

Wollaton Park Medical Centre

PATIENT PARTICIPATION REPORT 2013/14

C84122

Practice Name: Wollaton Park Medical Centre

An introduction to our practice and our Patient Reference Group (PRG)

Wollaton Park Medical Centre is a 7 partner medical practice based within the boundaries of the City of Nottingham. The premises were purpose built in 2007 and we serve approximately 7000 patients.

The Wollaton Park Medical Centre PRG has been running for 3 years, and we currently have 35 members.

Establishing the Patient Representative Group

This shows how the practice has tried to ensure that the PRG is representative of the wider practice population. Information is provided here on the practice and PRG profile.

	Practice population profile	PRG profile	Difference
Age			
% under 18	25%		
% 18 – 34	19%	1%	
% 35 – 54	28%	39%	
% 55 – 74	19.5%	60%	
% 75 and over	8.5%		
Gender			
% Male	48%	25%	
% Female	52%	75%	
Ethnicity			
% White British	37%	75%	
% Mixed white/black Caribbean/African/Asian	4%		
% Black African/Caribbean	1.3%		
% Asian – Indian/Pakistani/Bangladeshi	11.2%	15%	
% Chinese	1.3%		
% Other	5.4%		

These are the reasons for any differences between the above PRG and Practice profiles:

We are unaware of any reasons for this.

In addition to the above demographic factors this is how the practice has also taken account of other social factors such as working patterns of patients, levels of unemployment in the area, the number of carers:

We advertised the PRG on our website, and we also ran an in-house advertising campaign in 2013, to try and improve the representative nature of the PRG.

This is what we have tried to do to reach groups that are under-represented:

We wanted to try and increase the ethnic diversity within the PRG. We felt that the best way to do this was to run an in-house advertising campaign. We designed a large poster for the PRG, and this was prominently displayed in the reception area. The poster advertised in many different languages.

Setting the priorities for the annual patient survey

This is how the PRG and practice agreed the key priorities for the annual patient survey

The following email was sent to the PRG, with the previous year's survey attached:

*"Dear Wollaton Park Medical Centre Patient Reference Group Member,
We are planning our next annual survey and to ensure that we ask the right questions, we would like to know what you think should be our key priorities when it comes to looking at the services we provide to you and others in the practice.*

The important issues that are normally covered in surveys are listed below:

- *Clinical Care*
- *Getting an Appointment*
- *Reception Issues*
- *Opening Times*
- *Parking and other access issues*

Please find attached a copy of last year's survey. We would be very grateful for your comments and suggestions on how or if you feel we can improve on this for our 2013 survey.

Please email us your response.

We look forward to hearing from you.

Kind regards

Wollaton Park Medical Centre Team"

Designing and undertaking the patient survey

This describes how the questions for the patient survey were chosen, how the survey was conducted with our patients and includes a summary of the results of the survey (full results can be viewed as a separate document)

How the practice and the Patient Reference Group worked together to select the survey questions:

We received the following responses to the email:

"In response to your email I think the survey used last year is excellent. The only thing it does not cover is the chemist. I assume this is because the chemist is run by the co-op but as it is attached to the surgery I think it should be included in the survey and any negative feedback (and I am sure there will be some) could be given to the co-op."

"Thanks for this. The survey as it stands will be fine, as far as I can see, and keeping it the

same means it will be easy to compare results with last year.”

“Thank you for sending the survey of last year, but I don't think there is anything you can add to it. It all seems very straight forward to me. “

“Hope it helps [amended survey with suggestions]”

“I have read the survey and it seems to asking the right questions”

“Could I suggest that with **question 14** ref the website you also include for the yes answers that you ask what extras might be included, was the info helpful and the site easy to use.

Question 16 asks how confident you were after seeing the doctor. I would ask confident about what? The out come, the level of care given, the drugs offered. It does not seem to offer a clear or definitive answer Would **satisfied** be a better word to use.

I have the same comment for **question 19** about seeing the nurse

I would also suggest some further questions at end of survey regarding E&D i.e. disability and area of residence.”

“I have found surveys a very useful tool both for staff and clients and can be used to give credence for change and showing clients we do listen to them. When attending as a patient you are sometimes not at your best and issues or complaints not your priority. Also illness makes you feel very vulnerable so access to services should be easy and quick and staff understanding.”

“Thank you for giving me the opportunity to offer suggestions for the content of the 2013 annual patient survey.

