG to the patient population are assisted by the use of the waiting room information screen. Information is also available via the practice website. Members of the PPG in the majority, correspond with each other via email.

Local Practice Survey

As we have an on-going struggle to match our PPG representatives to the full demographics of the practice patient population the annual practice patient survey is highlighted as a significant tool to assist in the identification of patient opinion and in obtaining patient feedback.

This year there were concerns from some PPG members that the number of responses to previous surveys was low and that we needed to achieve a higher response rate to argue that the survey was representative of our practice population. The survey was therefore made available for a longer period of time than in previous years, from November 2013 to 31st January 2014. It was agreed that the survey once again would be available via the Practice website with hard copies available in the Practice waiting room. In addition PPG members also agreed to assist with the handing out of the survey in the waiting room.

For the 2014 patient survey all PPG members were asked to consider what main areas the survey should cover. The 2014 survey was then designed using a small subgroup of members with circulation for approval to other members prior to publication. For the 2014 patient survey the subgroup wished to use some of the 2013 survey questions to see if any changes had occurred. In addition, in light of the national discussions regarding access to primary care from 8 to 8, Monday to Sunday, it was agreed that we should obtain the opinions of our own patients on what extended access they would expect to see at The Waterloo Practice, if the national programme took off.

Priority areas for the patient survey were therefore identified as:

Access to appointments including use of same day appointments, expectations of evening and weekend access, failing to attend appointments, ensuring A&E attendances are not due to problems with primary care access
Staff performance, clinical and non-clinical

The level of understanding there is about how primary care needs to use technology to help it cope with increasing demand and provide improved access
How patients provide us with feedback and how they want us to communicate with them
Whether there should be a place for complimentary therapies in NHS care
Impact of the addition of clocks to consulting rooms (action from 2013 survey)

Questions were largely designed for Yes/No answers to help simplify the results but respondents were encouraged to make free text suggestions about what the Practice could do to help solve the problems patients themselves reported in these areas. In addition, patients were asked to consider what they thought was good about the practice and what could be done to make it better.

In November 2013 we began to make available the survey on the website and in the reception and waiting areas of the Practice premises. SMS text messages were sent to all those who had given us consent to use the messaging service, to encourage them to complete the survey. The website was updated announcing that the survey was available to complete for service users, both on line and by downloading a copy. Notices were placed in the reception area and waiting room and collection boxes were clearly marked in the waiting room for the collection of completed copies. The information screen in the waiting room carried a message asking for patients to complete the survey and reception staff promoted the survey to patients they came into contact with. For a period of approximately two weeks in December 2013 members of the PPG joined us in the waiting area to hand out the survey to visiting service users and there is no doubt that this improved the survey response rate dramatically.

We ceased distribution of the survey at the end of January 2014 by which time we had received 340 completed survey results which is a 33% increase on the previous year. One member of the PPG volunteered to input the survey responses on to the database. Evidence suggests that there were very few surveys completed via the website. The collated survey results were distributed to PPG members in early February 2014 for discussion at their meeting on 11th February 2014.

At the PPG meeting on 11th February all present were very encouraged by the improved survey response rate. The first question on the survey confirmed that it was service users (98%) who had completed the survey and therefore the results were legitimate. The survey reported that 58% of responses were given by females and 31% by males with age groups from 16 years of age to 85 years plus (recorded in approximate 10 year age groups) however 32 % of responders did not identify their age and 11% did not identify their gender.

We had invited those completing the survey to give free text responses to a number of the questions and there were numerous pages of comments.

PPG members were all very surprised to see that as many as 31% of patients had had 5 or more appointments with a doctor at the practice in the preceding 12 months.

The Survey Report

Access

Not surprisingly responses confirmed that the telephone remains the most usual means of booking an appointment and as the practice had changed to a local telephone number in

May 2013 there were no references to the problems reported in previous years regarding the costs associated with calling 0844 telephone numbers. Free text comments from those who booked their appointment in person indicated that they chose to do this on the whole because it was convenient as they lived very close to the practice premises. One or two patients however complained about being held on the telephone a long time. It was encouraging to see that nearly two-thirds of responders reported they would be happy to use the on line appointment booking facility. A PPG member reported that having used the on line appointment booking facility she had not received a text message to confirm the appointment although she had received a text message the day before the appointment to remind her.

Over the lifetime of the PPG the doctors have been keen to obtain the opinions of the members over the failed appointment attendance rates which practice staff are always disappointed with. This was a subject which was tackled in the patient survey, trying to seek some understanding of why, despite our text reminders, short notice appointment bookings, ability to leave a cancellation message on the telephone system when the surgery is closed, printing of appointment slips directly from the computer system and ability to cancel appointments via the website, the “DNAs” continue in large numbers. A few of those responding in the survey informed us that they had forgotten about the appointment. A few, however, advised that they had been unable to reach us to cancel the appointment.

There were quite a number of free text comments received in relation to the level of “did not attend”, many of them suggesting that the practice should charge patients for missed appointments or at least communicate a warning to the patient that they could be removed from the practice list if there are further “DNAs”. The practice does have a policy of following up failed attendances but often there can be stressful situations or health issues associated with the reason for failing to keep the appointment and follow up of DNA’s needs to be carried out sensitively.

