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PATIENT SURVEY AND ACTION PLAN 2008

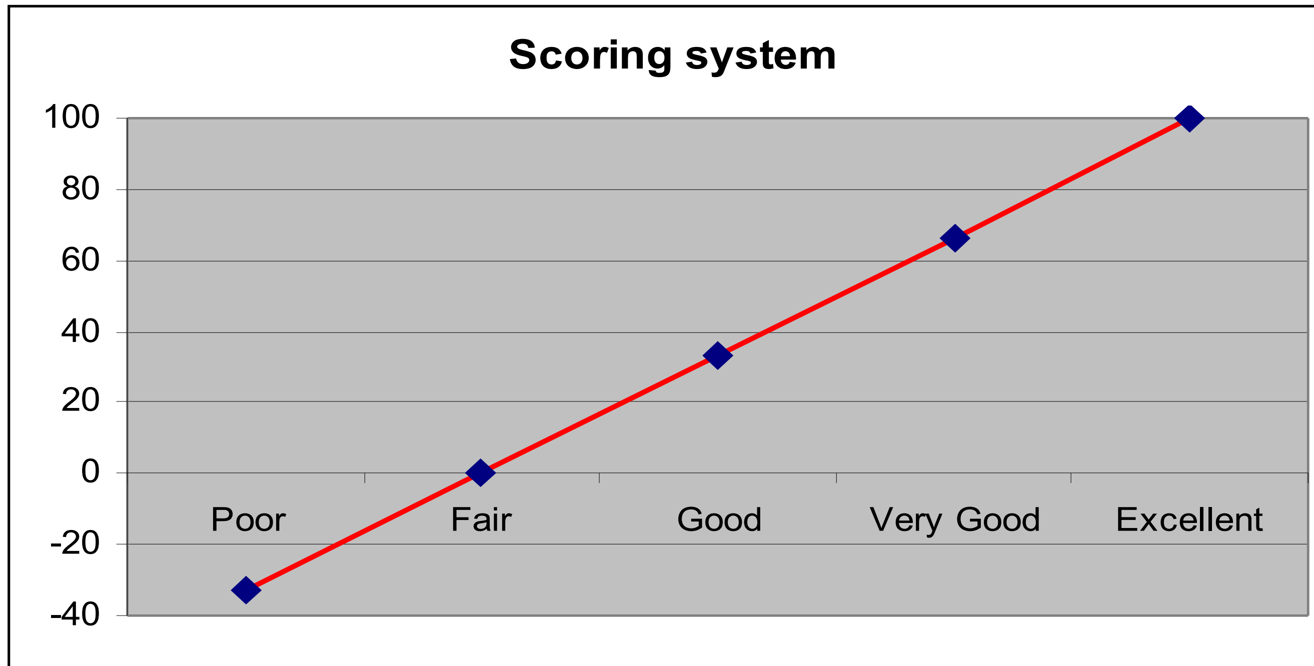
Summary of Results

In 2006 the practice scored consistently above-average scores for all elements of the patient survey and the overall score was 9 points above average.

In 2007, all scores showed an average 3% drop compared with 2006. This was not thought to be significant as the analysis tables contained a caveat that some variations may occur in scores due to improved data analysis. The 2007 overall score of 68% iwa 6% above the national average.

