

## Patient Survey Report Spring 2012

Patients were invited to become part of a Virtual Forum in the Autumn of 2011.

This group of patients were asked to decide upon areas which were most important to them to explore in a survey.

The group picked 4 areas to focus on.

- Telephone Access
- Appointment access
- Clinical care
- Referrals to secondary care
- DNA's

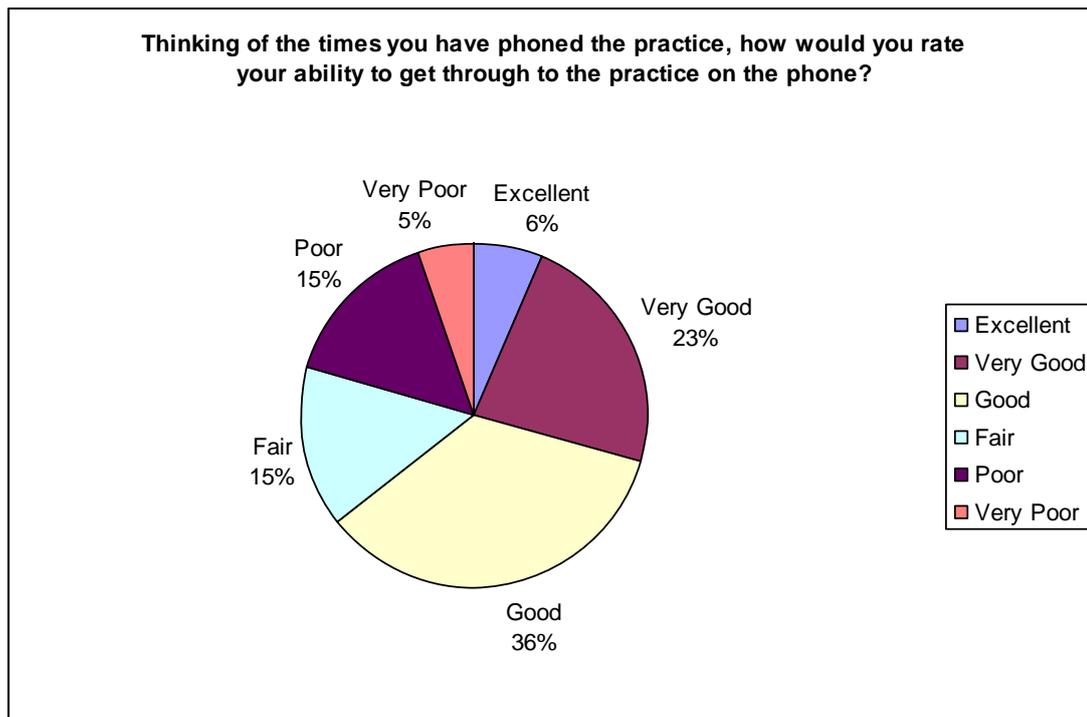
The Practice Manager then created a survey covering these areas and texted all patients with a mobile the link to this online survey.

We received 145 responses to the survey.

### Telephone Access

We asked two questions about our telephone access

Question 1:

