

**PATIENT PARTICIPATION GROUP REPORT ON OVERTON PARK
SURGERY'S PATIENT SURVEY CONDUCTED IN JANUARY 2012**

PROFILE OF GROUP MEMBERS

There were eight Group members at the time the survey was carried out. Their sex and age were as follows:

Male	54
Female	30
Female	78
Male	45
Female	65
Female	61
Female	66
Female	62

We tried to recruit new members through various means: poster advertising in the surgery, Doctors asking patients to become members, writing to patients who have been suggested by their Doctors and latterly we have written to all of those patients who indicated on the extra sheet given out with the Patient survey questionnaire, that they would be interested in joining the Group, (virtual or actual). You will see from above that we managed to get quite a few positive responses from patients through our survey, for joining a “virtual” group, where we contact them via e-mail.

It has proved to be very difficult to get a true representation of our patient base, which encompasses age, gender and ethnicity, although we do have four new actual members joining up currently, female again, but within age ranges of 19 – 49, which will give us a younger representation in the group. We do not ask members details of their ethnicity – we felt lucky enough to be able to form a group without also being selective. We included in the patient survey an additional sheet, to be completed if the person was interested in becoming a PPG member, actual or virtual, and to return it to us separately. From this we have now had an additional three members join the actual group and seventeen patients have indicated that they wish to become part of a virtual group, seven females and ten males, with age ranges from 20 – 70 years, whom we plan to contact via e-mail.

HOW AREAS OF PRIORITY WERE AGREED WITH PATIENT GROUP

After discussion with the group members, it was decided that we would have to concentrate efforts on developing a Patient Survey in time to produce a report for the end of April, (this was March originally), as requested by the NHS Gloucestershire Primary Care Trust.

However, we also agreed that there were other areas of interest that we wanted to look at further and possibly develop, e.g. CCTV installation for the practice, the possible use of an information screen in the waiting room and introducing Health Promotion evenings, (possibly in conjunction with other local practices).

HOW PATIENT VIEWS WERE SOUGHT THROUGH THE SURVEY

The Group met several times to discuss the way in which the survey would be put together and what particular areas of the service, (clinical or administrative), we offer patients that we wanted to ask them about.

We looked at a number of available on-line survey websites, including Survey Monkey, where we specifically asked for examples of appropriate medical practice questions. Some of these were not always acceptable, as they tended to be orientated towards American markets.

We decided on the general subjects, as well as priorities, on which we wished to question patients. One of the GP Partners then compiled the questions from this list which were then e-mailed to all members for further discussion at the following meeting.

The areas we finally agreed on were:

Appointment system and appointment booking methods

Triage service

Home visits

Prescription requesting

Treatment received by clinical and administrative staff

Healthcare information provided

Information monitor display

General comments/feedback

We decided that questions based on the above would reflect the journey a patient might make in accessing services at Overton Park Surgery, for example, making an appointment, requesting a home visit etc and also patients' preferred method of receiving information.

We calculated from previous surveys carried out and PCT's guidance how to make the patient sample for the survey representative and reduce bias. We decided to distribute 760 surveys in total, based on the fact that we have 11,250 patients, and we would need around 380 to be returned. We then doubled the number sent out, on the basis that we should receive back around 50%. In fact we received a response of 62.56%.

We calculated how many patients we had in each age band: 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85-89, 90+. Based on the ratios of how many we had in each band, these were converted to percentages and using our EMIS clinical system, searched on those percentages in each band using a random search to give a total of 360 when combining all the bands. These searches were then exported to Excel and then an address merge carried out in Word for individual address labels to be printed off.

The remaining 360 surveys were handed out randomly to patients visiting the surgery every day by PPG members throughout week commencing 21/1/12.

Some of these were also given to our nurses who visit housebound patients. All surveys sent out, (and those where the patient didn't wish to complete whilst at the surgery), were also given a SAE for returning the completed questionnaires.

Encouraging respondents to complete the survey:

It was made clear in a number of ways that it was OPS Partners that were conducting the survey, in conjunction with the PPG members and not by an outside company, which had always been the case before this year. We believe this could have been a major factor in giving us such a good response to the survey, together with the fact that PPG members handed the surveys out rather than them all just being posted.

