

PRACTICE POPULATION PROFILE

Please provide information on the practice profile:

2700 patients
90% white middleclass population.
We have a small number of ethnic minorities
3% of practice population is of elderly over 65 yrs
12 % of practice population includes children under fives. (National average ie 6%)

PRG PROFILE

AS last year PRG profile INCLUDES 8 PEOPLE, 10 % ETHNIC MINORITY, 3% ELDERLY

DIFFERENCES BETWEEN THE PRACTICE POPULATION AND MEMBERS OF THE PRG

Please describe variations between the group and what efforts the practice has made to reach any groups not represented.

We are constantly trying to recruit new people to our Group. This is by no means easy. Some groups are more difficult to contact. We now believe that some of the ideas that have come in may mean that we change the way we deal with our group. It is so important to bring them all together on a regular basis, but this is the most difficult aspect of the whole thing. We have to add to any discussions efforts to contact participants who cannot join in a group discussion which I by no means ideal. We are at present developing a new strategy and hope that our efforts next year will enable us to make our group much more coherent and face to face.

Please describe how the priorities were set

Discussions led to priorities being set which concentrated on our patient access, as last year and the way patients perceived their consultations with our clinical staff. As well as this it was important for us to find out how well our whole service was received by patients.

Please describe how the questions were drawn up

The questions were formulated based on the model we used last year and we chose them collectively in order to get the most out of the survey. We felt it important to make the survey easy and accessible and this year limited the questions and refined them to make the experience for patients who completed it a positive rather than an onerous one.

Please describe how the survey was conducted and what were the results?

The survey was conducted on in paper for and patients in the practice were asked to fill it in. this was a change from last year when we did it via the website and we believe that this gave a more personal and representative picture of the feelings of our patients.

How did you did you agree the action plan with the PRG?

This was quite difficult this year as we had to actively seek the opinion of members who for one reason or another could not participate in discussions. This was less than ideal. Nevertheless we learned from this experience.

What did you disagree about?

There was consensus about the survey. None that participated had any real reservations about what was decided..

Are there any contractual considerations to the agreed actions?

None

Please include a copy of the agreed action plan.

This is attached on the website.

LOCAL PATIENT PARTICIPATION REPORT

Please describe how the report was advertised and circulated

The report was advertised and circulated in the waiting room and was actively promoted by reception staff..

Please include a copy of the report and link to your practice website

OPENING TIMES

Opening times are also on the practice website.

Survey Analysis.

We had 70 surveys returned to us. This report represents our qualitative analysis of those results

The overall results of the survey was that we give a good service to patients at the practice. The majority of the patients who responded to the survey found our services to be good. But there were a few areas where patients did feel we could improve and also some very specific issues that we felt we should address directly in this analysis.

Simple explanation of what we discovered.

We have ordered the results of the survey her according to a ranking of what we did best first and what we didn't do so well at last.

The percentages have been rounded up.

Question	% of patients				
How do you feel you are treated by reception staff in the practice	Good 100%				
Was the doctor able to understand and respond to the issues that you visited the practice with today?	Yes, happy 86%	Fairly happy 11%	Not happy or unhappy 3%	Not very happy	dissatisfied
How did you feel about the amount of time your doctor spent with you today? ?	Sufficient 84%	Acceptable 9%	Not happy or unhappy 3%	Not so good 3%	dissatisfied
How do you rate the hours the practice is open for appointments?	Good 83%	Fairly good 7%	Neutral 6%	Not so good 3%	Bad

All things considered how happy are you with the treatment and care you get at the practice?	Happy 83%	Quite Happy 8%	Not happy or unhappy 8%	A bit unhappy	Unhappy
How would you rate your ability to get through to the practice on the phone?	Good 80%	Easy 16%	Not happy or unhappy 2%	Fairly difficult 2%	Difficult
How much did the doctor involve you in decisions about your care?	A lot 73%	Some what 20%	Not happy or unhappy 7%	A bit dissatisfied	Not at all
How important is it when you need to speak to a doctor that you can get a call back from them?	Important 71%	Quite important 16%	Neutral 7%	Not very important	Not important at all 1%
How easy do you find it to get routine appointments at the practice?	Easy 66%	Fairly easy 28%	Neutral 4%	A bit of a problem 2%	Difficult
How well do you think the doctor understood your symptoms and how you were feeling when you saw them?	Well 66%	Quite well 29%	Neutral 5%	Not very well	Didn't understand at all
How fast do you get to see your doctor when you arrive?	Fast 48%	Quite fast 43%	Neutral 6%	A bit slow 3%	Slow

Analysis.