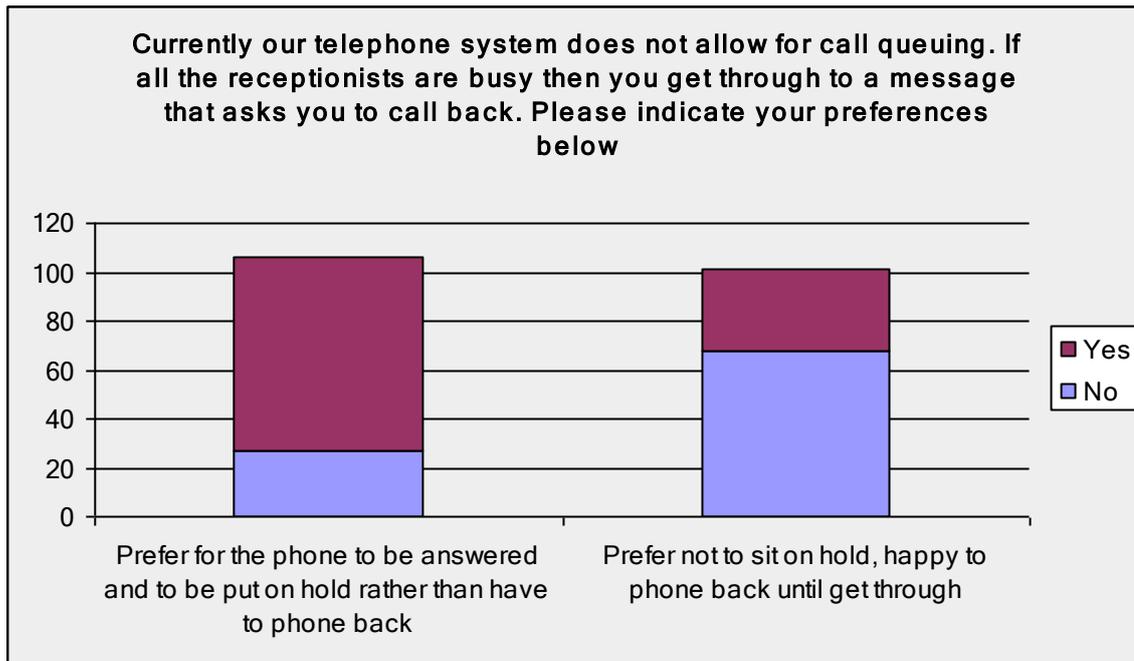


From this we can see that 65% of the patients completing the survey thought that the phone access was Good, Very Good or Excellent.

Only 20% thought it was poor or very poor.

Therefore, although it can always be improved upon, it will not be considered a high priority to change.

### Question 2:



From this response we can see that the patients who completed the surgery would prefer to have the phone answered and then be put on hold than to continue to keep phoning in.

This is therefore something the practice needs to look at as when this was asked previously the response was the opposite.

**Action:** The practice reception team needs to review its procedure for answering calls and look at answering calls and placing patients on hold.

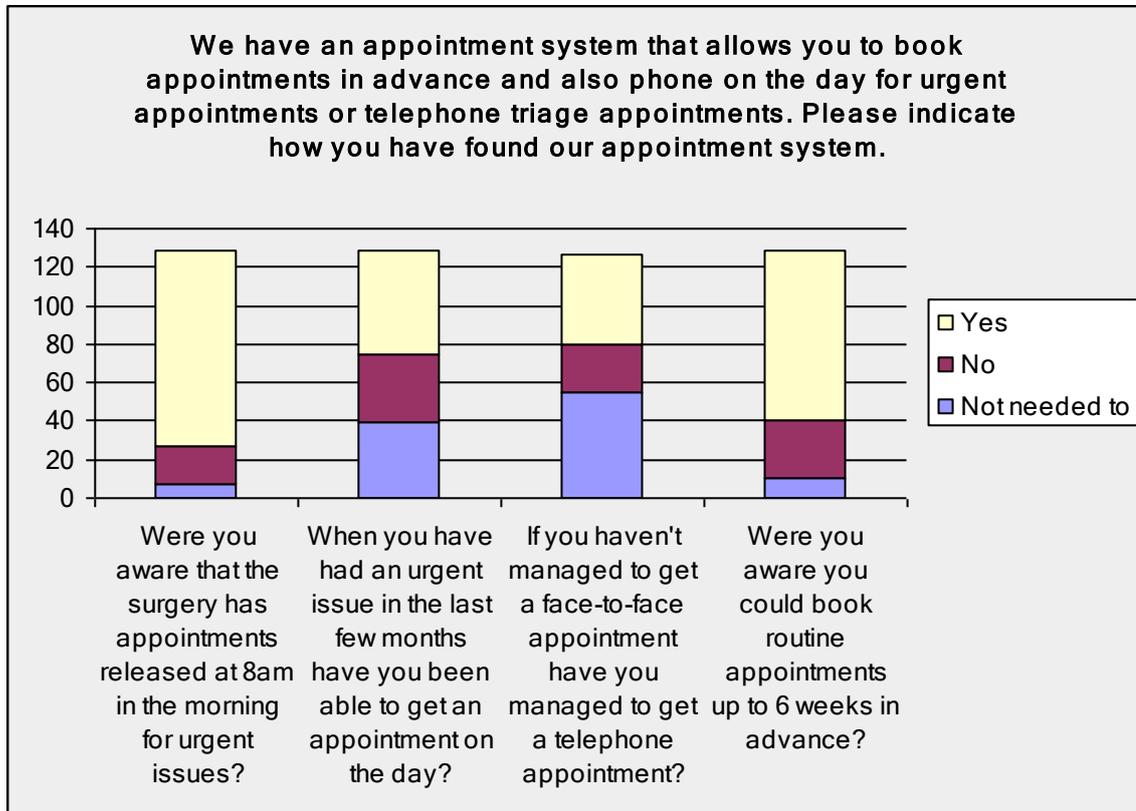
Issues to consider

- How many people can be on hold at any one time?
- How easy is it to see which patient was put on hold first and to ensure the correct line is picked back up?
- How would staff ensure patients aren't left on hold too long?
- Once the maximum number of patients are on hold the other patients will probably have to continue to call back as currently but this needs exploring.

## Appointment Access

Three questions were asked regarding the appointment system.

Question 1:



From this question we can determine that the majority of patients who completed the survey were aware that they could book appointments in advance and that if they had urgent issues they could phone at 8am in the morning for an appointment.

