

**Ashville Medical Practice– Patient Reference Group Report
21st January 2013**

Practice Opening Times and Out of Hours Arrangements

Opening Hours

Monday 7.20am until 20.30pm
Tuesday to Friday 7.20am until 18.30pm

The above times include extended opening hours when a Dr is available.

The extended opening hours are as follows:

Monday 7.20am until 08.00am and 18.30pm until 20.30pm
Tuesday to Friday 7.20am until 08.00am

Methods of Access to the Surgery

Appointments Line 01226 729860
Enquiries Lines 01226 282280/216000
Fax 01226 216002
Website address www.ashvillemedicalpractice.co.uk

Out of Hours Arrangements

When the practice is closed telephone calls to Ashville Medical Practice automatically divert to the out of hours service. This service is commissioned by Barnsley Primary Care Trust and Care UK is the service provider.

Practice Population

The total practice population is 10460 patients and 8911 patients have ethnicity recorded. The breakdown of patients is as follows:

Sex	Number	Percentage Of Practice Population	Ethnicity Recorded	Percentage
Male	5128	49%	4103	80%
Female	5332	51%	4853	91%

Profile of practice population

Age groups	0-4	5-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+	Totals
Males	388	692	553	665	660	750	545	517	284	57	17	5128
Females	382	645	533	712	686	708	580	577	367	97	45	5332

Breakdown of Ethnicity of Practice Population

Ethnicity Group	Number	%
White British	8499	95.37%
Irish	18	0.20%
White Other	24	0.26%
White and Black Caribbean	6	0.06%
White and Black African	6	0.06%
White and Asian	3	0.03%
Other Mixed	14	0.15%
Indian or British Indian	4	0.04%
Pakistani or British Pakistani	5	0.05%
Other Asian Background	2	0.02%
Caribbean	4	0.04%
African	7	0.07%
Chinese	20	0.22%
Other	299	3.35%

Patient Reference Group Profile (PRG)

The PRG Population is 44 members which is an increase of 13 members since the 2011-2012 report.

Sex	Number	Percentage of PRG Group	Ethnicity Recorded
Male	13	29.54%	100%
Female	31	70.45%	100%

100% of the patient reference group are British

Profile of PRG Group

Age groups	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+	Totals
Males	0	2	0	2	2	5	1	1	0	13
Females	2	1	3	6	6	11	2	0	0	31

The efforts the practice has made to reach any groups not represented

Since 2007 Ashville Medical Practice has run a successful patient reference group that meets on a quarterly basis.

The practice has made the following efforts to reach groups of patients currently not represented and also to increase patient group numbers:

- The patient reference group was advertised on the practice Jay-X board in the waiting room
- The patient reference group is advertised on the practice website, and a form to join the group can be downloaded by clicking on the following link [Patient Reference Group Form](#) or by visiting www.ashvillemedicalpractice.co.uk , patient information, patient participation group.
- Posters were placed in the practice waiting room promoting the group and asking for volunteers, and slips were available on the reception desk for patients to complete if they wished to become a member of the group.
- An in house survey was conducted to agree priorities for the patient survey, which also had a tear off slip for patients who wished to volunteer in becoming more involved with the practice, as a patient group member. During this period the practice had a further 16 responses from patients wishing to become involved. This improved the group numbers to 48 members.

Since then 4 patients stated they no longer wished to be part of the group therefore the patient group size is now 44 members.

Survey

How the priorities were set

At the patient reference group meeting held on the 26th April 2012, suggested priorities for the next patient survey were presented to the group.

The minutes from the meeting on the 26th April 2012 can be found by clicking on the following link:

[Patient Reference Group Minutes 26th April 2012](#)

5 priority areas were presented based on previous discussions at the Patient Reference Group Meetings:

- Opening Times
- Ability to be seen quickly
- Ability to book ahead
- Telephone answering
- Experience and treatment of service received

It was also agreed that proformas would be given out in the surgery so that the wider practice population had an input into the priorities for the next survey, in addition to the patient reference group.

