

Patient Participation Group (PPG), the Stag and Rose Court Surgeries -

Report on the GP Assessment Questionnaire Survey

The new Patient Participation Group (PPG) was launched at the end of last year following a search for patient volunteers who were willing and able to devote a little time each month to the work of the Group. The PPG represent all patients at both Stag Medical Centre and Rose Court surgery, and our aim is to give a patient perspective on the services that are provided.

PPG member's profile

Group members were recruited through expressions of interest publicised in the two surgeries, using an application form at the reception desks and an invitation on the message box on the top of the repeat prescription items. Those willing to become members were invited in writing by the practice manager to attend a meeting to explain about the formation of the group and the Patient Participation DES implementation. At the inaugural meeting the age ranges of group members were between 30 and over 70 years old. Members have a wealth of experience of differing occupations, some are still in employment and others have retired. The way roles within the group were identified was done by asking if people have skills such as chairing meetings, secretarial skills or publicity skills.

Steps taken to ensure the practice population is represented

Women make up the majority of the group along with 3 men. One member of the group is a manager of one of the houses where a group of people with learning disabilities reside. She has volunteered to represent this group of people who attend the practice. The PPG acknowledged the lack of representation of those in the under 30 years of age group and sought the assistance from the GPs who were willing to ask patients in that age group if they would like to become part of the group. They were then referred to the practice manager for further details. An opportunity to meet patients in that age group when collecting the GP Assessment Questionnaires was also utilised to try to engage interest.

Steps taken to determine and reach agreement on the questionnaire design and prioritisation of issues for inclusion in the practice survey

A sample of a GP Assessment Questionnaire was sent to all members of the PPG electronically by the chairperson to initiate the process of designing the questionnaire. Views were sought in relation to question format, subject and importance of topics to seek information about the practice. One of the major issues was the Triage system in operation at the practice. It had been a contentious issue for some time in relation to access to see a GP. Some patients thought it was very good and others really disliked it. The practice manager had carried out a brief survey and was keen to explore this further with more patient responses as were the members of the PPG. Therefore specific questions about Triage and seeing a doctor of choice were included in the survey in an attempt to drill down to discovering what the essential problems were. Other issues such as communication with and within the practice, telephony, waiting times to see the doctor and how well receptionists and doctors interacted with patients were also covered.

How the PPG obtained the views of the registered practice population

A GP Assessment Questionnaire was conducted by members of the PPG. The survey was available to complete online as a link from the practice web site, (www.stagmedicalcentre.co.uk), available as a download from the site if required and paper copies made available in both surgeries.

Members of the PPG were present at the surgery waiting rooms at key times to raise the profile of the survey and asked patients attending the surgery to take part by completing the questionnaire. In order to make the survey as inclusive as possible and achieve a broad cross section of views, responses were sought from different target groups' i.e. new mums attending baby clinics,

specialist clinics, a residential home for people with learning difficulties and those with multiple mobility problems attending the surgeries with carers.

The attendance of PPG members at the surgeries to collect the surveys was useful in as much as it helped gain views from the younger end of the age spectrum and these patients were assisted to complete the questionnaire by their parents/guardians or carers.

How the PPG members discussed and agreed the contents of the action plan.

The first draft of the results of the GP Assessment Questionnaire was presented to the PPG for agreement and prioritising of the issues arising from the survey. Agreement was reached with the PPG members and the practice manager. A request from the PPG for the GP partners to commit to the findings and agree to exploring ways of implementing the changes was made to the practice manager. He agreed to take this to the GP partners at their next meeting. It was presented to the GP Partners who agreed to support the findings and the short term and long term action plans. It was agreed that the practice newsletter would contain a brief summary of the results of the GP Assessment Questionnaire and for a more detailed special edition to be produced both online and hard copy between the Spring and Summer 2012.

