

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) is 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 will be commissioning for their benefit.

With 1st April 2013 fast approaching and with it the new structure for commissioning health care through Clinical Commissioning Groups the need to be able to demonstrate engagement with our service users is essential to protect the health of our local population.

During 2012 the Waterloo Patient Participation Group (PPG) members met about half a dozen times. Once the business of the 2011-12 patient survey was well on it's way there were decisions needed about what the membership should look like and how patients could become members without membership getting too large and cumbersome, the appointment and term of service of officials in the group, the terms of reference for our group and the identification of a representative for the local Network of Patient Participation Groups which feeds directly to the Clinical Commissioning Board.

Some twenty to thirty patients have attended one or more of our patient participation group meetings to date. The dates and timings of meetings often dictate who is able to attend but a core group is now developing and a chair and secretary have been appointed. Members have considered how they might be able to support and be representative of the larger practice population and a newsletter was produced to highlight the existence of the group and a comment box is available for members to receive questions from other practice service users. The PPG members are hoping to be able to promote their existence more in the future.

At the instigation of Cathryn, one of our medical receptionists at the practice, we were delighted to hold a cake stall with refreshments in the practice waiting room for charity, with cakes donated by staff and PPG members who were also on hand to introduce themselves. We hope to be able to hold similar events in the future.

It has been acknowledged that the current members of the PPG may not be representative of the demographics of our practice population. In practical terms, with a chair and secretary appointed from attendees who are not employees at the practice, the issue of communicating with members is greatly assisted by the use of emails to the majority of the group as this allows for an efficient use of time without the financial input needed for posting/telephoning whilst also providing consistency in messaging. The difficulties in balancing representation of the practice profile with the selection of members who are able to progress the work and responsibilities of the group has been highlighted. Some

attendees have fallen by the wayside once their particular grievance has been aired and others have been unable to commit to the work of the group involved due to health issues. It is with great appreciation that we thank all who have volunteered their time and expertise in the first year of the Waterloo Practice Patient Participation Group. Your contribution and support is greatly valued.

The current PPG holds a list of other service users who have expressed an interest in joining the PPG. The possibility of using an extended list of patients who may not be able to attend meetings but who can be consulted about proposed developments at the practice is an area for future consideration.

Local Practice Survey

Having recognised that we are struggling to fully represent the full demographics of the practice patient population in PPG members the annual practice patient survey is highlighted as a significant tool to assist in the identification of patient opinion and need.

For the 2013 patient survey all PPG members were asked at the September 2012 meeting to consider what areas were of importance to cover in the 2013 survey. The 2013 survey was pulled together via a subgroup of members with circulation for approval to other members prior to publication. The practice confirmed to the PPG members that following the 2012 patient survey and the receipt of many complaints there were plans afoot to change the telephone system and 0844 number that was causing great concern amongst the practice population. It was therefore agreed that there was no advantage in including a further question in the survey in 2013 about this. In addition it was suggested that to ensure the questionnaire was not too long the questions from 2012 which had given very positive responses could be dropped to allow space for new questions this year. Priority areas for the patient survey were chosen after consideration of those issues where it was thought that activity or expectation could be influenced or managed differently in the future. These issues included “DNAs” – patients failing to keep appointments, use of health services when the practice is closed, control of appointment times to avoid running late, accessibility of services when delivered in other local clinics and use of the new electronic prescription service. 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.

By late January 2013 the patient survey was ready for distribution. Paper copies of the survey were made available in the reception/waiting areas of the practice premises and notices were put up asking patients to complete copies and leave in the returns box at reception. Reception staff invited all those who approached the reception desk to complete a survey and copies were available for visitors at other places on the reception desk. In addition, the survey was promoted through text messages to those patients who have given approval for us to use this service. The website was updated announcing that the survey was available with copies available to download and the survey itself was made available to complete online.

Once again one of the PPG members assisted us in inputting the completed survey responses into the database for analysis, ready to be considered at the PPG meeting on Monday 25th February 2013.

At the end of the distribution period (22nd February) there were 254 completed survey returns which was a lower figure to the 2012 survey but just exceeded the PCT requirements of 25 per 1,000 of practice population (list size 9300, requirement 250 survey returns).