I have looked at last years survey and I think it was rather long and not particularly easy to complete, for example question 6 was very generalised, some receptionists may be much better than others! I think it will be important this year to re-visit any issues from last year's survey which indicated patients dissatisfaction to see whether there has been any change with regard to patients perception of these issues. I am aware from my own experience and from talking to other patients that the new system for booking appointments is not working well for some of us so would like to see a question about satisfaction with the system. I also have some concerns about the way your more vulnerable patients are cared for. How do you get feedback from them as I am sure many will not be able to complete a questionnaire. I hope my comments will help to shape this year's survey.”

“Many thanks for the draft survey, the normal issues covered in the survey are clearly important and therefore regular feedback is essential to ensure ease of access and as such I would suggest considering cultural and linguistic needs too. I also believe we need to ask the practice population about their information and support needs both from a prevention perspective and also in relation to care, treatment and management. A suggestion would be is to look at the key challenges for the practice such as uptake rates for screening programmes, DNA rates for secondary care referrals and compliance with treatment etc. i.e. areas which affect practice targets and patients outcomes could be prioritised for the survey to improve understanding and provide appropriate and responsive initiatives for improving information, support and signposting to enable patients to make informed choices and utilise the range of support services available outside of the practice provision.”

“Thank you for requesting my views and comments. I am generally happy with the main areas as listed in your email.”

“At present i have one issue for your consideration and I refer to extending opening hours to cover Saturday mornings. I feel that from the group it should be possible for one GP to be on duty each Saturday morning, but not if that Saturday should be either Boxing Day or Christmas Day or New Year Day. I would like to know what are the range of clinical treatments available. I do know that neither physiotherapy or chiropody are available which considering the nature of modern GP practices is a bit unfortunate. I am generally very happy with the Practice, but my use of it is infrequent.”

“I believe PRG members need to have an opportunity (possibly twice per annum) to undertake some 'brainstorming' and to discuss issues face to face with Practice representatives - as well as being able to 'get a feel' for what other members of the Group are thinking.”

“Survey seams fine but does it give you all the data you are looking for?”

“Its fine. No further comments.”

“this looks good but I have a couple of comments. Some questions include an instruction such 'tick all boxes that apply' and others don't. I wonder if this needs to be more consistent. Also in ethnicity you have used british and not white british. This means that answers are not exclusive - so you can have dual heritage and consider yourself british - in fact you can have any heritage but consider yourself as british. This I think might make your results around ethnicity a bit tricky to interpret.”

After reading the responses, we made several changes to the survey. We added several more free text boxes, changed the wording of several questions, and added a detailed ethnicity and diversity section, as well as a section on disability and chronic illness.

We sent the following email with the updated survey attached:

“Dear Wollaton Park Medical Centre Patient Reference Group,

Thank you very much for your feedback.

Please find attached our updated survey, based on your comments.

If you have any further suggestions or comments on our survey please let us know before 25th October 2013. We are planning on running this survey from the 1st November 2013.

Kind regards

Wollaton Park Medical Centre Team”

We received the following response:

“Have read the latest version of survey form. I think the wording of questions 13 and 16 is much improved as the answer to these questions goes to the nub of the doctor patient relationship and how effective the consultation has gone.”

How our patient survey was undertaken:

We prepared the survey using “survey monkey”. We ran the survey via in-house questionnaires, email with a link to the online survey, and via a link from our website. The results from the survey were collected using the survey monkey.

Summary of our patient survey results:

Once again we were pleased to see a high level of satisfaction with our practice, with 96% of respondents being either very or fairly happy with their care. There was also a very high proportion of respondents who would recommend our surgery to someone who had just moved to the local area. There was continued to be a high level of confidence and trust in the clinical staff. Satisfaction with the reception staff was high, with over 90% of respondents finding the receptionists very or fairly helpful.

We were pleased to see the numbers of respondents increase this year from 200 to 276.

We feel this was because we were able to email the survey link to patients this year.

It was pleasing to see that we were able to reach patients with chronic conditions and disabilities, as witnessed by question 22.

Despite introducing a new triage system in 2013 (whereby any patient who felt they needed to be seen by a doctor on that day being called back asap by the doctor on call), the responses to question 5 still showed that 29% of patients felt that they were not able to see or speak to a doctor on the same day. We felt this reflected a) poor wording of the question that could lead to misinterpretation and b) possible misunderstanding of the triage system. The responses to question 23 show that the vast majority of the respondents were white British. To a certain extent this reflects our practice population, but it is an area we wish to focus on with the PRG next year.