Clear instructions, together with confidentiality details, deadline date for returning completed surveys etc were included in the survey letter, together with a thank you.

FINDINGS OF SURVEY

The survey was a great success with a 55.9 per 1000 of practice population responding which is more than double the 25 per 1000 required by the NHS Gloucestershire PCT's Service Level Agreement that the surgery has with them. So a big thank you to everyone who completed the survey!

There was a much higher response from women than men, 70% females and 30% males, with no significant differences between the age groups.

Summary of answers to the Survey Questions:

1. How often have you used the surgery services in the past year?

Of all the respondents 4% had not used the surgery at all, 57% had visited it 1-5 times and 39% 6 or more times – so at least they should have enough experience of the surgery to answer the remaining questions with some authority.

2. How satisfied are you with the ease of making an urgent appointment?

80% were either “satisfied/very satisfied”

3. How satisfied are you with the ease of making a routine appointment?

94% of those answering this question were either “satisfied/very satisfied”

4. How satisfied are you with the Triage system of requesting a home visit?

66% were “satisfied/very satisfied”, 315 neither – so presumably had not needed to use this service.

5. How satisfied are you with the automated surgery booking in system at reception?

91% were “satisfied/very satisfied”, 9% “neither”

6. What is your preferred method of making an appointment?

By telephone – 71%, via the Internet – 19%, in person 10%

**7. How satisfied are you with the way you are treated by the reception staff?
89% were “satisfied/very satisfied”, 9% neither, 2% dissatisfied**

**8. How satisfied are you with the repeat prescriptions requesting system?
83% were “satisfied/very satisfied”, 12% neither and 5% dissatisfied.**

**9. What is your preferred method of ordering repeat prescriptions?
45% were in person, 30% were on-line, 20% were through a pharmacy and 5% were through the post.**

**10. How well did you think the doctor dealt with your problem?
96% thought “well/very well”, 4% “slightly well”**

**11. How well did you think the nurse dealt with your problem?
98% thought “well/very well” and 2% “slightly well”**

**12. We aim to provide you with the latest healthcare information, how do you currently obtain this information?
During consultations – 33%, via the Internet – 29%, leaflets in the practice – 18%, from friends/family/NHS Direct – 16%, Overton Park Surgery website – 0.03%**

**13. How would you prefer to receive healthcare information?
In the practice – 39%, via the Internet – 22%, via e-mail – 15%, via a practice leaflet – 13% and on the practice website – 10%**

**14. We are thinking about installing an electronic display for information. Do you think this is a good idea?
86% said yes and 14% said no.**

From these results we had for most questions that gave a scale, around 80% were satisfied/very satisfied, which was an excellent result and which means that a lot of the time we are getting things right.

We know that receptionists often get a bad press but apart from a few constructive comments received in the “free text for comments” section in the survey, 89% of those surveyed were satisfied/very satisfied which seems to be a good endorsement of the work they do.

On the clinical side all respondents indicated that their problems were dealt with very well, (96-98%) or slightly well, (2-4%), which is an amazing result and a reflection of the high clinical standards we always aim to achieve at the practice.

Free-text Comments section

The overwhelming majority of the “free-text” comments at the end of the survey were positive but it is worth mentioning those where it was evident that a general theme was emerging.

There were comments regarding the sometimes long wait patients experienced when ringing the surgery. We have improved our telephone systems over the years, (the last time being 2010), to help keep pace with increasing demand and newer technology. However, we do not have any more capacity, or the funding

for this, to increase telephone lines or the man power required for them. We prefer to focus budgets on direct patient care. We hope to ease the pressure of telephone calls to the surgery by encouraging patients to use Internet-booking for appointments. We had to stop telephone requests for repeat prescriptions some years ago because of the high volume of calls and the receptionist's time this took just taking down the details of the request, where that time could be used more effectively in answering appointment/home visit requests, as well as emergency calls.