At the PPG meeting on 25th February the responses to the survey were distributed for consideration. The meeting considered the percentage responses and concluded that all those areas that had been repeated in this year's questionnaire showed an improvement. 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 which the PPG members were unable to digest at the meeting. It was therefore agreed that a subcommittee meeting would be held on 8th March to agree the actions that could result from the survey returns. All members were provided with a copy of the survey responses and if they were unable to attend the meeting on 8th March were asked to communicate their thoughts on action points with others who would be attending.

At the meeting on 8th March the free text comments from the survey were considered in detail. It was acknowledged that despite their having been no direct questions about the telephone system and use of the 0844 telephone number understandably there were a number of comments relating to the charges patients are being made to pay by their telephone providers when using the non-geographical telephone number. The practice manager confirmed that the practice was within about a week of signing contracts for a new telephone system with a local telephone number. The system of choice appeared to allow us a queuing facility without the need to use the 0844 or similar telephone number. The practice manager acknowledged that the practice understood how upset patients were that this had not been resolved sooner but explained that with the previous year's survey results reporting that 74% of patients would prefer a queue to an engaged tone, this had created difficulties in identifying an appropriate solution to the 0844 problem.

The meeting then recognised that communicating changes at the practice to the patient population was difficult. It was acknowledged that the PPG and Practice last year produced a newsletter to help inform service users however the plan to issue these regularly had fallen by the wayside due to the time commitment needed. The practice manager was delighted to inform those present that with some non-recurrent funding that had been offered to the practice an "information TV screen" was to be installed in the waiting area later that month which would allow us to display both national health related messages and our own messages of our own design. It was agreed that this could fill a vital gap for informing patients of how the practice worked and changes that were occurring at the practice.

During the course of the meeting on 8th March there were many references made to the use of the information screen in the waiting room.

PPG members once again acknowledged that the survey results evidenced the good and improving work that the Practice and those who work there, do.

The Survey Report

Booking of Appointments

A slight increase in the percentage of patients booking in person was acknowledged. Given the sample size this was not considered significant although some comments

highlighted that patients were choosing to attend the surgery to book their appointment instead of using the telephone because of the cost of calling and the time it can take to get through on the telephone. The practice manager confirmed that staff had reported what they thought to be an increase in patients attending the surgery as it opens in the morning to book appointments for later that same day.

Over the lifetime of the PPG the doctors had been keen to obtain the opinions of the members over the failed appointment attendance rates which practice staff were 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 and printing of appointment slips directly from the computer system, the “DNAs” have continued in large numbers. A few of those responding in the survey informed us that they had forgotten about the appointment and a few others said they could not inform us that they were unable to attend their appointment. Additional comments suggested that the busy telephones at the beginning of the day meant that they could not get through to cancel appointments. The practice manager advised that overnight the telephone system allowed for patients to leave messages to cancel appointments but that it was understandable if patients were not aware of this as once again there was little opportunity to promote this level of information to patients.

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”. One or two comments suggest that by the time the appointment date has arrived illnesses have gone away. The practice does have a policy of following up failed attendances but it was acknowledged that this and other suggestions for tackling the problem of DNAs are a large drain on administrative resources and that often there can be health issues associated with the reason for failing to keep the appointment. The PPG members agreed that DNA data should continue to be made available to patients in the waiting room.

Staff:

90% of patients in the 2013 survey, compared to 89% of patients in the 2012 survey, reported that staff are helpful when they telephone the practice, 6% compared to 7% of patient in the 2012 survey reported the staff were not helpful. Once again the sample size does not allow us to celebrate the 1% increase in “satisfaction” but we were happy to see it moving in the positive direction and that the unhelpful reports were correspondingly reducing.

PPG members present at the meeting reported that they felt the staff had improved their “customer relations”. The practice manager confirmed that further customer service training had taken place over the year and that this was an area which the practice continued to work on. Further plans were in place for 2013 training and the new telephone system would record all telephone calls which could then be used for training purposes. Question 4 in the 2013 Patient Questionnaire explained that all staff at the practice are bound by the NHS Code of Confidentiality and asked patients if they had problems providing reception staff with information about their health. 82% reported that did not have a problem with this. The practice manager reported that the system should allow for patients to inform reception staff without the need to become offensive, that they don’t wish to divulge their health issues to them on that occasion at which point the receptionist would pass on exactly that information to the doctor. The practice manager explained that

for all the same day urgent requests that were made a doctor had to find the time to “triage” them and this had led to a small reduction in the number of appointments offered and could lead to delays in starting clinics especially if the doctor had to telephone the patient back to obtain the reasons for the urgent appointment request.