Analysis of the patient survey and discussion of survey results with the PRG

This describe how the patient survey results were analysed and discussed with PRG, how the practice and PRG agreed

the improvement areas identified from the patient survey results and how the action plan was developed:

How the practice analysed the patient survey results and how these results were discussed with the PRG:

We reviewed the survey results and free text comments, and forwarded the unabridged report to our PRG, attached to the following email:

*“Dear Wollaton Park Medical Centre Patient Reference Group Member,
Thank you very much for your help and input in designing our annual Practice Survey.
Please find attached the results of this survey.
We would be very grateful if you could take a look at the completed survey and email us with any further suggestions on how we could improve our practice, based on the results?
We would also like to meet with you at the practice to discuss these results face to face. We are holding a meeting on Monday 24th February 2014, 6-7pm, here at Wollaton Park Medical Centre. Present at the meeting will be Dr Jamie Parker, Dr Alice Duffy and myself, if you would like to attend this informal meeting can you please advise?
Once again we thank you for your valued input and look forward to working with you in the future.*

Kind regards”

We received the following responses:

“Thank you for sending this out. I found the comments interesting and was glad to see Dr xxxx gets some good feedback as he is I think a great GP. I think there still appears to be some issue with appointments but then I am not sure you will ever develop a system that pleases everyone!”

“Thank you for your e-mail, but as I am very happy by the way the centre is run, I shan't be coming to your meeting.”

“Thank you for the invite to attend the meeting received today, but I shall not be able to attend.”

“I have read the results of the survey and I feel there were far too many rude, unnecessary comments made by those who have participated. Perhaps those patients who have named GPs that they consider to have been rude to them could look at their own attitude towards the appropriate GP and receptionist staff and if there is a genuine problem then to discuss the problem with you as soon as the problem arises. I was shocked at some of those comments, particularly when all staff do their best in excellent surroundings. With respect to the wish to have a water dispenser for those that need to take medication whilst waiting for an appointment, may I suggest that common sense prevails and the patients carry a small bottle of water with them. It's not too much to ask! Providing a 'dispenser can lead to a Health and Safety issue with water being spilt and empty cups left lying around the waiting room, necessitating extra work for the staff to clean up. Notices to instruct patients where to dispose of the cups will not be read! In the past Mark was going to undertake a survey for a period of 6 months to determine how many patients requested a drink of water during their visit when it was previously suggested. If it is decided to install one (I sincerely hope not), may I suggest that it is not housed in the recess near the lowered desk area that wheelchair users need to turn in that space (like me) to be attended to at the lowered desk area to speak to a receptionist. A water dispenser would hog the space and leave insufficient room, particularly if children are entertaining themselves with the water! As far as I understand it, the provision of toys for children was discontinued in many Medical Centres because it was proven through research that toys passed on from one child to another were vehicles for the transmission of bacterial infection, particularly when toddlers are crawling on the floor and then putting toys into their mouths, then not returning them to the box used to store them. Surely a parent could bring a suitable toy/book with them.”

“I recognise the problem with telephoning the surgery and being given an option to dial depending on which service is required, but being answered by the same reception desk staff for option 1 and 2, but it's not a crisis, one just has to be patient and wait.”

“I am concerned that meetings will be held to only air grievances. I personally prefer to

respond by being "an undisclosed recipient" via email."

"The most striking part of the survey is the low response about 5% of the Practice No.s assuming 6000 people in the Practice. Of the people who replied about 3-4% are disgruntled or worse or about 0.15%. If however the people who replied are representative of the household then effectively the numbers increase to about 20% and 0.6% . Perhaps in further surveys you could consider factoring the household numbers. Further one is surprised at the few replies from non- white people. Have you done enough to encourage more in this area. I am taken by the transparency shown by the Practice in printing all replies warts and all. There are however some derogatory remarks about certain Doctors and it is a mistake to put these in the public domain. Take note of them by all means internally but not please in the public domain. These will end up on Twitter. You should not in my view publish any favourable remarks about individual doctors either. One item you may wish to consider ahead is bringing up to date the Reception Desk Area. This was designed with the old mentality of keeping patients at bay. It is in fact a Berlin Wall and perpetuates the patient/receptionist divide. What has changed in Society is that patients are now customers and want to be treated as so. It is ironic that there is such a social barrier at reception but a very customer friendly set up with the Doctors. Have a look how the Gateways at the Treatment Centre are arranged. These work well and I am sure a similar type of arrangement in Harrow Rd would solve most of the receptionist problems."

"I am not available for the proposed meeting on Feb 24th but support the principle .

We then had a face to face meeting as planned, attended by Dr Jamie Parker, Dr Alice Duffy, and four members of the PRG. We reviewed the survey results again at this meeting.

The key improvement areas which we agreed with the PRG for inclusion in our action plan were:

Phone system

The Appointment system at Wollaton Park Medical Centre

Issues with the online appointment booking service

Practical aspects of the waiting room/in-house advertising

Improve the representative nature of our survey respondents in next year's survey

We agreed/disagreed about:

We agreed on planning to have further face to face meetings of PRG representatives, to complement the email communication.