The results are as follows from 57 proformas returned:

Priority Area	Potential Responses	Actual Number of Responses	Percentage
Ability to be seen quickly	57	48	84%
Ability to book ahead	57	34	60%
Telephone answering	57	17	30%
Experience and treatment of service received	57	16	28%
Opening Times	57	8	14%

The proformas also included a section to register interest in the patient reference group.

The following priorities areas were agreed at the patient reference group meeting on 19th July 2012:

- Opening Times
- Ability to be seen quickly
- Ability to book ahead
- Telephone answering
- Experience and treatment of service received

The minutes from this meeting can be accessed by clicking on the following link [Patient Reference Group Minutes 19th July 2012](#)

How the questions were drawn up

The foundation for the questions were taken from [NAPP Sample Questions](#)

Questions were chosen based on the priorities agreed by the Patient Reference Group. A draft patient satisfaction questionnaire based on the priorities agreed was presented at the patient group meeting on 19th July 2012 and at this point the questionnaire was agreed.

It was thought that the chosen priorities and questions to be asked would enable the practice to obtain a full picture from patients booking an appointment through to entering the practice, and receiving a consultation. We would then be able to action plan as far as possible, and achieve the key outcomes as set out in the “Patient Participation Directed Enhanced Service (DES) for GMS Contract – Guidance and audit requirements for 2012-13.

How the survey was conducted

The timescale of conducting the survey was from 1st September 2012 and the survey closed on 7th November 2012.

The survey was issued to patients who attended the practice for an appointment. This was to ensure that a wide range of views and patients were represented.

During this timeframe the following clinics ran: Antenatal clinics, Post Natal and baby clinics, substance misuse clinics, smear clinics, minor surgery clinics and flu clinics. Patients attending for appointments during extended hours were also offered to take the survey.

The survey was also available for patients to submit their views on the practice website.

277 surveys were completed. The patient reference group agreed at the meeting on the 18th October 2012 that the survey should cease when 270 patients completed the survey. This is in line with the department of health guidelines of 25 questionnaires to be completed per thousand patients to ensure a representative sample of questionnaires was received.

The survey results

The statistical survey results can be found on a separate document to this report, and in addition they were posted or emailed to members of the patient reference group, prior to the patient reference group meeting on 17th January 2013 to discuss the survey results.

The statistical survey results and this report can also be found on the Ashville Medical Practice website, www.ashvillemedicalpractice under the headings patient information

and patient participation group or by clicking on the following link. [Ashville Medical Practice Patient Reference Group](#)

Copies are also available in the practice waiting areas and are available from reception if requested.

At the patient group meeting on the 17th January 2013 each question asked in the survey and the responses were discussed.

The following areas were identified as “hotspots” however after further discussions the group were satisfied that there were no surprises to the practice, and that every effort had been made to address the hotspots and no further action at this moment in time was required.

Hotspot	Action Taken by the Practice
40% of patients stated they found it difficult to get through on the phone	Staff shift patterns have been altered to ensure staff are available to answer the phone at peak times. It was agreed that it would not be cost effective to employ more staff for the sake of 10 minutes each morning and afternoon when the phones were at the busiest. The group stated they were kept waiting approx 4 minutes which was acceptable. Telephone answering has also been moved from the reception desk to the back office so there are more staff available to answer the phones.
18% of patients stated they found it difficult speaking to a Dr on the phone	We discussed that this question was in relation to patients receiving telephone advice, and there may be some misunderstanding. The surgery has Drs carrying out telephone advice on a daily basis however, it is not always appropriate for every condition to be dealt with in this way. Also we presumed patients thought the question meant they would be able to speak with a Dr immediately when they called however, this is not possible when the Drs are in surgery

A discussion also took place with regards to booking an appointment with a doctor of choice. Patients have every right to book with a doctor of their choice; however the down side of this limits the appointments available to patients. This is due to doctors working patterns i.e. some doctors work part time and also in addition to normal surgeries doctors also have to work in other clinics on a rota basis, thus resulting in decreased normal surgery appointments on those days. Examples of other clinics doctors hold are ante-natal clinics, post-natal clinics, minor operation clinics, 8 week baby check clinics,

substance misuse clinics. In addition as we are a training practice, registrars also require debriefing and tutorial sessions.