PPG members acknowledged that there was now a doctor’s message on the telephone system explaining why reception staff would be requesting patient symptoms if they were requesting an urgent appointment, to support the reception staff in this duty. Whilst this delayed the patient getting through on the telephone it was agreed that this was helpful information. It was agreed that the message did not necessarily need to remain on all year long but should be alternated. Comments from the survey suggested the message could be cut down.

Having asked the question in 2012 we once again in 2013 asked if staff offered an appropriate solution to an appointment request. In 2013 90% of responses recorded an appropriate solution compared to 81% in 2012. Free text comments reported largely by those who were unhappy with the appointment offered suggested that patients struggled to get appointments at short notice with the doctor of their choice or at the time of day of their choice. In a previous question a patient had requested a late night surgery. The practice manager reported to PPG members that the practice continue to offer appointments on one evening a week with three different doctors between 6.30pm and 8.15pm. In addition that availability of same day appointments has been distributed in recent months throughout the day, (although not in extended hours clinics), compared to previously when all same day appointments were only available in the early morning. Survey comments suggested inflexible employment contributed to the patient need for appointments to fit their requirements.

Consultations:

92% of respondents reported that their doctor made them feel at ease during the consultation. Comments received following this question reported appointments not running to time and that 10 minutes is inadequate for an appointment. We also asked what suggestions the respondents could give to help appointments run to time. Many reported that they felt it more important to deal with the health issues rather than keep to time. A number of comments suggest that the doctor should be aware of the time but not the patient. A number of comments were made suggesting that consulting rooms have a clock on the wall and one respondent suggested that patients be asked to complete a form in the waiting room to describe their symptoms and desired outcome to help organise what they want from the consultation. This area of response was discussed at length with PPG members who agreed that it is difficult for clinicians to control the consultation length safely and without the risk of offending the patient. However, it was acknowledged that in years gone by there always used to be a clock on the wall in the consulting room and this is no longer the case at this practice so whilst the clinician can see the time ticking away on the computer (and how many patients are waiting in the waiting room) at a glance to the computer screen, there is no easy way the patient can see how long the consultation has been going on for or how late they are going to be leaving the premises.

In 2013 89% of survey respondents reported that the nurse or healthcare assistant made them feel at ease in the consultation compared to 83% in the previous year’s survey.

Practice Hours:

For some years we have been observing a trend away from the use of the GP out of hours service in favour of patients attending Accident and Emergency Departments. As we struggle to control our hospital expenditure the appropriate use of A&E is one area that it is considered GPs can influence. We therefore asked in our 2013 survey if patients were using the GP out of hours service or choosing to attend the local hospital A&E department instead. Comments reported many patients make good use of NHS Direct which has been front ending the GP out of hours urgent care service. One or two comments suggested that they felt that doctors in A&E knew what they were doing so would only contemplate using this service and not an alternative. In addition work rota's and the lack of a local walk in centre implied A&E would be chosen for health concerns that would otherwise have been possible to treat in primary care.

The practice manager advised the PPG members that the new NHS111 urgent care service was newly launched in the area with the promotional strap line that if it doesn't warrant a 999 call then free phone 111 should be used. The members were advised that NHS111 will be able to direct patients to the appropriate service for the condition they describe as they will have access to a local directory of services and if patients are accepting of the free phone service there is the real possibility that it could impact on the inappropriate attendances at A&E thus freeing up monies for the practice to use for purchasing other health services for it's patients.

The members were keen to discuss the possibility to extend opening hours to avoid patients feeling the need to access healthcare elsewhere. The practice manager explained that the practice's contractual responsibilities are between 8.00am and 6.30pm Monday to Friday and that there is no contractual obligation to organise patient care outside these hours. Consequently, for the practice to offer additional hours at weekends there would be additional costs to the practice in staffing etc and the possible A&E cost savings could not currently be used to pay for the weekend practice access. Opening at weekends was unlikely to allow for continuity of care as currently doctors felt they were working long enough hours through the week and weekend access would most likely be services by locum GPs who are otherwise employed by the current out of hours service. The practice manager expressed concern that to provide a service that covered weekend working for routine health matters, expecting existing staff to accept they would have to participate in weekend working, would be likely to result in massive staff turnover.

