

Melbourne House Surgery

Patient Participation Report

Introduction

Melbourne House Surgery is a long-established practice that has been based in the Melbourne area of Chelmsford for sixty years. The practice moved to new premises at Parkside Clinic on Melbourne Avenue on the 5th of February 2012, having been at Napier Court since 1990 and in a converted flat on Melbourne Avenue before then.

The medical team comprises of 3 GP partners, 2 salaried GPs and 2 nurses, one of whom is a nurse prescriber who can treat minor illness and prescribe medications. We also have a team of health care assistants and visiting midwives and specialist nurses.

The surgery is open from 8am to 6:30pm Monday to Friday, with phone lines open for those times also. On Tuesday, Thursday and Friday mornings we are open for prebooked appointments only between 7am and 8am. Telephone bookings for appointments are not available until 8am on those mornings.

Melbourne Surgery Patient Participation Group

The group currently has 18 members. 17 are patients, and one member is the manager of the nursing home at Admiral's Reach, where we provide care for all of the 100+ residents and who is there to represent their views.

Recruitment

We used a number of methods for recruitment to the group. Primarily, we publicised the group via a large display in the waiting room and most of our patients joined via this means. We also placed a notification on our website, clearly visible on the frontpage to anyone logging on for appointment bookings or prescription requests. We have the means to print messages on our prescription slips and these were also used to publicise the PPG. Dr John Booth notified the staff at Admiral's Reach so the residents would have the opportunity to explore representation. Staff were also encouraged to inform patients about the group informally in consultations/at the reception desk.

We wished for the group to be as representative of our practice population as possible, and these methods were felt to be open to all of the patients who use the surgery. The use of online advertising was hoped to attract a younger demographic, and the uses of prescription slips helped us target those who attended the surgery less frequently. We started advertising for the group in October 2012 and continue to actively seek members.

Group demographics

AGE					
Practice population profile			PRG profile		representation
Age band	number	%age	Number	%age	% PPG rep
under 15	1014	16.59%	0	0	<u>0%</u>
15-24	761	12.45%	0	0	<u>0%</u>
25-34	782	12.8%	1	5.88%	<u>45.9%</u>
35-44	890	14.56%	1	5.88%	<u>45.9%</u>
45-54	800	13.09%	0	0	<u>0%</u>
55-64	712	11.65%	5	29.4%	<u>252%</u>
65-74	510	8.35%	7	41.2%	<u>491%</u>
75-84	402	6.58%	3	17.6%	<u>267%</u>
Over 84	240	3.93%	0	0	<u>0%</u>
Total	6111	100%	17	100%	<u>100%</u>

It should be noted that we did not include the manager of Admirals Reach in these calculations as she is not a patient herself at the surgery.

We looked into our recording of ethnicity data to make a similar comparison but only 2866 of our 6111 patients have their ethnicity recorded and a proportion of this have clearly inaccurate data (ie two different ethnicities recorded for one patient). As such it was felt to be meaningless to analyse that data with regards to the PPG. A clear priority for the coming twelve months is to complete and update that data for our practice list and compare that to the PPG.

The PPG comprises 8 men and 9 women so is equally gender representative.

Clearly, those above age 55 are markedly over-represented on our PPG. We will rethink our recruitment strategy in light of this. Plans include an especial emphasis on recruiting patients attending the early morning surgeries as they are more likely to be of younger, working age and possibly the use of SMS messaging to advertise the group in a way that younger people are more likely to access. We now share office space with our health visitors and want to use their greater access to younger families to encourage this rather unrepresented group to attend the group.

We have not carried out a formal analysis, but it is clear to us that in common with the majority of practices, older people are greater users of our services. As such, we feel that a truly representative group will be weighted in favour of this group. We plan next year to survey attendances at the surgery and produce an analysis of the varying consulting rates of different demographic groups.

Patient survey

The PPG and practice team jointly designed a survey for the surgery.

Design

We discussed the design of the survey with the group at the initial meeting and asked them to think of areas they wished to have included.

We also placed suggestion forms in the surgery asking patients for their ideas as to topics to include. The response rate was disappointing, but those forms returned highlighted a few areas that patients wished to be surveyed on – mainly the appointment system.

The PPG considered these alongside their own ideas at a subsequent meeting. As well as the questions about satisfaction with various aspects of the services provided at the surgery, they expressed a strong wish to include a section asking patients about their awareness of a number of our services. A theme that emerged strongly in our meetings was that we didn't do enough to advertise some of these; for example, internet booking and prescription ordering. A draft survey was then prepared and emailed to the group for comment and some amendments were made in light of these comments. As such, the survey represented the views and ideas of the PPG. We decided not to place demographic questions on the form; in retrospect this may have provided greater scope for detailed analysis and will be done next year.