Due to the factors above it is better for patients not to limit themselves to particular doctors as there would be more scope to be seen sooner without limitations.

The group were satisfied with the results of the survey which showed the following results with regards to seeing a Dr of choice:

Same day	17%
Next working day	8%
Within 2 working days	8%
Within 3 working days	6%
Within 4 working days	3%
Within 5 or more working days	37%

A total of 42% of patients who completed the survey were able to see a Dr of choice within 4 working days or less.

In relation to the other questions asked in the survey, the patient reference group and the practice were very pleased with the results, and the group acknowledged that there had been a significant improvement at the surgery in the last 12 months, and also in comparison to last years survey there had been a much better response and the questions asked enable the practice to have good all round knowledge of patients views on the practice.

Action Plan

No specific action points were identified from the discussions of the survey however, it was agreed that the appointments system would continue to be monitored to remain as effective as possible, the group and the practice were very satisfied with the improved appointment availability, and with the results of the survey.

Actions / issues raised throughout the year had been dealt with as they arose, and the group felt they had been listened to, their issues had been taken seriously and commented there had been a significant improvement at the practice. The “you said, we did” section at the end of this report demonstrates how issues raised in year 1 have been addressed.

Action Area	Timescale
Monitor appointment availability	The practice is committed to continuous improvement, and will continue to monitor the appointment system to ensure resource is utilised effectively in order to meet patient expectations when trying to book an appointment. Ongoing
Booking appointments on the internet	It was agreed that this action would not be dismissed, however would be put on hold for discussion at a later date. (please see comments below)

Action points that have been explored however are not feasible to implement

Booking Appointments on the Internet:

At the patient reference group meeting on the 17th January 2013 it was agreed that booking appointments on the internet would not be made available for patients at this current time for the following reasons:

- It was not fair to patients who did not have internet access
- Previously by patients own admissions, they have booked more than 1 appointment on the internet “just in case” which has resulted in appointments being wasted as they have not cancelled the appointments not required.
- Appointments were previously booked with a Dr which resulted in wasted appointments as patients were required to be seen by a nurse e.g. hypertension, asthma reviews
- It is not always necessary to have an appointment to see a Dr and by allowing patients to book on the internet, these appointments cannot be filtered. I.e. patient has run out of medication, also some conditions can be dealt with as telephone advice.
- The surgery has a nurse practitioner that can deal with the sudden onset of certain conditions and again a Drs appointment is not always necessary, by allowing

patients to book appointments on the internet these appointments would not be able to be filtered.

It was agreed that we would not dismiss the idea altogether however for now the facility of booking appointments on the internet would be put on hold, as there had been a marked improvement in appointment availability and the group did not want to see a decline for the above reasons.

At this point we discussed comments in the patient satisfaction survey where patients did not like receptionists asking the nature of their condition as they deemed it as being “nosey”. It was explained that this process was used to assist patients and maximise Dr resource as there may be alternative courses of action other than a Drs appointment. It was not always necessary for patients to see a Dr, which would save the patient an unnecessary visit to the surgery and also would not waste appointments.

The practice also has a nurse practitioner that can see patients with certain conditions therefore it is necessary to ask patients the nature of their condition to see if it is appropriate to book them in with the nurse practitioner. This will also maximise Dr resource.

It is up to patients if they want to divulge the reason for their appointment, and they will not be pressured if they don't however, if there are no Dr appointments available they may be missing out on valuable advice where it may be appropriate to offer them an alternative course of action.

Advertising the Report

A copy of this report and the statistical survey results can be found by clicking on the following link [Ashville Medical Practice Patient Participation Group](#) or by accessing www.ashvillemedicalpractice.co.uk patient information, and patient participation group. Copies are displayed in the practice waiting areas and are available from reception if requested.

A copy has also been posted or emailed to each member of the patient reference group.