Details of the action plan and how the findings will be implemented

The quantitative data revealed the rating apportioned to how patients felt about performance of staff in the practice and indicated the number of responses to each question. The questions that requested comments revealed a wealth of qualitative data and the following themes were identified:-

Triage – Positive Comments	Reception – Confidentiality Issues
Triage – Negative Comments	Nursing/HCA Staff – Positive Comments
Triage – 0845 Number	Nursing/HCA Staff - Access
Practice – General Comments	Medication Review
Doctors - Positive Comments	Impersonal Service
Doctors - Negative Comments	Facilities/Environment
My Choice of GP	Online Prescriptions
Reception - Positive Comments	Parking Issues
Reception - Negative Comments	Appointment Waiting Times
Reception – Communication Issues	Two Month Drug Supply

This approach helped to focus on the key issues that both identify the strengths of the practice and also on areas where improvement can be achieved. This information led to the development of an action plan that addressed the patient's concerns. A list of short term and longer term plans was identified in order to initiate the process of action planning.

Action Plan

Short Term Plans

1. Place clocks in each surgery

Action The new TV screens in each practice for the presentation of health information may have clocks built in. These will be assessed as to their suitability i.e. size and readability. If they are found to be unsuitable clocks will be installed at each practice within 2 months.

2. Non touch antiseptic hand sanitiser dispensers (wall mounted) at each touch screen with instructions for patients

Action These are to be installed as soon as purchased and on return of the practice handyman from annual leave.

3. Change 0845 number to geographic or free phone

Action This is already in hand in conjunction with the PCT and a return to the geographical number will be implemented in the near future.

4. Online prescription – issues with website navigation, access (passwords etc) & inability for staff to see the “medication request notes”

Action This is to be referred to the staff that uses this system to issue repeat prescriptions for clarification and if necessary will be referred to the service providers; Systems Online.

Longer Term Plans

1. Staff training

Action The performance of the reception staff was rated (88%) of good and very good from the quantitative data; however there are some negative comments about receptionists which highlight the need to assess staff development in customer service issues. The practice manager and GP partners are now aware of this and in-service training is to be implemented as soon as it can be arranged.

2. Medication – review how the Pharmacies deal with managed prescriptions

Action There had been some suspicion of issues with this locally provided service and staff had made these concerns known to the practice manager. It was being monitored and the survey confirmed there were issues related to issuing of drugs whether they were needed or not by the pharmacy's managed service. Shortly after the survey had been completed there was a change of staff at the pharmacy and the issue appears to be resolved although it is still being monitored.

3. Car Parking

Action This issue will take a while to resolve and may prove insoluble. There are a number of issues relating to an off-site parking area which previously could be used freely by both patients and staff. This has recently be turned into a pay and display car park which has resulted in the current surgery car park being overloaded at peak times. A variety of meetings will be necessary to discuss this further in order to reach a satisfactory conclusion.

4. Inform patients how they are able to access their own medical records

Action This will be addressed, as will a number of other information giving issues, within the practice newsletter. There will be an explanation as to how patients are able to access their own medical records in a section of the newsletter. This type of clarification will be a regular feature in the newsletter and will cover an assortment of misconceptions raised in the survey.

5. Create a more welcoming waiting area – art work, pictures etc

Action This is already underway and the first set of art work from children from a local school should be available shortly. The children are doing a project on exercise linked to the Olympic Games and the head teacher has agreed to let the practice have some of the work to display in the surgery. The purchase of some artificial greenery is also under consideration to enhance the ambience of each of the surgeries to create a more welcoming environment.

