

**PRACTICE NAME: BOUGHTON****LOCAL PATIENT PARTICIPATION REPORT 2012/13**

This report summarises the development and outcomes of **[BOUGHTON]** Patient Reference Group (PRG) in 2012/13.

It contains:

1. Profile of the PRG.
2. Priorities for the 2012/13 patient survey and how they were agreed with the PRG.
3. Method and results of patient survey.
4. How the survey findings were discussed and changes agreed with the PRG.
5. Action plan agreed with the PRG.
6. Confirmation of opening times

**1. Profile of the PRG: 31 PRG Members; Average age = 71 (All white Caucasian)  
28 Virtual PRG members (On-Line) average age 47  
(97.5% white Caucasian; 3.5% Moslem)**

**2. Priorities for the survey and how they were agreed with the PRG: Please see the local survey form – Appendix 1 attached below (July 2012). The format was drawn up and agreed by the 5 PRG Committee Members and their Practice Manager (Accessing your GP Services:-**

1. When did you last see or speak to a GP from your GP surgery?
2. When did you last see or speak to a nurse from your GP surgery?
3. Generally, how easy is it to get through to someone at your GP surgery on the phone?
4. How helpful do you find the receptionists at your GP surgery?
5. In the reception area, can other patients overhear what you say to the receptionist?
6. How do you normally book your appointments to see a GP or nurse at your GP surgery?
7. Which of the following methods would you prefer to use to book appointments at your GP surgery?
8. Is there a particular GP you usually prefer to see or speak to?
9. How often do you see or speak to the GP you prefer?

## 10. Opening Hours.

## 11. PATIENT CONFIDENCE IN MANAGING THEIR HEALTH

## 12. PATIENT SATISFACTION WITH WAITING TIMES

## 13. PATIENT WOULD RECOMMEND THEIR PRACTICE

## 14. OVERALL PATIENT EXPERIENCE

**3. Method and results of patient survey: 310 patients were surveyed over a two week period from 11<sup>th</sup> June 2012. 282 survey forms were returned completed. This was undertaken by PRG members of patients attending the Practice for GP/ Nurse consultations.**

**4. How the survey findings were discussed and changes agreed with the PRG:**  
*(Include areas that the practice was not able to act upon).*

***Please see the survey finding attached (July 2012). The report was discussed in full at the PRG Meeting in 11<sup>th</sup> July 2012.***

### 5. Action plan agreed with the PRG:

You said...	We did...	The result is...
We need a more robust notice or a new Marker Line (USA style) to ask patients to "stand back –	See item 7 below in Appendix 1 [system installed 22/09/12).	We have seen a marked reduction in adverse comments and complaints about lack of privacy at our reception desk.
The A & E audit (undertaken in Aug 2012) showed that 18% of 175 (Boughton patients) A & E attendances in February 2012 were inappropriate (minor ailments/ dental issues/non urgent – non medical emergencies that could have been seen by Primary Care. The average annual cost of these inappropriate attendances is in the region of £38,000 per annum for this Practice. (£734,587 per annum across WCCCG).	Again we need a better National programme of information and education for patients. We do already contact "frequent fliers" about their attendances (all patients 3 or more A & E attendances per annum are reviewed in full (quarterly)).	As a Practice we have written to our high attending A & E patients offering them the alternatives of NHS Direct/ Extended Hours/ Community Pharmacy etc.
We only scored below the National average (78%	As the opening hours are set nationally by DoH under the	We need to improve our patients' knowledge about the

<p>compared to 80%) in respect of patient satisfaction on opening hours.</p>	<p>term of the GMS and PMS Contract (2004) we need to inform patients that we already comply with the NHS opening hours.</p>	<p>other options available to them (including Extended Hours, NHS Direct, GP telephone consultations etc.). Nationally many patients still see A &amp; E as an “Out-of-Hours” service for routine issues. We have increased our library of self-help and patient information leaflets.</p>
<p>Physiotherapy provision remains a cause of concern for both patients and GPs. Whilst the waiting list has improved from &gt; 12 weeks @ COCH down to 5 – 6 weeks we are looking at making a provision for a private based physiotherapy service (in-house) once a week.</p>	<p>This will be on a trial basis for 3 months to assess the patient demand for private treatment for those patients who do not wish to wait 6 weeks.</p>	<p><u>AP: This is going to commence here on Monday 24<sup>th</sup> September 2012 on a 3 month trial basis.</u></p>
<p>1. Action Point: Continue to focus on KPIs and monitor all GP surgeries and Nurse Clinics over-running by 15 minutes or more</p>	<p>. Keep patients advised and offer them alternatives (continue to wait/ re-book or see another GP, if available).</p>	<p>KPI reminder at the six month Appraisal reviews for all Staff</p>

**7. Confirmation of opening times:**

**Monday to Friday : 8.00 am to 6.30 pm**

## Appendix 1

### Local & National Patient Survey July 2012

#### Boughton Medical Group

##### Local Survey

1 – 310 surveys were issued over a 2 week period in June 2012 by PRG Committee Members. 282 patient surveys were returned completed. 97% of respondents indicate satisfaction with the Receptionists (72% found very helpful, 25% fairly helpful).