This also shows that of the patients who needed an urgent appointment **60%** were able to get one. And of the 40% who couldn't get a face-to-face appointment **65%** were able to get a telephone appointment.

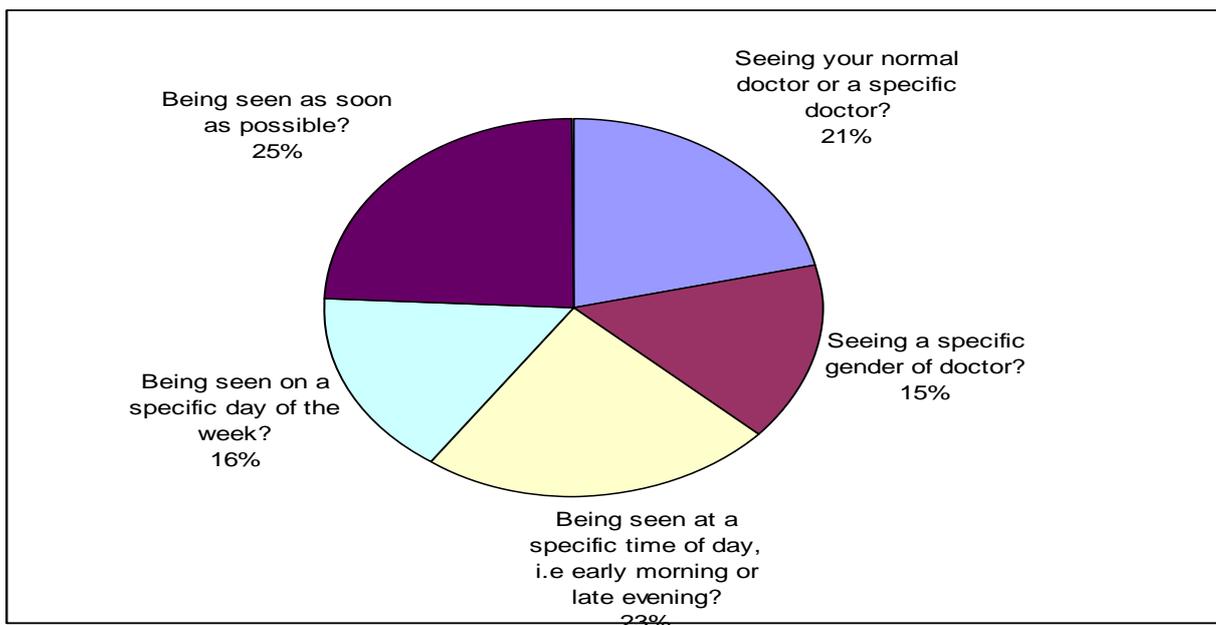
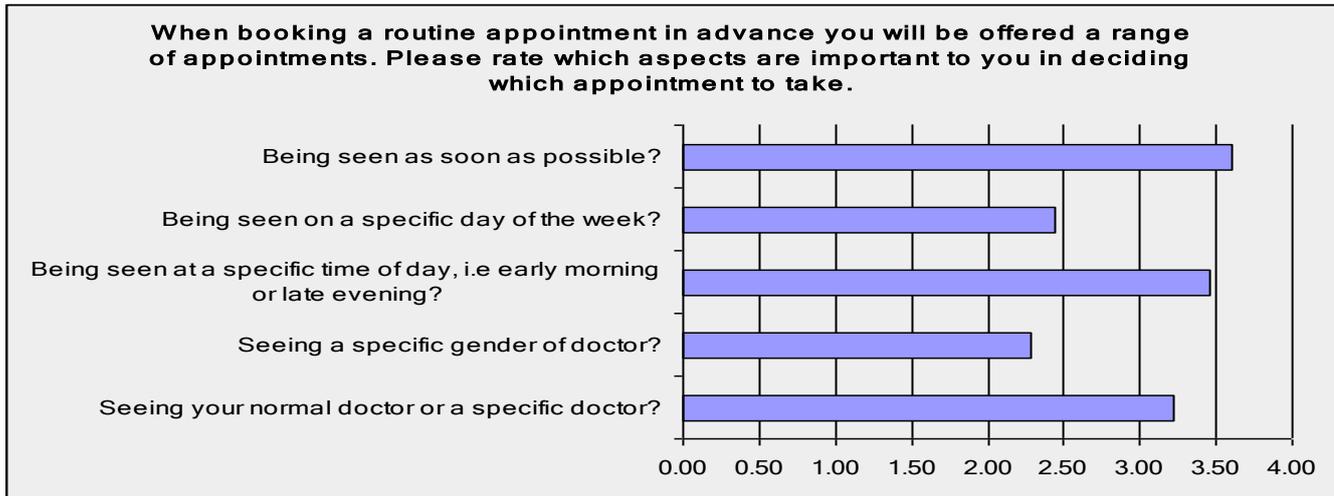
Overall this is a good response. However this still meant that 14% of patients wanting an urgent appointment didn't manage to get a face-to-face or a telephone. There may be a number of reason for this relating to the clinical urgency of the symptoms they described or the time of day they called, but this still needs reviewing.