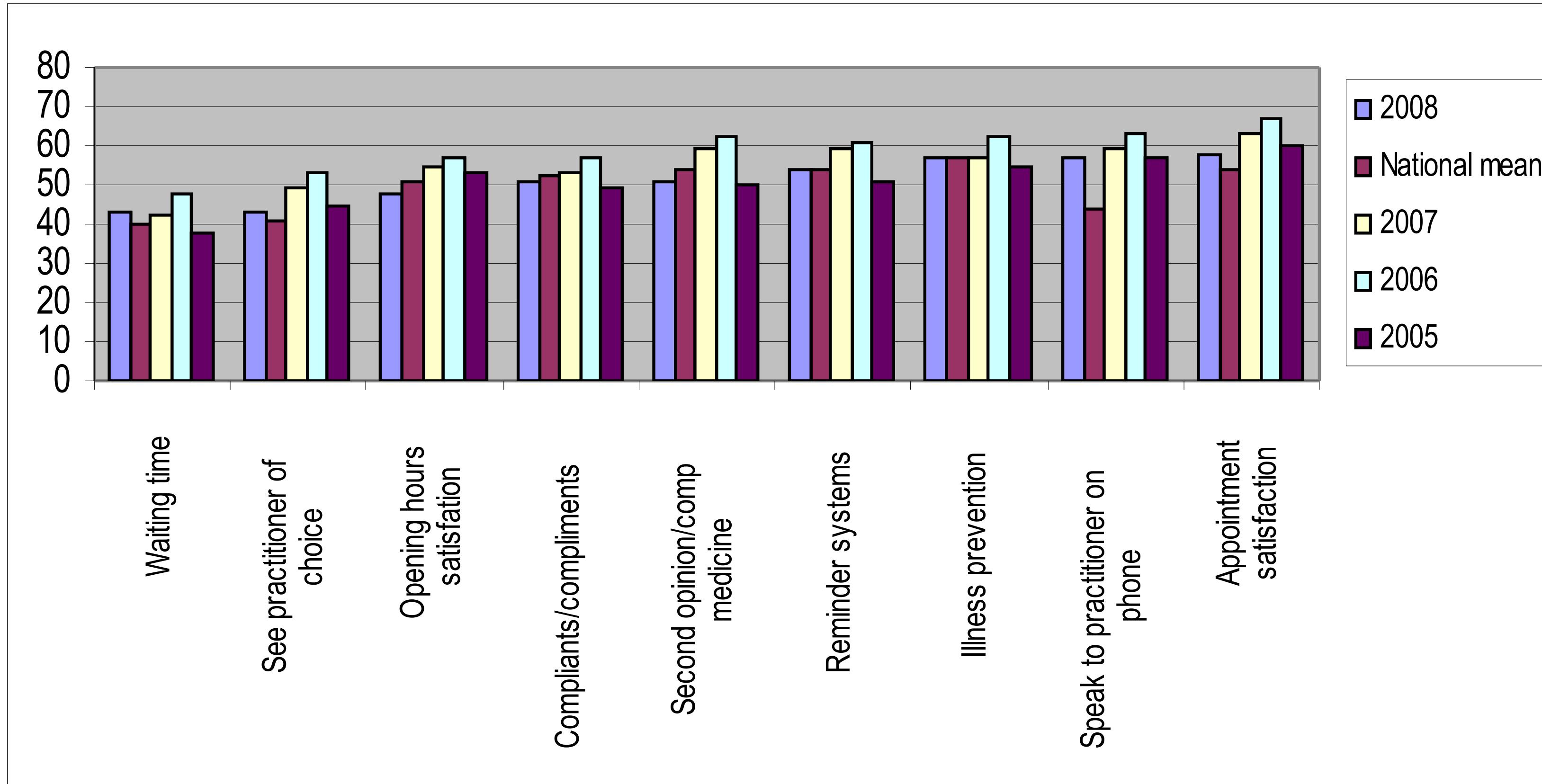
In 2008, the survey was conducted on a different basis to previous surveys. All previous surveys had been GP-specific ie. only patients seeing GPs were surveyed and answers given to some questions were specific to a named GP. Due to considerable flux in the GP team due to 2 regular GPs' absence on long-term leave, and a number of locum GPs being engaged, the 2008 survey was carried out on a whole practice basis. **Thus direct comparisons with previous results should be carried out with caution.**