ACTION PLAN

How the practice worked with the PRG to agree the action plan:

We sent the following email to the PRG:

"Dear PRG,

Thank you very much for your feedback on our Survey Results. Thank you also to those of you who attended the meeting on Monday 24th February at Wollaton Park Medical Centre.

We would like to make the following suggestions:

- *Increase the number of face-to-face meetings with the PRG to at least 2 per year*
 - *To try and increase the number, and representative nature, of our survey respondents*
 - *Possibly by creating a shorter, more focused survey*
- *Trial printed 'follow-up slips' to document what follow-up is required after an*

- *This will be given to the patient at the end of the consultation to take to the reception staff [image not shown here]*
- *Change the holding music on the phones*
- *Change the wording of the phone message to avoid the use of the term ‘triage’*
- *A greater transparency and explanation of the appointment system via:*
 - *An up to date News Letter*
 - *Our website*
- *Remove posters/messages from the front doors*
- *Improve advertising of our complaints policy and procedure*
- *Improve staff training on the online appointment system to allow better information to be given to patients*
- *Have a comments box in reception*

*We will publish the results of the survey (without the open responses), and the above proposals, on our website over the next couple of weeks.
Thank you again for your input.”*

We identified that there were the following contractual considerations to the agreed actions:

N/A

Copy of agreed action plan is as follows:

Priority improvement area <small>Eg: Appointments, car park, waiting room, opening hours</small>	Proposed action	Responsible person	Timescale	Date completed (for future use)
Representative nature of the PRG and survey respondents	Early email correspondence and face-to-face meeting with the PRG in the next financial year	Annette Gerrard	Next 3 months	
Phone system	Change the holding music on the phones	Annette Gerrard	Done	
Phone system	Change the wording of the recorded phone message	Annette Gerrard	When we are able to	
Appointment system at WPMC	A greater transparency and explanation of the appointment system via an up to date News Letter and our website	Annette Gerrard, Dr Jamie Parker	Next 3 months	
Appointment system at WPMC	Trial printed ‘follow-up slips’ to document what follow-up is required after an appointment	Annette Gerrard, Dr Jamie Parker	Next 2 months	
Online appointment system	Improve staff training on the online appointment system to allow better information to be given to patients	Annette Gerrard	Next 3 months	
Waiting Room	Remove posters/messages from the front doors	Annette Gerrard	Next 1 month	
Waiting Room	Improve advertising of our	Annette	Next 2	

	complaints policy and procedure	Gerrard	months
Waiting Room	Have a comments box in reception	Annette Gerrard	Done

<p>Review of previous year's actions and achievement</p> <p>We have summarised below the actions that were agreed following the patient survey 2012/13 and whether these were successfully completed or are still on-going and (if appropriate) how any have fed into the current year's survey and action plan:</p> <ul style="list-style-type: none"> • <i>To introduce a telephone triage system, run by our highly trained nursing team, to allow all urgent problems to be appropriately managed, and to allow for a more intelligent and fair appointment system.</i> The triage has evolved and is now a doctor led triage, meaning that all patients who feel they require an urgent on the day appointment are assessed by the doctor on call via a phone call, and the appropriate appointment or plan is made. • <i>Make changes to our current phone system to allow a stacking system, and for a recorded message to be played to callers to let them know they are in a queue and their call will be answered as soon as possible.</i> We updated our phone system to facilitate this. We are currently having technical issues with the phone lines however which we hope will be resolved soon. • <i>Create extra morning telephone consultation appointments for the doctors in addition to the existing appointments that can be used by patients for those problems that do not need a physical consultation, e.g. for Fit Notes/Medication reviews/test results.</i> This system is in place and running smoothly. • <i>Upgrade to a more modern computer system that would improve efficiency and flexibility.</i> We have recently completed our move to the SystemOne operating system by TPP. • <i>Appointments to be booked up to 4 weeks in advance.</i> We ran this for most of the year, but we found a very high DNA rate for the pre-booked appointments, and it was therefore decided to return to being able to book up to 2 weeks in advance. <p>Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year's action plan these are detailed below:</p> <p>No</p>
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<p>Publication of this report and our opening hours</p> <p>This is how this report and our practice opening hours have been advertised and circulated:</p> <p>News letter Website In house</p>

<p>Opening times</p> <p>These are the practice's current opening times (including details of our extended hours arrangements)</p> <p>Monday: 8-6.30 Tuesday: 7-6.30 Wednesday: 8-6.30 Thursday: 8-5 Friday: 7-6.30</p>