Surveying the patients

We decided to survey the patients over a period of a week in February – we took care to ensure this was a time when our full range of services were being offered and all staff were present. We set ourselves a minimum target of 50 completed surveys to enable a reasonable analysis of data. The initial timescale was planned to run from 10/2/12 to 16/2/12 but we extended this to allow that number to be reached. In the end, we received 54 surveys.

We had hoped for a greater number of surveys to be returned. In practice, we found that many more surveys were picked up than completed, and we also noted a few patients returning them long after the data had been analysed. In future years we plan to make it easier for patients to complete the survey before leaving and to more actively encourage this.

Data analysis

The analysis of the data is attached in spreadsheet form.

The response was overall highly positive.

Booking appointments:

- 83% of patients were happy with their appointment booking experience, with 85% getting an appointment on the first day they tried.
- Only 5.5% used online booking.
- Only 1 respondent was unhappy with the appointment time offered. Only 4 respondents didn't see their first choice of clinician.
- No respondents found the receptionists to be unsatisfactory.
- 65% wanted no change to the current appointment system. However, a significant minority did want to extend the time available for prebooking appointments (currently 2w).

We felt this reflected well on our services. We are conscious that phone booking can be difficult and we are going to be addressing our telephone access as part of the many changes with the move to new premises. We will also advertise online access to booking better. We will consider a pilot scheme whereby we open some appointments up for booking further in advance than 2w, but are mindful that this mustn't adversely affect the service we already offer given the high satisfaction rate with the status quo.

Waiting room:

- Only 7.5% were unsatisfied with the comfort of the waiting room.
- Only 9.2% felt that their privacy was inadequate when speaking to the receptionist.
- 91% of patients chose to book-in automatically using the computer terminal.

We were happy with these findings. These represent the old premises and the new premises are improved in almost every way. We were especially happy that so many patients used the automated booking system as this was rather new at the time.

Timekeeping:

- 18.5% of patients were seen on time. 22% of patients were seen over 20 minutes late, with an even spread of waiting times within that period.
- 44% of patients weren't informed of a delay when booking (although, a majority use the automated booking system which doesn't have that function).

We have a policy at the surgery that healthcare is unpredictable, and as such delays can and do occur despite us striving to run on time. We also all believe in dealing with all of the problems a patient presents with and have never wished to adopt a "one problem per patient" policy. Our PPG generally felt this was acceptable, and a few members openly stated that they didn't object to delays knowing that they themselves would be given all the time that they

needed. It was suggested that we could do better at informing people of delays and we will advise reception staff of this, as well as exploring other ways of informing patients about wait times (eg via the patient call system, or automated book in system).

Satisfaction with care:

- 100% respondents satisfied or better with their consultation.
- 100% respondents satisfied or better with their treatment.
- Only 2 respondents felt that they lacked enough time to discuss their problems.

We were very happy with these results and will aim to work hard to maintain them. We felt that our views on time keeping were borne out by the last finding.

Awareness of services offered:

- 52% unaware they can book online
- 67% unaware they can order prescriptions online
- 78% never use the website for information about our services.
- 28% unaware that they can ask for a call back for telephone advice.
- 56% interested in making non-clinical enquiries by email.
- 17% potentially interested in joining the PPG.
- 93% couldn't think of any new services they would like us to offer.

This reflected the views of the PPG regarding knowledge of the services that we offer. We felt that a key part of the action plan would be to rectify this.

Discussion with PPG

We met with the PPG on 8/3/12 to discuss the survey and draw up an action plan. The group felt that the focus of the plan should be on drawing attention to the services that we offer, with a few issues arising from the earlier parts of the survey. Prior to that meeting, the results of the survey had been circulated to each member by email. The discussions were very much along the lines detailed in the analysis above. The action plan below was also circulated to the PPG along with this documents and any amendments will be appended.

Action plan

- **Pilot scheme of 3w advance booking**
 - We will run this for a short period at a quieter time of year, given it not being a priority. We will ask for patient feedback during that process and if popular amend the system. We will reserve the right to return to the old system given its popularity if this isn't felt to be significantly better.
- **Explore option of private room to be available at reception for patient use if needed.**
 - The new premises may make this possible. However, we now share reception with the community clinic and will need to liase with their team also. The meeting room may be an option if not in use.
- **Statement of practice policy to be made regarding timekeeping in waiting room/on website.**
 - This will be done soon. We will invite comments.
- **Updated patient newsletter to be issued**
 - We plan to have this done sometime in Q2 2012.
- **Practice website to be updated and redesigned.**
 - We will look into this; the website is set up with a private company who also do our leaflets which we will also update. We'd like to make the interface with online booking/prescriptions simpler.
- **Greater use of prescription slips and other forms of information dissemination, such as SMS.**

- We can easily use our prescription slips for this. SMS messaging would need to be an opt-in system but can be done.
- **Practice non-clinical enquiry email to be set up.**
 - We will liaise with the NHS email team regarding this.