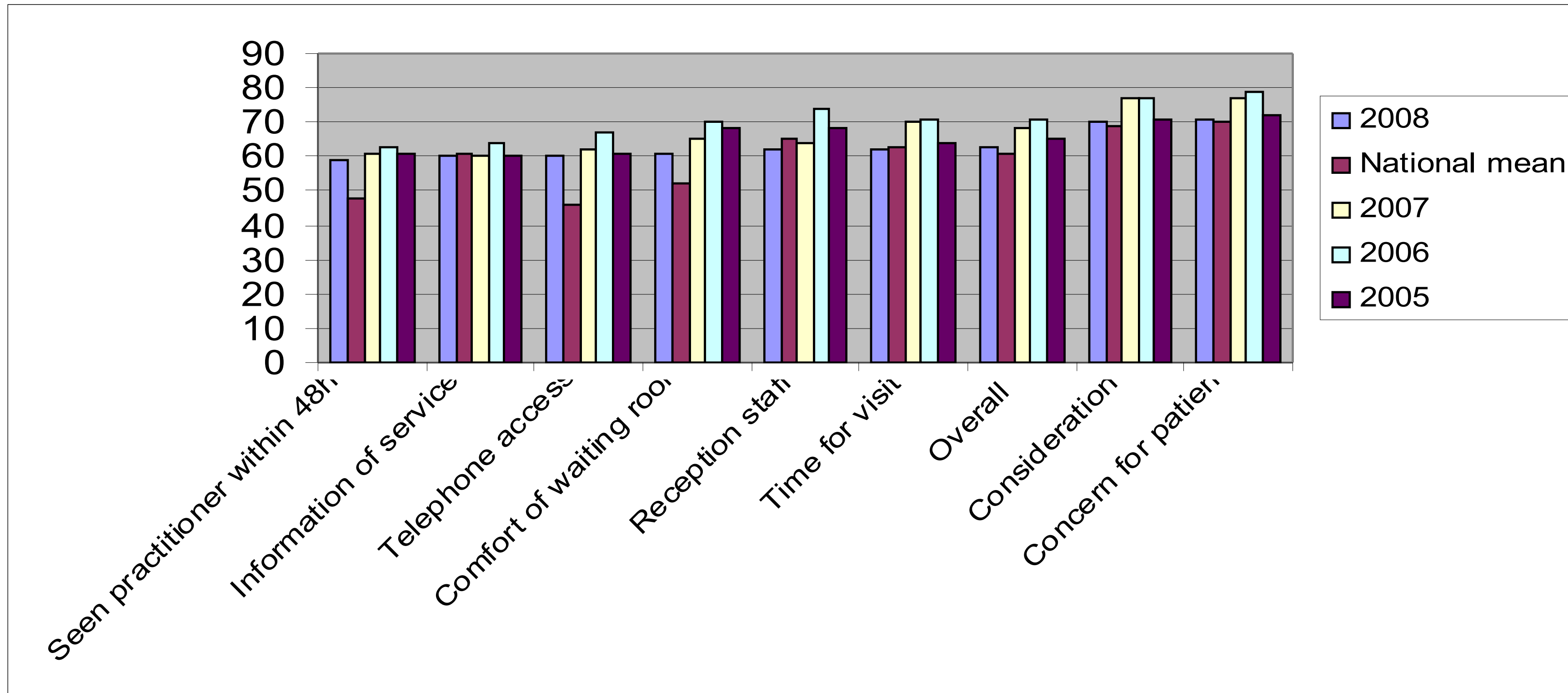
It is important to understand the scoring system which runs from -33% to 100%:



It can be seen that the national average score of 61% rates practices as Very Good.

The practice has now carried out the same survey 5 times at 12 month intervals. The results for 2005-2008 are shown in the next graphs, ranked in order of score.


80
70
60
50
40
30
20
10
0
2008
National mean
2007
2006
2005
Waiting time
See practitioner of choice
Opening hours satisfation
Compliants/compliments
Second opinion/comp medicine
Reminder systems
Illness prevention
Speak to practitioner on phone
Appointment satisfaction