Services for Patients:

We asked in the patient survey if patients were aware that repeat prescriptions could be ordered via the internet, 61% were; whether they knew they could cancel appointments when the surgery was closed, 32% were; and whether they knew that a pharmacy could receive their prescriptions without them personally having to collect them from the surgery, 70% were.

The survey also promoted the electronic prescription service introduced in June 2012 and referred to in the 2012 survey report. 34% of respondents with repeat prescriptions reported they had signed up to the service and were invited to comment on it. A few comments suggested that there was confusion between the new electronic prescription service and the online internet ordering facility although those who had tried the electronic prescription service largely enthused about it. A number of comments highlighted a lack of

knowledge of the service availability and the practice manager reassured PPG members that the information screen in the waiting room would be used to further promote this service.

When asked if patients were unable to attend the local resource centre at Mill Hill for blood tests, podiatry and similar services 85% of respondents answered no. 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.

Further responses provided suggestions for handling problems experienced by the patient and whether it was felt the PPG could be helpful. Suggestions of different methods of communicating information from the surgery were largely about the further use of information technology in the form of Twitter and Facebook.

When asked about the new NHS and GP Commissioning 27% of respondents expressed some concerns and 68% were interested in having more information about this.

Action Points In Conclusion:

During the review meeting for responses to the 2013 patient survey the PPG members felt that responses to the 2013 patient questionnaire indicated that as with last year's survey there was a real need to provide more information to the practice population. The imminent installation of an information screen in the waiting area was recognised as a major opportunity to address this and the practice manager suggested that PPG members would be useful in helping to ensure that messages were clear and acceptable. PPG members were asked to start to create a list of all the messages they felt we should display.

In addition PPG members suggested that we try to identify local publications which are delivered free to households with a view to placing informative articles in them about the practice including opening hours etc. The opportunities that Facebook and Twitter might offer would also be investigated.

With regard to the subject of doctor appointments running late it was recommended that a clock should be displayed in each consulting room to allow those who are time conscious to be aware of the time the consultation is taking and how late the doctor might be running. However, it was also appreciated that this was a difficult area to police and that generally the doctors did their best to control the length of the consultation. It was noted that when clinicians had reminded patients that the appointment was for only 10 minutes the patient had reported that they were unhappy with this. The waiting room information screen will be used to explain to service users the pressures of the 10 minute appointment and promote the idea that patients could use the waiting time to focus on what they want out of the appointment and what they really need to tell the doctor.

In addition, the appointment system will be reviewed with a view to better managing the pressures at the beginning of the day to try to ensure that appointments do not start late due to the doctor triaging urgent appointment requests. Details of evening surgery clinics will be made available on the information screen and some of these appointments will be reserved for booking on the day. We will make sure that during the evening surgery those attending the appointments will also be able to book follow up appointments and collect any prescriptions that are waiting for them.

It was agreed that further consideration of extending opening hours would be reserved for the 2014 patient survey as the effect of the new urgent care service NHS111 would be better known by then and the Huddersfield Central Clinical Commissioning Group's thoughts on core hours and extended hours could be sought in the meantime.

Car parking was highlighted as a concern by those responding to the survey. Discussions are ongoing with the Landlord and the Waterloo Pharmacy in an attempt to identify additional local parking however with the limitations on health care funding projects this remains on our wish list and may not be possible to move to the to do list.

Finally, when asked about the possibility of PPG members helping patients with their concerns one survey respondent suggested that a known member of the current PPG was not considered to be sufficiently "careful with information" to take on such a role. This caused great concern with the members of the group and there was an agreement with the practice that the policy of recruitment to the group must be reviewed and advice taken from the PCT/Commissioning Group to ensure that appropriate representation could be maintained whilst ensuring that members were appropriate for the member posts.

The survey reported that 58% of responses were given by females and 37% by males with age groups from 16 years of age to 84 years (in approximate 10 year age groups) however 18 % of responders did not identify their ages and 5% did not identify their gender.

The survey has provided the Practice and PPG with a great deal of information to refer to in future decision making.

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

If it becomes relevant after further discussion sharing may take place with

- Consortia and consortia practice
- The local practice managers group
- Care Quality Commission
- Local pharmacies
- Other relevant bodies.