There were some comments regarding booking a routine appointment with the GP of your choice. The system that we have opted for at OPS allows for the option of seeing the doctor you normally see, thus ensuring continuity of care, which we feel is very important; it may mean that you will have to wait for a routine appointment for a week or two. If your need is an urgent one, you are always able to see a clinician on the day; at some surgeries you cannot book more than 48 hours in advance and this could be with any doctor.

The over-running of appointment times was mentioned in some survey responses. The current appointment times are a balance between the number of hours in a working day and being able to offer enough patient appointments during that time sufficient for our patient population, (11,300).

As a practice we do not have an excess of patients to the number of doctors ratio – the national average is around 2000 per doctor, (ranging from 400 – over 4000); we come in at 2208. Patients are always able to make a double appointment if they feel that their problems will take longer than the normal ten minutes allocated.

Parking is always commented on in all the surveys we have carried out. We understand that it isn't always easy to park in the surgery car park or near about but the convenient and central location of the practice means that space is at a premium and there is no long-term solution. We did manage two years ago, after nearly twenty years of appealing to Cheltenham Borough Council, to get some limited road parking outside the surgery in Overton Park Road which has eased parking problems considerably.

One or two survey respondents complained that they objected to having to tell the receptionist answering the phone, why they wanted to see a doctor that day. We do ask patients for a brief description of their problem, if the call is being put on the Triage list, for the Nurse Practitioner to return the call to assess if an appointment is required that day. We also make enquiries if the patient insists on speaking with a doctor on the day, so that a message can be sent to the doctor outlining why it is urgent for them to return the call. However, patients are also able to decline to say what the problem is, if they do not wish to divulge the nature of their enquiry.

A few comments were made requesting a photograph board of the Doctors/staff to be put up in the surgery and also that there seemed to be too many women's magazines compared to men's in the waiting room.

ACTION PLAN

The PPG members have met with the surgery and discussed the results of the survey and we have therefore been able to summarise what we aim to achieve in an Action Plan for the coming year. This is outlined below.

1. As there is no capacity to increase phone lines/staff manning phones, the surgery plans to encourage more patients to use the internet to make routine appointments and for requesting repeat prescriptions. This will reduce waiting times on the telephones.
2. To reduce DNA's, we shall continue to ask patients to advise us of their mobile telephone numbers, so that they will receive a text reminder the day before their appointment.
3. We shall plan to install an Information Display screen as soon as possible in the waiting room, for up to date healthcare and surgery information. Most of the cost of this will be paid for out of our Equipment fund that we save into monthly and where any patient donations are accrued.
4. We shall remind patients, both on the practice's website and in the surgery, that they are able to book double appointments if they feel a longer consultation would be required. Otherwise each clinician can only deal with one problem per ten minute consultation.
5. We shall continue to monitor patients' comments through: the on site "Suggestion/Complaints Box", by keeping in touch with the "Virtual" PPG members for feedback from PPG meetings held bi-monthly at the practice and of course from our PPG members themselves.
6. We shall publish a surgery, (and PPG), Newsletter towards the end of May/beginning of June, keeping patients informed of any changes, updates to surgery services as well as PPG news of future events.
7. We shall produce a board with photographs of doctors and staff, to be sited in the waiting room.
8. We shall ask our magazine supplier to include a better range of men's magazines for the waiting room.
9. CCTV has now been installed – this was one of the areas the PPG group were looking at towards the end of last year.
10. To continue to make updates and improvements to the surgery website.

PRACTICE OPENING HOURS (including extended hours where applicable)

Mondays – 08:30 – 19:30 (Extended hours = 18:30 – 19:30)
Tuesdays – 07:30 – 18:30 (“ “ = 07:30 – 08:30)
Wednesdays – 08:30 – 18:30
Thursdays – 08:30 – 18:30 (Extended hours = 18:30 – 19:30 alternate weeks)
Fridays – 07:30 – 18:30
Saturdays – 09:00 – 11:00 (Extended hours alternate weeks)

Patients may book appointments with individual health care professionals during the above core and extended hours using the Internet, via the surgery website: www.overtonparksurgery.com and by telephone or in person.

The Survey Report will be available on the practice’s website and will be available in the waiting room. Our community nurses will be given copies to hand out to those patients who are housebound.