90
80
70
60
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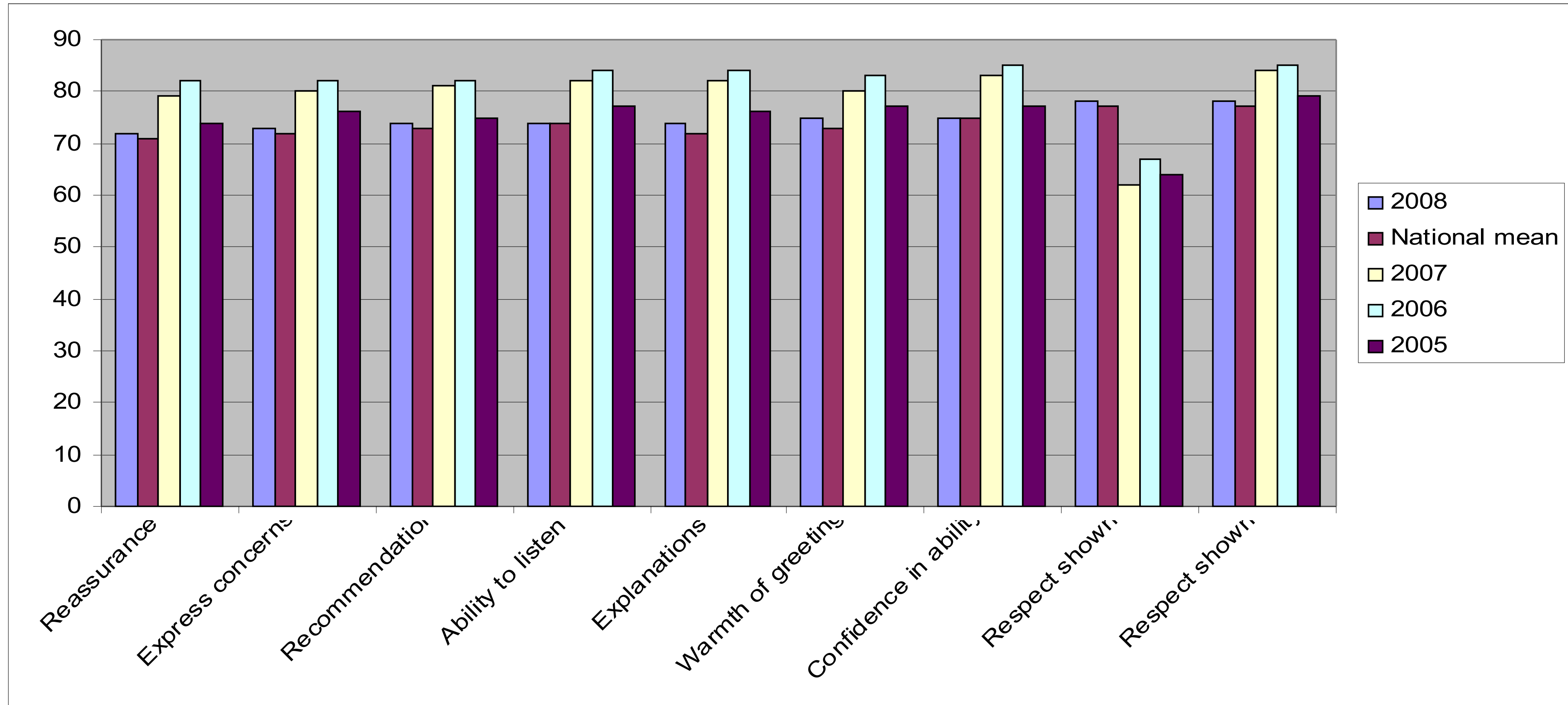
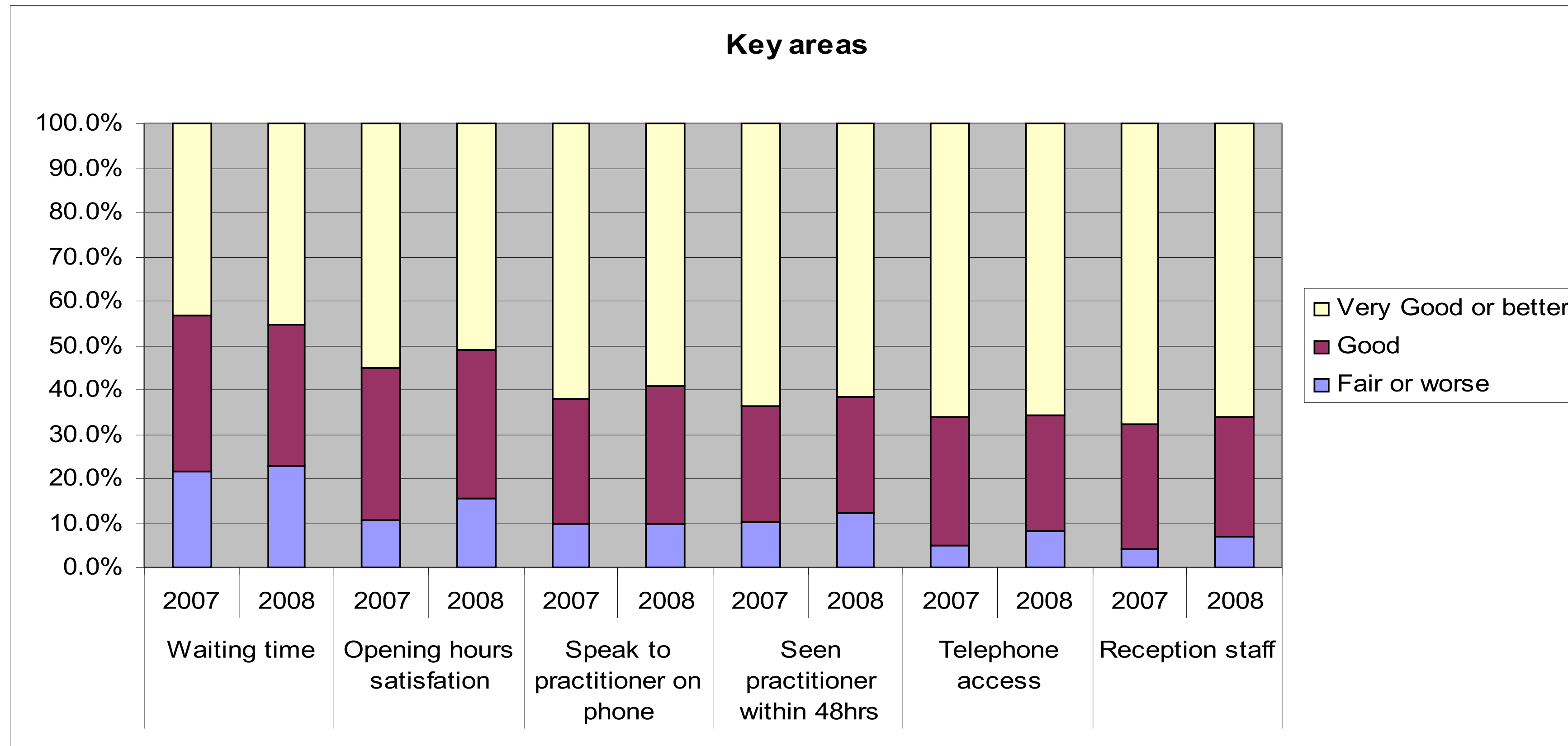
30
20
10
0
Seen practitioner within 48h
Information of service
Telephone access
Comfort of waiting roo
Reception staff
Time for visit
Overall
Consideration
Concern for patien
2008
National mean
2007
2006
2005