2 – Ease of getting through on the phone varies from very easy (28%) to fairly easy (51%). Another question asked “how do you normally book appointments”; the “in person” category is unchanged but the intention to book on line has increased from 11% to 27%, with a corresponding reduction in phone bookings. (Perhaps publicity drive on this?)

3 – The question on ease of speaking to a Doctor or Nurse on the phone shows that 30% have not tried, whereas 44% find it easy or fairly easy. (More publicity? Do the Doctors want this?)

4 – Waiting time for consultation still averages 8 minutes, 77% of respondents found this Good (26%, Very Good 28% or excellent 23%).

5 – 81% of respondents expressed satisfaction with surgery opening times (4% don't know!). The unsatisfied rained from early to late, but the majority wanted after 6.30pm and on a Saturday or Sunday (more publicity on alternatives).

6 – 68% say they prefer to speak or see a particular GP, 48% do or almost always do. (2% say “never)

7 -49% of respondents are “employed” with 31% retired.

	<b>Practice 2012</b>	<b>Practice 2010</b>	<b>PCT 2011</b>	<b>National 2011(2010)</b>
1	<b>72% =</b>	<b>72%</b>	<b>No Data</b>	<b>75% (77%)</b>
2	<b>79% ↑</b>	<b>78%</b>	<b>71%</b>	<b>69% (59%)</b>

3	44% ↑	13%	29%	25%
4	77% = (8 mins. av.)	77% (8 mins. av.)	No Data	No data (57%)
5	81% ↑	80%	81%	80% (67%)
6	98% ↑ (2% say "never")	87%	75%	73% (69%)

## The GP National Patient Survey: Year 2011/2012

### Summary Report (July 2012)

#### ACCESSING YOUR GP SERVICES

1. When did you last see or speak to a GP from your GP surgery?

**BOUGHTON**

**NATIONAL**

Not seen a GP in the past 12 months

14%

13%

2. When did you last see or speak to a nurse from your GP surgery?

**BOUGHTON**

**NATIONAL**

Not seen a Nurse in the past 12 months

2%

8%

3. Generally, how easy is it to get through to someone at your GP surgery on the phone?

**BOUGHTON**

**NATIONAL**

**EASY**

86%

78%

**4. How helpful do you find the receptionists at your GP surgery?**

**BOUGHTON**

**NATIONAL**

HELPFUL

92%

89%

**5. In the reception area, can other patients overhear what you say to the receptionist?**

**BOUGHTON**

**NATIONAL**

Yes, and I'm not happy about it

78%

83%

**6. How do you normally book your appointments to see a GP or nurse at your GP surgery? (multiple responses allowed)**

**BOUGHTON**

**NATIONAL**

In person 20%

30%

By phone 93%

90%

Online 9%

3%

**7. Which of the following methods would you prefer to use to book appointments at your GP surgery? (multiple responses allowed)**

**BOUGHTON**

**NATIONAL**

In person 22%

31%

By phone 81%

81%

Online 43%

29%

**8. Is there a particular GP you usually prefer to see or speak to?**

**BOUGHTON**

**NATIONAL**

**Yes 55%**

**56%**

**9. How often do you see or speak to the GP you prefer?**

**BOUGHTON**

**NATIONAL**

**Most of the time**

**79%**

**65%**

**10. OPENING HOURS**

**BOUGHTON**

**NATIONAL**

**Satisfied**

**78%**

**81%**

**11. PATIENT CONFIDENCE IN MANAGING THEIR HEALTH**

**BOUGHTON**

**NATIONAL**

**Satisfied**

**96%**

**93%**

**12. PATIENT SATISFACTION WITH WAITING TIMES**

*(Percentages of patients surveyed that were kept waiting for their appointments between less than 5 minutes and for more than 15 minutes)*

**BOUGHTON**

**NATIONAL**

**< 5 minutes**

**9%**

**10%**

**>15 minutes**

**6%**

**58%**

### 13. PATIENT WOULD RECOMMEND THEIR PRACTICE

**BOUGHTON**

**NATIONAL**

**Satisfied**

**82%**

**82%**

### 14. OVERALL PATIENT EXPERIENCE

**BOUGHTON**

**NATIONAL**

**Satisfied**

**90%**

**88%**

## Comparison to the National Patient Survey July 2012

[http://www.gp-patient.co.uk/results/latest\\_weighted/pct/](http://www.gp-patient.co.uk/results/latest_weighted/pct/)

We have compared the National (weighted) data from July 2012 (89.1 Mb and contains 8,270 lines of data). This report is not in a very “user friendly” format and the current process is very time consuming to review but we can benchmark ourselves against the National figures. We would expect that WCCCG will give us a WCCCG average for peer group comparisons in due course.