How issues raised in Year 1 have been addressed

The table below identifies issues raised throughout the year, and how they have been addressed in the form of “you said” “we did”:

	You Said	We Did
1	You would like a TV to be installed in the waiting room advertising health promotion.	This is still currently ongoing. A company has agreed to provide the practice with the TV and advertising materials, and at the moment are currently going through their processes.
2	It was inconvenient having to attend Worsbrough lift building for new hearing aid batteries.	The practice now holds a stock of different types of hearing aid batteries on reception.
3	You would like comfortable chairs with arm rests in the waiting room	Placed 5 armchairs in the waiting room
4	You wanted a health information notice board in the waiting room	Placed a notice board in the waiting room advertising different services within the community
5	You wanted a who’s who board	A board has been placed in the entrance to the practice with photographs and names of staff. The same information is also displayed on the practice website.
6	Improve Dr appointment availability at the practice	Conducted an appointment monitoring survey from January 2012 to March 2012. Established demand versus capacity, understood patient requirements for Dr appointments and the survey demonstrated that the majority of patients when calling wanted to be seen on the day. As a result we changed the appointments system to offer more same day appointments whilst still having a proportion of appointments to book in advance. Positive feedback has been received regarding the appointments system and the patient survey demonstrates 40% of patients who have completed the survey, have been able to have an appointment on the same day, and 54% of patients have been able to have an appointment either on the same day or next working day. In addition 71% of patients who completed the survey thought the timescale in which they were able to see any Dr from the time of booking was fair, good, very good or excellent. A total of 42% of patients who completed the survey were able to see a Dr of choice within 4 working days or less, and 48% thought the timescale from booking the appointment to being seen was fair, good, very good or excellent.
7	Reduce queues at reception	Moved the telephones from the reception desk to the back office to enable the receptionists to focus on patients presenting at the reception desk without being interrupted by having to answer the telephone. Altered staff shift patterns so there are more staff available to

		answer the telephones at peak times. Patients are also encouraged to use the self-check in screen upon arrival.
8	Promote the practice website	Displayed additional posters in the surgery, added the website address to the practice leaflet, and also on the priorities, and patient satisfaction survey questionnaires. The website is also advertised in this report.
9	Promote online ordering of repeat prescriptions	Displayed additional posters in the practice at the side of the prescription request box, and the facility to order prescriptions via the internet is displayed on the practice website.
10	Promote the opening and closing times of the practice	Updated the practice website and leaflet. Displayed the opening times on the Jayex board. There are also leaflets available from reception with the opening times on, for patients to take away from the surgery.
11	Advertise the number of patients who do not attend appointments (DNA's)	Advertise the number of DNA's on the Jayex board and on the practice website on a monthly basis.
12	In the monthly DNA reports display the timescale from booking the appointment to the DNA for Drs separately	This has been implemented and the results are displayed on the practice website on a monthly basis.
13	Conduct the next patient survey over a period longer than one month	We conducted the survey from 1 st September 2012 until 7 th November 2012 in agreement with the patient reference group
14	Implement a text messaging reminder service	Implemented the text messaging service in June 2012.
15	Have structure at the patient reference group meetings	Implemented fixed agenda items agreed with the patient reference group. Email the agenda prior to each meeting and also email the minutes in a timely manner after each meeting. The group are in agreement the meetings now have structure
16	Increase the bottles of hand gel sanitizers in the surgery	Additional bottles have been placed in public areas.
17	Put a message on the appointments line asking patients to stay on the line instead of putting the phone down and redialling which places them to the back of the queue. This is because patients can hear the phone ringing, and did not think it is being answered as the telephone system does not have the functionality to indicate patients are in a queue.	A message was placed on the appointments line "please continue to hold and your call will be answered shortly"
18	Patient requests were not being actioned when made electronically, via the online prescription ordering functionality.	After investigation it was identified that the prescription clerks were replying to electronic messages however, until the issue was raised, the practice were not aware that the functionality of the new IT system did not allow two way communication, and patients were not receiving the responses. This was not the case with the previous IT

		system, and going forward patients will be contacted by telephone if there are any queries with their requests.
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