Reception – A perfect score.

Understanding on the part of the doctor to the issues presented.

86% were very happy. No patient in this area was dissatisfied at all with the understanding or response from the doctor they saw. The responses were all positive and only 3% felt neutral about the question. This is a good score also and reflects the way the doctors at the practice listen and respond effectively to patients.

The amount of time spent with the doctor. No patients expressed dissatisfaction about the amount of time that they spent with the doctor but 3% clearly wanted more time. We have increased the time patients spend with the doctor to 15 minutes and it remains to be seen whether or not this would make a difference to the small number of patients that said the length of time was not so good.

Hours the Practice is open.

Most people were very pleased with this but once more a small proportion were not happy, 3%. Although we offer extended hours, it would appear that some patients would like us to be open on the weekend, which is the source of this last 'Not so good' score. No patients however expressed dissatisfaction, and we are very able within our present appointment regime, to see all our patients very quickly, usually within two days. It would not be possible at the present time to extend our opening hours into the weekend. More resources could enable this, but at present none are available.

Satisfaction overall with the treatment and care at the practice.

A good score again in this respect. No patients at all expressed any degree of unhappiness. There were no adverse comments.

How would you rate your ability to get through on the phone.

Once more a good score here, but 2% of patients said this was fairly difficult. When we look at the demand as represented by the number of telephone calls coming in it is clear that these are 'bunched' at certain times, for example early in the morning. Inevitably, because we have 1 receptionist on the phone at any one time, some patients will find themselves waiting to be answered. We are about to install a new telephone system and this will enable us to have an on-line message to patients to tell them that their call will be answered and we hope this will help those patients who get frustrated while waiting to talk to a receptionist.

How much did the doctor involve you in your care?

No patients gave adverse comments in relation to this and the spread of positive responses was therefore encouraging. This is specially good since as a Teaching Practice patients often see doctors who are at the beginning of their career and would necessarily not be as experienced as the permanent doctors. This positive bias from our survey however reflects the high level of experiential learning that our trainee doctors get at the practice. We constantly strive to keep all our doctors at the practice patient centred listeners.

How important is it for patients to get a call back facility.

This wide range of positive scoring was interesting. It perhaps reflects that patients are happiest with face to face consultations. The value of telephone conversations therefore is deemed less important from the patient point of view. However, from a staff point of view, it is clear that this working facility helps us to deal with calls that come in which are easily and effectively dealt with by telephone. Only 1 person said this facility was unimportant.

How well did the doctor understand your symptoms and how you were feeling.

Once more the positive spread of responses was encouraging. We got no negative responses at all. Keeping our clinical sessions patient centred is therefore an on going process. It is not always easy for us to completely satisfy patients when they present, often the symptom they present with masks a deeper need, either psychological or physiological. The expectation of patients that the doctor will easily understand and see beyond a presented symptom is not a simple process. Doctors and nurses at the practice understand and continually adapt to this situation.

How fast do you get to see your doctor.

Essentially we scored lowest for this with only 48 % of patients saying they got to see the doctor quickly but another 43% said it was fairly fast which is a pretty good score. Only 3% of patients said it was a bit slow. Inevitably, some patients will be kept waiting when there is a particular patient who needs more clinical appointment time than most. In this respect, it needs a balance created perhaps out of being able to predict patients who may need more time. However this is a strategy which would involve both clinical and non clinical staff. Even clinical triaging would not do very much to help out here. Critical would be the ability of Reception staff to have knowledge of whether or not the patient needed more time. From the point of view of confidentiality we could not expect reception to deal with this process, and it would be reception that would be the key.

We have increased our consultation time to 15 minutes per patient, so it will be interesting to monitor if that fact alone will enable us to see patient at exactly the time their appointment has been booked.

Conclusion.

Overall, the results of the survey have been encouraging and have highlighted certain areas for us. More importantly they have focussed attention upon certain areas like the telephone and the time we can spend directly with patients. We hope that these two major areas, the learning that came out of this survey and the action plans we have created and put into action already, will tweak and improve our service to patients over the coming year.

Dr G Williams and Clive Polles
March 2013.