Summary of the evidence from the GP Assessment Questionnaire survey relating to the findings and the basis for the action plan

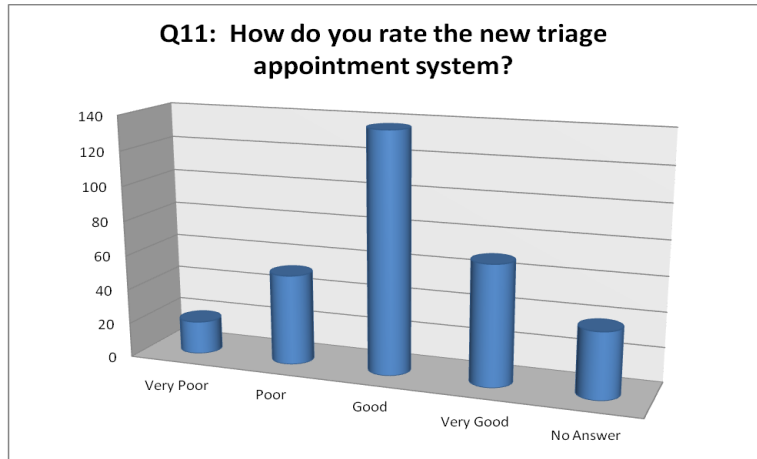
A total of 320 questionnaires were completed which, given a practice population of 11300 and allowing for an error level of 5.4%, demonstrates that the results are 95% reliable. Overall the GP Assessment Questionnaire responses were very favourable with high praise for the Practice as a whole which is reflected in the positive answers and comments. The doctors in particular appear to be providing an excellent service to most of their patients with a minority rating their experience as poor. There is mention for the health care assistants and nurses and it is commented that they are very kind with a holistic approach to their professional practice.

Almost 60% of the respondents use the repeat prescription service online, however, there are some minor issues which on the surface appears to require some consultation with the help desk of the service providers.

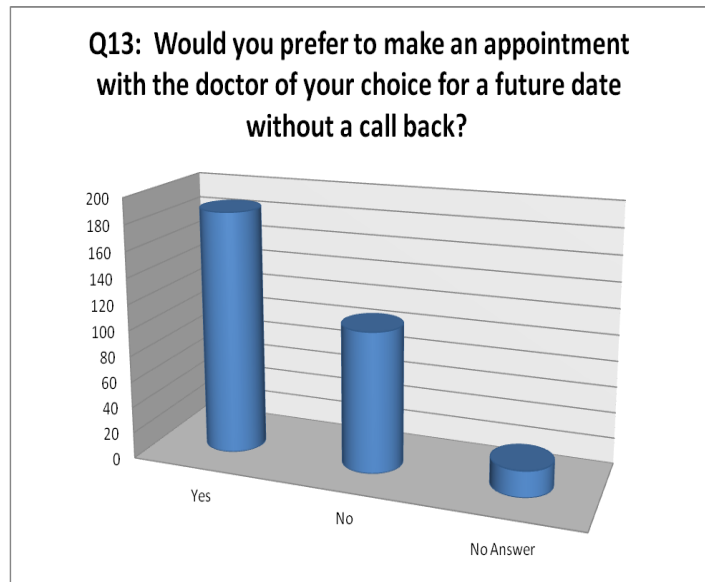
Respondents rated the performance of the reception staff positively with 88% of good and very good as seen in the graph below; however there are some negative comments which highlight the need to assess staff development in customer service issues.



As illustrated overleaf, respondents, in the main, were in favour of the triage system; however there were negative comments about this service. It was evident that some patients liked this service especially those with children while those patients who worked and could not receive a call back from the doctor found it problematic.