79% of respondents reported that they were aware that same day, emergency and evening appointments were available (to ensure that patients do not attend A&E because they cannot obtain a suitable appointment at the Practice). However, 15% worryingly reported that they didn’t know about this. We hope they do now!

A massive 67% of respondents said they had experience of a same day or emergency appointments at the Practice and 45% reported that they found the appointment excellent or very good. 31% did not respond. Of the 4% who fed back that their experience of this was poor, 2% reported this was because the appointment time offered was not convenient and 1% because they could not see their preferred doctor.

17% of survey respondents reported that they had used the out of hours doctor service in the previous 12 months. A number of these reported this was because it was more convenient than accessing the surgery.

When asked about opening at weekends and later in the evenings 46% of patients felt these extended hour appointments should be for emergency medical problems with 30% requesting that the extra hours should be available for routine consultations. However a significant 65% felt that the evening and weekend appointments should be reserved for those who work and cannot attend during current opening hours. 28% reported that they would not expect their usual doctor’s current weekday availability to change if the evening and weekend appointments were to become available. 47% were happy to see another doctor other than their usual doctor at evening or weekend appointments. 44% reported

they would expect nurse appointments to be available also but only 2% reported that they would need the surgery to be open for reasons other than appointments including the issuing and collection of repeat prescriptions.

Staff performance, clinical and non-clinical:

83% of patients in the 2014 survey, compared to 90% of patients in the 2013 survey, reported that staff are helpful when they contact the practice, 12% compared to 6% of patients in the 2013 survey reported the staff were not helpful. This is a very disappointing reduction in satisfaction which we will have to investigate further. When, at the end of the survey we asked what was good about the practice there were many positive remarks made about the reception staff. When asked about what would make the practice better or what they are not happy about a few respondents mentioned the reception staff.

When asked about whether the staff had been able to meet their appointment request only 85% of respondents reported positively compared with 90% the previous year, with 11% reporting in 2014 that a suitable appointment solution had not been provided. Is this a reflection on the appointment system rather than the staff who have to try to work with it? Changes have been made to the appointment system over 2013 and further amendments as discussed with the PPG will need to take into account the messages we have received from the patient survey.

91% of respondents reported that their doctor made them feel at ease during the consultation compared to 92% in the 2013 survey results.

80% of respondents reported that their nurse/health care assistant made them feel at ease during the consultation compared to 89% in the 2013 survey results. This shows a similar reduction in satisfaction to that expressed with the reception staff and further work needs to be carried out to try to identify what has caused this.

Use of technology:

The survey questioned the respondent's knowledge and acceptance of the electronic prescription service, the idea of ordering repeat medication via the internet, the possibility of telephone consultations and the idea of consultations via Skype. Only 24% of respondents indicated that they would use a telephone consultation instead of a face to face consultation and the majority of respondents reported that they would expect them as an additional service. There was a clear message that telephone consultations should not be introduced at the expense of face to face consultations.

29% of respondents said they could see a place for Skype in the management of their long term condition but many of the comments suggested that the elderly and therefore those who might benefit the most from not having to attend surgery quite so often or requiring home visits quite so often, are unlikely to manage the technology.

With further discussion and reference to the comments provided it was recognised that there was likely to be a group of younger patients who work and find it increasingly difficult to take time off work to attend surgery who would benefit from using telephone consultations, Skype and similar technologies to communicate with the doctor. Many comments questioned the usefulness of this technology as the doctor would not be able to examine the patient.

In the survey we asked if those who were not using the on line repeat prescription ordering facility through the website would consider using it. 32% responded positively, 13% said “no”.

When asked about how we can keep our patients up to date with changes at the practice 32% were happy with SMS messaging and a further 20% preferred the website. However 32% still prefer the newsletter in the waiting room.

How should we obtain patient feedback and communicate with our patients:

The response to our question about how patient’s feedback their comments to the surgery highlighted that most feedback is given in person. Whilst some of this will be via the management team, this suggests that other staff are likely to receive feedback which will not always be recorded.

32% of respondents think that the best way to update them on changes at the practice is via newsletters available at the practice premises. Only 20% of patients would look to the website to keep them up to date. Although a further 32% like SMS messaging to keep them up to date this clearly has its limitations in the amount of information that can reasonably be sent in the text.

Whether there is a place for complimentary therapies in NHS care:

Patients were asked if they felt a specific complimentary therapy should be available on the NHS and if so what condition they would expect it to be used for. Only 13% of respondents replied positively and gave a range of therapies, the main ones being acupuncture, massage and reflexology for treating pains and stress related conditions. It was agreed with the PPG that if they felt they had a mandate to take this forward this could be done via the Patient Representative Network.