From the analysis, it is apparent that scores for interpersonal skills and similar qualities are very high.

There are other areas of the survey which depend more on how our system operates, and the key criteria and how patients scored then are shown on the next graph.



The 2 areas with the lowest scores are:

1. Opening hours satisfaction – where, nevertheless, 85% of patients surveyed rated our service as Good or better
2. Waiting time (in the waiting room) – 78% Good or better

The latter result is significant as it means that 1 in 5 patients was not satisfied with the amount of time they had to wait in the waiting room.

The comments received are always helpful but it must be remembered that the majority of patients do not comment. 35% of those surveyed wrote comments, compared with 27% of patients last year. The comments received can be broken down into a number of key areas:

	Good Comments				Not So Good Comments								
	Good service	Good GPs	Appointment system	Reception staff	Appointment system	General	Reception staff	Opening hours	Waiting time	Waiting room	Health visitors	OOH care	Asking reason for appt/privacy
Practice	14			2		3	3	19	1	3		0	3
Practitioner	16					4			4		1		
2008 Totals	30	0	0	2	0	7	3	19	5	3	1	0	3
2007 Totals	20	26			12		6	11	7			1	5
2007 Percentage	6.9%	8.9%			4.1%		2.1%	3.8%	2.4%			0.3%	1.7%
2008 Percentage	14.4%	0.0%	0.0%	1.0%	0.0%	3.3%	1.4%	9.1%	2.4%	1.4%	0.5%	0.0%	1.4%

It is always nice to receive good comments and on this occasion there were nearly as many Good comments as Not So Good. The reading of adverse comments, in particular, can give a disproportionate sense of disappointment. However it is not felt that the frequency of comments under any of these headings constitutes an overwhelming demand for change, although it is noted that the number of comments about opening hours has increased slightly.

Areas of Focus over last 3 years

Despite the very high scores achieved, the practice has not rested on its laurels. The areas that have been addressed are as follows:

Waiting times (in waiting room)	This is all to do with GP surgeries running late and patients being kept waiting. In mid 2005, GP surgeries were restructured so as to build in catch-up breaks so as to help overcome late running. 4 out of 6 GPs now run regularly to time; 1 sometimes runs late; 1 continues to have chronic time management problems. Techniques for reducing the lengths of consultations so as to keep within the time allowed have been discussed regularly. A development in 2006 was to start displaying the anticipated waiting time on the electronic display in the waiting room. This has been successful as it reduces patient uncertainty, stops them coming down to reception to ask if they have either been missed or how long they must wait, and has been favourably received. In Apr 2007 an adverse impact on average consultation lengths was apparent following the introduction of Choose & Book.; this turned out to be temporary as consultation lengths in 2008 have settled back to 2007 levels. Apart from for just one GP who is currently on maternity leave, discussion at a Practice Awayday in Jul 2008 indicated that the balance between the time patients may have to wait to be seen and the time spent with the practitioner during the consultation is about right, and is unlikely to be improved upon with the staff resources available to the practice. **Regular audit to continue**
Opening hours	See below
Speaking to receptionists about the nature of a medical problem	In order that patients can be offered the most appropriate appointment with the must suitable clinician, it is necessary for the receptionist to know the nature of the medical problem for which the patient seeks an appointment. Many problems now can be dealt with by nurses, health care assistants, midwives, health visitors or pharmacists and do not require a GP appointment. It is understood that about 5% of patients, nevertheless, do not like giving this information to receptionists. The appointment management system (TRAMPS) used by the receptionists is dependent on knowing the nature, in very brief terms, of the patient's problem, and overall the system works well. **This continues to be a concern for a small minority of patients but the practice simply could not operate now without this question being asked**.
Training of	Whilst the standards in reception clearly remain very high, we should not rest on our laurels.

Receptionists	There are a few adverse comments which reflect individual patients' concerns in isolated cases, but receptionists will comment that far more patients are rude to them than vice versa. The difficulties of dealing with patients as individuals whilst at the same time having to work under pressure and at a high intensity on many occasions are difficult to reconcile. One noticeable change identified over the last 3 years or so is that telephone technique training which was previously offered by Abingdon & Witney College appears to be no longer available. Thus some of our newer members of the reception team had not undergone external training in such techniques. In 2007 it was felt it would be helpful to find another source of such training, and also general 'customer relationships' training applicable to the medical reception scenario. In 2008 a new trainer was found and a very successful dedicated day of receptionist training was completed in Spring 2008. It is planned to continue with a programme of training. In addition, one of the receptionists, who has previous experience in this area, has taken on the planning of training for the reception team, and this is a welcome development. **To remain an an area of continuous development**

Opening Hours

This topic has been kept under constant review. The satisfaction ratings and the number of patients specifically asking for extended opening hours in the in-house surveys has varied as follows:

Year	Satisfaction rating in practice in-house survey	Comments made requesting extended hours
2006	57%	7%
2007	55%	4%
2008	48%	9%

There is a trend towards a higher expectation of extended opening hours. Note that a score of 48% still lies in the Good to Very Good bracket.