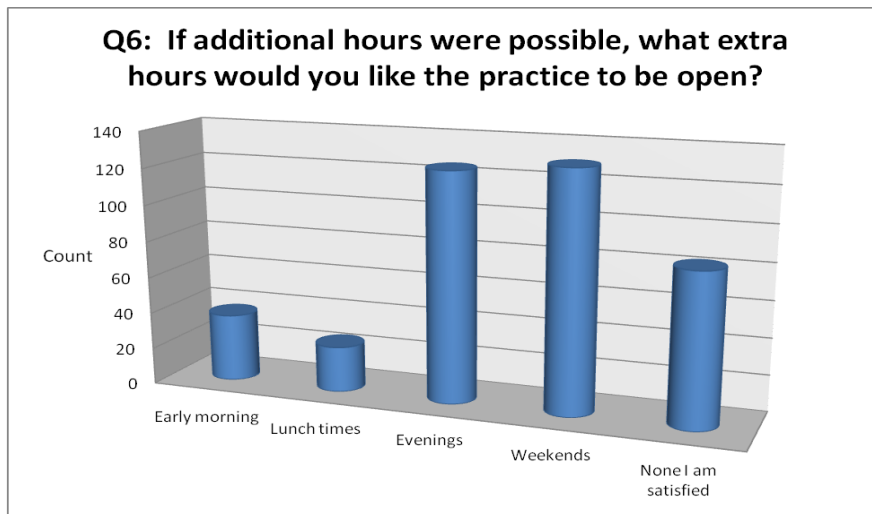
As illustrated, respondents would prefer to make an appointment with a doctor of their choice without a call back from the triage doctor who could have been any doctor available in the practice.



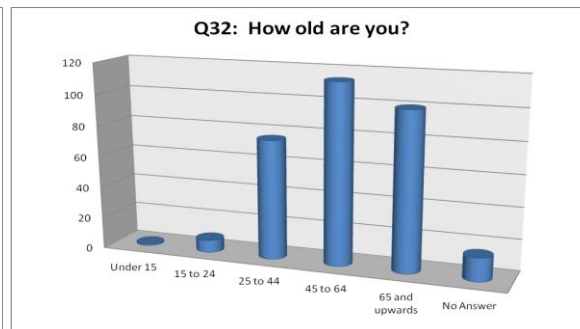
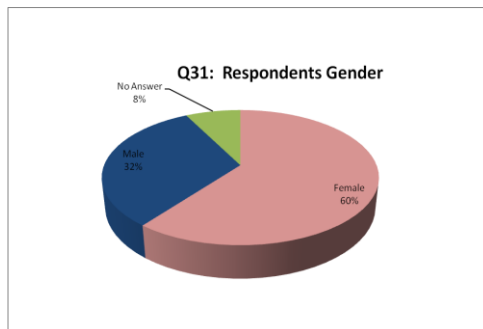
The results of the GP Assessment Questionnaire survey in relation to the triage system confirmed the findings of the smaller survey carried out by the practice manager. As a result of his survey and the number of complaints about the system, the practice, introduced during the last week of our data collection of the GP Assessment Questionnaire survey, an amalgamated system of triage and pre-bookable appointments. It is expected that this will satisfy patients who wish to use the triage system for same day contact with any doctor as well as those who wish to see a GP of their choice e.g. for consistency in relation to management of chronic conditions or particular GP expertise in a given area of practice. This evidence in relation to satisfaction of this new amalgamated system of triage and bookable appointments will be sought after a period of settling.

As illustrated overleaf, when asked “If additional hours were possible, what extra hours would you like the practice to be open?” 75% of respondents chose to ask for extra opening hours with week-ends and evenings being the most popular. Whilst this was considered, it was deemed a retrograde step for the practice as the new amalgamated system had to be trialled first to see if this satisfied access to bookable appointments for those in work during the week. The provision of a same day service was also in place so there were options for patients to attend with prior planning in place as well. In addition the primary care services in

place locally with out of hours service and walk-in-centre availability mean all patients have access to a doctor at times of their choice. Appointments are available at both surgeries from 8.30hrs until 1800hrs. Detailed times of a variety of clinics and general appointments availability are available on the website www.stagmedicalcentre.co.uk .



As seen below the gender of respondents was approximately twice as many females as males, while the cross section of age ranges was well represented.



The PPG covered many issues in the GP Assessment Questionnaire which resulted in some very reliable quantitative and qualitative data. The action plan produced has been agreed and supported by the PPG members, the practice manager and GPs. When all the actions are put in place the PPG can be assured that all patients' needs are being met with the cooperation of all the staff at the Stag and Rose Court surgeries.

Jenny Drew
 Chair PPG
 Stag Medical Centre & Rose Court Surgeries