The easiest way to digest the data is to compare the percentages against the National average percentages.

**Overall we performed very well indeed across all key areas of patient satisfaction, online booking of appointments, getting through on the phone and being able to see GP of choice. We have robust processes and protocols in place and have a strong focus on patient service. We also meet with our Patient Participation and Patient Reference Groups on a quarterly basis to discuss any on-going issues and to take feedback.**



1. 9% of patients book their appointments on-line. The national average is only 3%.
2. 79% of patients are able to see their preferred GP on a regular basis (national average is only 65%).
3. 20% of patients book their appointments face to face @ reception (the national average is 30%) - which is good for the Practice and reflects good telephone access and online booking.
4. 43% of our patients would prefer to book their appointments online (against the national average preference of just 29%).
5. 86% of our patients found it easy to get through on the telephone (against a national average of 78%)
6. 92% of patients found Reception Staff helpful against the National average of 89% (\*but only 33% found us very helpful against the national average of 48%). We accept that our advanced dialogue/ signposting work may not always be interpreted as being very helpful. This is however key to reducing the average (National) levels of 40% non-appropriate GP appointments that currently get seen by a GP [rather than another Health Care worker].
7. 17% of patients are unhappy with confidentiality at Reception (but the National average is 25%).
8. Only 78% of our patients are satisfied with GP Practice opening hours against the National average of 80%. These opening hours are standard for all GP Practices across the UK. Those patients that commented wanted to see GP Practices open till later in the evening (up to 8.00 pm and/ or Saturday mornings).
9. We scored very well in Question12. Only 6% of our patients were kept waiting for 15 minutes or more against the national average figure of 58%. 9% of our patients were seen on time or with 5 minutes of their appointment time (National average is 10%). All Reception Team are given KPIs (Key Performance Indicators) for monitoring GP Surgeries running behind and notifying patients affected (and giving them the option to rebook or wait or see another GP). The main reasons for GPs over-running are due to

emergency Hospital admissions and patients booking a standard 120 mins. "slot" and then presenting with multiple conditions and usually these cannot be foreseen.

#### Action Points –

2. We need a more robust notice or a new Marker Line (USA style) to ask patients to "stand back – **see item 7 above [installed 22/09/12].**
3. Audit required for the volume/ percentages of consultations booked online. We appear to be 3 times better than the national rate of 3% for patients booking their appointments on-line. **\*IT Manager to action.**
4. **We need an improved programme and supply of information to help better inform and educate patients about their wider choices and option about self-help.** Both national and local surveys have demonstrated that up to 40% of GP Appointments could/ should have been by another healthcare professional (Practice Nurse for CDM reviews and well man/ woman reviews; Pharmacy for minor ailments; Health Care Assistant for BP checks or phlebotomy etc.). **\*Action Point: This has been requested via the September 2012 Practice manager and GP Network Meetings.**
5. The A & E audit (undertaken in Aug 2012) showed that 18% of 175 (Boughton patients) A & E attendances in February 2012 were inappropriate (minor ailments/ dental issues/non urgent – non medical emergencies that could have been see by Primary Care. The average annual cost of these inappropriate attendances is in the region of £38,000 per annum for this Practice. (£734,587 per annum across WCCCG). **\*Again we need a better National programme of information and education for patients. We do already contact "frequent fliers" about their attendances (all patients 3 or more A & E attendances per annum are reviewed in full (quarterly)).**
6. We only scored below the National average (78% compared to 80%) in respect of patient satisfaction on opening hours. **As the opening hours are set nationally by DoH under the term of the GMS and PMS Contract (2004) we need to inform patients that we already comply with the NHS opening hours.** We need to improve our patients' knowledge about the other options available to them (including Extended Hours, NHS Direct, GP telephone consultations etc.). Nationally many patients still see A & E as an "Out-of-Hours" service for routine issues.

7. Physiotherapy provision remains a cause of concern for both patients and GPs. Whilst the waiting list has improved from > 12 weeks @ COCH down to 5 – 6 weeks we are looking at making a provision for a private based physiotherapy service (in-house) once a week. This will be on a trial basis for 3 months to assess the patient demand for private treatment for those patients who do not wish to wait 6 weeks. **AP: This is going to commence here on Monday 24<sup>th</sup> September 2012 on a 3 month trial basis.**
8. Action Point: Continue to focus on KPIs and monitor all GP surgeries and Nurse Clinics over-running by 15 minutes or more. Keep patients advised and offer them alternatives (continue to wait/ re-book or see another GP, if available).
9. Continue to involve the PRG and PPG (Committee) in Practice/ local and National issues (and some of the difficult decisions required) regarding the operational and strategic issues of Boughton Health Centre and Primary Care and the transition to Consortium and CCG working. 2013/14 will bring resourcing and funding challenges that will need major efficiency savings in order to maintain/ improve patient service and healthcare delivery.

Philip Smith  
Managing partner  
15<sup>th</sup> July 2012