Has the addition of clocks to consulting rooms helped appointments keep to time :

Our survey free text comments continue to identify that doctor’s clinic appointments run late with significant inconvenience to patients. In 2013 we asked in our patient survey how we might help doctor consultations run more to time. A suggestion which it was agreed we would try involved adding clocks to consulting room walls so that patients could see them and be aware of how long their own consultation was taking. We therefore asked in our 2014 survey if patients had noticed the clocks. 31% reported that they had noticed the clocks with 17% reporting that it had helped them complete their consultation in the allotted time.

Additional information from our service users:

We asked in the survey if patients were aware that appointments could be cancelled via the telephone when the surgery is closed, only 23% informed us that they knew about this compared to last year when 32% reported they knew this; if they knew that repeat prescriptions could be ordered via the internet, only 36% reported that they were aware of this compared to 61% last year.

When asked if patients were unable to attend the local resource centre at Mill Hill for blood tests, podiatry and similar services 79% of respondents answered “no” compared to last year’s 85%. For those who suggested Mill Hill was not suitable the reasons ranged from the lack of public transport to that site, to their own limited car park and simply the expectation that the Waterloo premises should provide these services. It appears that expectation is growing for patients to receive all community services at the Practice premises.

When asked this year about the new structure of the NHS 11% of respondents indicated they had concerns and when asked about concerns regarding the commissioning of NHS services only 7% indicated that they did. In our previous survey last year 27% of respondents reported that they had concerns.

Action Points In Conclusion:

During the 2014 patient survey review meeting held with The Waterloo Practice Patient Participation Group extending access was discussed at length. Over the past year 50% of the current extended hours appointments offered on one evening a week have been embargoed for same day appointments. Prior to this all extended hours appointments were advance booked. The survey suggested we might need to look at restricting the extended hours appointments to the working population who struggled to attend appointments during normal working hours. It was agreed that this would be very difficult to implement without the possibility of upsetting patients and wasting appointments.

46% of survey responders reported that they want access to the GP for evening and weekend emergency medical problems and 30% of responders felt that evening and weekend appointments should be available for routine consultations. The PPG were informed that the Practice is currently in discussion with a number of other local practices with plans to form a federation with the intention that those in the federation would support each other to help meet the new demands of future provision of primary care services. This includes the provision of access to GPs, shared with the other practices in what have traditionally been recognised as times outside the GP’s core hours.

The Practice is currently awaiting the outcome of a bid for the Prime Ministers Challenge Fund which has been placed by the federation. This is a pilot scheme to fund the expansion of GP services to provide access for evenings and weekends. If we are successful with the bid then we will be in a position to move forward on the 7/7, 8am to 8pm access. However, if we are unsuccessful discussions will take place with the other federation members to identify how we might find ways to meet the access expectation particularly at times of pressure, around Bank Holidays etc. We will also be awaiting information from those pilot sites who have won the PM Challenge Funds to assist in the decisions about what extended access should look like at The Waterloo Practice.

The reduction in patient satisfaction with the reception staff and their ability to offer a suitable appointment gives the Practice a remit to review the current appointment system. The Practice has recently taken part in an access audit which all practices in Greater Huddersfield CCG were encouraged to engage with. This included a review of how the reception staff respond to certain requests from service users. The recommendations resulting from the audit are due to be implemented in part in the coming months with the appropriate publicity to patients. Proposed changes will be discussed with PPG members

and the outcome of any changes will be monitored and reviewed with the assistance of PPG members.

A training needs analysis will be carried out for each reception member of staff to try to identify if there is a link between the reduction in patient satisfaction and learning needs.

Having recognised that patients are of the opinion that they provide feedback potentially to all staff they come into contact with we must identify a mechanism for capturing this information and not relying entirely on the more formal methods of letter writing etc.

Many of the other areas that the patient survey covered indicated that patients are not fully informed of the services that can be provided by the Practice and how we are using new systems to make it easier for our patients to obtain the services that they require. In 2013 we had a waiting room information screen installed. Practice staff and PPG members recognise that there is a need to expand the content of the information screen and website.

One area we agreed with our PPG which could benefit from us using the waiting room information screen is how to cancel an appointment. There are numerous ways that are available to patients to cancel appointments and a simple presentation describing these may be helpful when trying to control the number of patients who fail to attend their appointments.

As with our report last year, car parking is identified as an ongoing concern by those responding to the 2014 survey. Negotiations with the Health Centre Landlord and the Waterloo Pharmacy have to date unfortunately not made any progress. However this remains on our wish list and following the restructuring of the NHS last year we are still awaiting clarification from NHS England regarding support and funding that is available to assist us develop additional car parking.

As many as 5% of those who completed our 2014 patient survey have expressed an interest in joining The Waterloo Patient Participation Group. This is very encouraging and will hopefully assist our efforts to deliver a more representative group.

The survey has provided the Practice and the PPG with a great deal of information to refer to in future decision making. Thank you to all those who have contributed by completing a copy of the survey.

Availability of information

This report and supporting survey results will be available

- On the practice website www.thewaterloopractice.co.uk
- In the practice reception/ waiting area
- Distributed to PPG members
- To the full practice team
- Other bodies as necessary

Patients will be made aware of the report using the information screen in reception and posters around the building.