However in the national surveys conducted Jan-Mar in 2007 & 2008, patients expressed satisfaction with opening hours as follows:

	Oak Tree Health Centre	Oxfordshire	England
2007	80%	84%	84%
2008	78%	82%	82%

Just a 2% drop in satisfaction is common across the country, this despite a massive campaign by the government to increase expectations.

It is, however, appreciated that, in any event, for some who work away from Didcot, earlier or later appointments could be helpful.

The government has re-directed some funding towards extended hours. This is not new money; it is money taken away from one part of the general practice budget and fed back under a different heading. However the funding is modest – £2.95 per patient per annum. Also the funding is only available until 31 Mar 2010. Thus an extended hours service could potentially be offered for a period, to be withdrawn when funding ceases.

To earn this funding, the practice would need to offer an additional 4 hours of opening hours per week, either after 18.30 on a weekday or on Saturday, or a combination. In that time, just 16 additional GP appointments would be available, an increase of 4.4% on the weekly total. It is felt that just 16 additional appointments would not meet all the needs of people who find it difficult to get appointments during their working hours.

The funding offered by the government does not cover the full costs of providing the extra hours.

The government only published the final guidance on extended hours in Sep 08, 5 months late! Meanwhile Oxfordshire PCT had set up a local scheme, which allows greater flexibility than the now-published government scheme. In particular:

1. The Oxfordshire scheme allows concurrent working ie 2 GPs working together for 2 hrs counts as 4 hrs extra opening. The government scheme precludes this.
2. The Oxfordshire scheme allow some nursing hours to be counted; the government scheme does not.

Therefore there is now (Sep 08) confusion as to whether the Oxfordshire scheme will be allowed to continue, or whether the very inflexible requirements of the government scheme must now be met.

If the practice did offer, say, one late evening per week and Saturday morning surgeries, there would be limitations as to the services which could be offered:

1. Many people would wish for appointments for routine screening tests, such as cervical smears, or asthma reviews. These are carried out by nurses, but the scheme defined by the government does not allow for full nurse cover during the extended hours
2. Many diagnostic tests could not be carried out, either again because the staff who do those tests are not funded to work, or because a courier service is not available to take samples to the lab. Thus patients who might want routine chronic disease reviews carried out in evening or Saturday appointments would still need to come during normal hours for their routine blood tests, etc.
3. It seems illogical to consider setting up an extended hours service now when it is already known that the funding will be withdrawn on 31 Mar 2010, with no indication of what happens after that

Another problem specific to the practice is child care. Local child care facilities are only open 0800-1800 weekdays. The number of staff with child care limitations on the hours they can offer are:

Staff Category	**Total Number in each category**	**Hours limited by child care**
GPs	6	4
Nurses	5	4
Health Care Assistants	3	1
Receptionists	8	1
TOTAL	**22**	**10**

It can be seen that GPs and Nurses are particularly limited in what they can offer by childcare considerations.

Patient Group Priorities

At the patient discussion group meeting in autumn 2007, the group had asked if the practice could examine 2 particular areas in 2008:

1. **The degree of patient satisfaction with the doctor dealing with his/her case.** This is measured by the practice survey. Unfortunately in 2008, due to turbulence within the GP team, this could not be measured on a doctor-specific basis, but the overall satisfaction rating for all clinical staff in the 2008 survey remained high.

2. **How quickly a patient is seen by a consultant for treatment.** This is difficult for the practice to measure directly in-house but all hospitals are now striving to meet the government's 18-week wait target, which means that 90% of patients should wait no longer than 18 weeks from GP referral to completion of treatment. Hospitals are being assessed on this

target and the local hospitals are moving rapidly to achieving this highly desirable goal. The practice's GPs have all observed that hospitals are responding far more quickly and patients using the Choose & Book system to book outpatient appointments are able to do so quickly and easily. Long waits for operations are rapidly becoming a thing of the past.

Priorities and Action Plan

The results of the patient survey and the key points in this report have been discussed with staff, primarily at an Awayday Wed 9 Jul 2008, and the responses to the survey take into account the consensus of staff views.

Just one area has been identified by the practice for continuing focus over the next 2 years:

Opening hours (Lead; Business Manager)

This topic will be kept under constant review, monitoring local and national developments. The subject is part of a much wider debate about the development of primary care services and cannot, in reality, be viewed in isolation. The senior management team keeps all potential developments under constant review and consults regularly with staff on key matters. Opening hours will continue to be part of the debate.

NOTES OF MEETING WITH PATIENT REPRESENTATIVES 14 OCT 08

Attendees: Dr Alyson Lee, Dr David Corps, Barry Coward (Manager), Pam Burnham (Receptionist)

Heather Coates, Harriet Burrow, Dawn Key, Anthony Fidler, Austin Maytham, Charles Cassidy

After an introduction by the senior partner and a general review of this year’s survey, the following matters were discussed.

Waiting Times in Waiting Room

The general feeling was that the practice has got the balance right. Patients should be encouraged to tell receptionists when booking if they feel more than 10 minutes will be needed. Some are very good at doing this already. Also GPs find it is very helpful if the patient makes it clear at the beginning of the consultation what matters they wish to cover. The ‘countdown’ system on the electronic display is liked.

No changes to the practice’s evolved way of handling waiting times were suggested.

Extended Hours

The patient group felt they understood the practice’s current position, but also were of the view that they could not speak for 8000 patients. It was noted that a only a minority had commented on opening hours in the survey itself. It was felt that with pharmacies, NHS Direct and the OOH service, patients were adequately served. However the practice then made the point that the intention of the extended hours was for routine care, notwithstanding that nurses were not funded, that laboratory services were not available, and that only GPs’ hours were allowed to count towards the government requirement. The potential lack of continuity of care was raised as a particular concern by patient representatives.

The impact of having a largely female workforce was discussed, and the particular issues in this practice of a young female work force.

The patient representatives did not themselves press for extended hours; the practice said they would be keeping the situation under constant review.

Treatment Times in Hospitals

Although not a matter for the survey, this had been raised at last year's meeting. With the 18-week wait target now starting to bite, significant improvements in treatment times were now being achieved.

There was a discussion around the Demand Management LIS, reported in the local media as 'GPs being paid to cut referrals'. What this actually meant in reality was explained by Dr Corps, making the point that we were reviewing all our referrals, but that any patient whose referral was appropriate would not be refused.

Confidentiality in Reception

The particular issue of patients being asked to tell receptionists the nature of their medical problem in order to assist in appointment selection was discussed. The question was asked if receptionists are bound by the same code of confidentiality as clinical staff, and the group was assured that this is very much the case. Established patients know the system, although some still do not like it; it is explained to new patients when registering and is also covered in the practice booklet.

Rudeness to Receptionists

The question was asked about what sanctions were available if a patient is rude to receptionists. The practice explained that, fortunately, cases were comparatively rare. Sometimes they can arise because the patient is feeling ill, anxious, depressed or frightened. The usual way of dealing with the situation is to ask the GP who is seeing the patient to have a word about their dealings with receptionists. Usually by this stage the patient is apologetic and the matter is thus dealt with.

Very rarely (ie. about once every 3 years) a patient is asked to leave the practice due to rudeness which has tipped over into outright abuse or threatening behaviour.

Summary

The patient representatives were generally content with the survey report and the practice's proposed action plan. Extended hours will be kept under constant review.

The group was thanked for their help, but also advised that this is the last year of this particular process, although we may need to call on representative groups of patients in the future for other purposes.