### Action:

To review the number of same-day appointments and telephone triage appointments on each day.

To audit the patients who don't get offered either a face-to-face or telephone appointment when they request to have an appointment on the day.

## Question 2:



The aim of this question was to determine if there was a specific element of access to appointment that we needed to be focusing on. Was it was the timing and wait to the next appointment that was most important, or if the gender or individual that was more important.

From these responses we found that there is not one area which is most important to the majority of patients completing the survey.

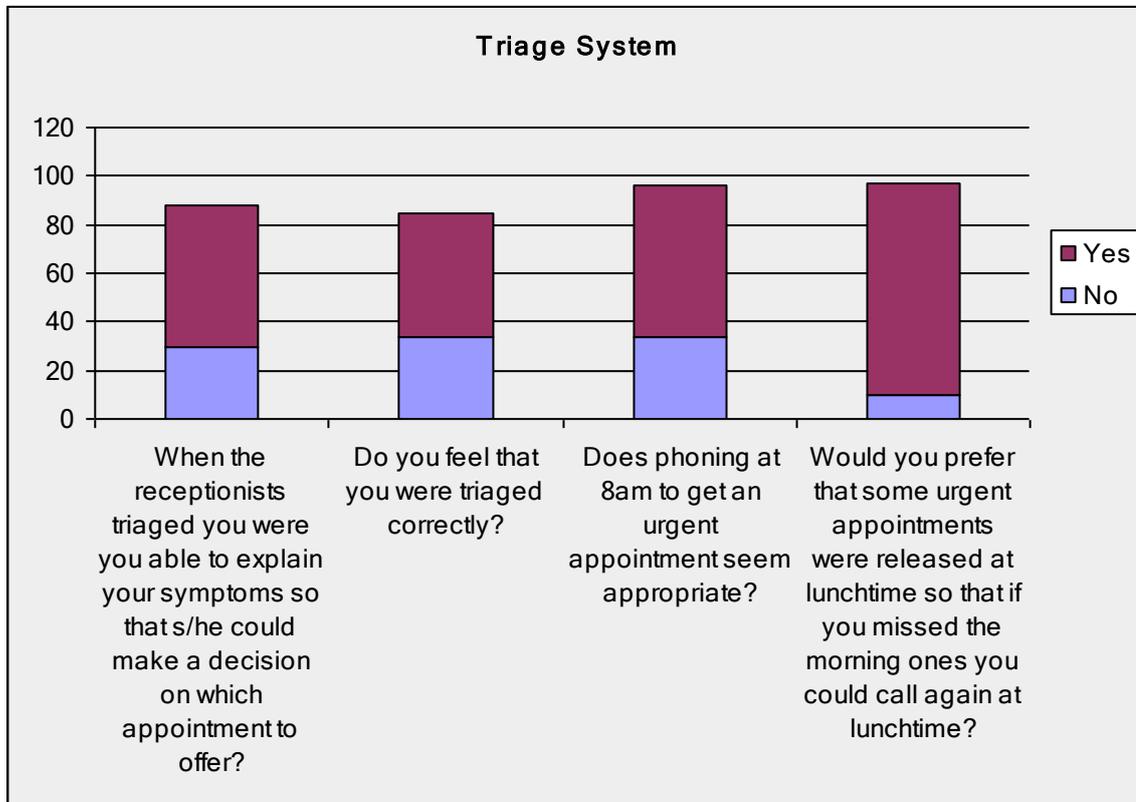
It is almost an even split between each consideration. This therefore makes it difficult to determine what to focus on as this shows some patients do place great importance in seeing a specific doctor, where others are more concerned about when they are seen than by whom.

### Action:

Unsure on what actions can be taken on this at this stage. However, the data is important to try and ensure all patients needs are catered for.

Question 3:

We currently have most of our appointments available to book in advance. Roughly a third are reserved for urgent appointments on the day. We introduced a triage system for urgent appointments, as when they were released on a first-come-first-served basis they would all get booked within 5 minutes. This triage system has meant that urgent appointments are available later in the morning for patients with urgent problems. If you have needed to book an urgent appointment please indicate how you have found this system.



The results of this question show that the majority of patients have found that the triage system works.

- 66% felt that they were able to describe their symptoms to the receptionists.
- 60% felt that they were triaged correctly.
- 65% felt that phoning in the morning was the appropriate thing to do.

However an overwhelming 90% felt that it would also be good to have some urgent appointments which were not released until lunchtime. So that patients whose symptoms presented later – or who were unable to get through in the morning could call again at lunchtime.

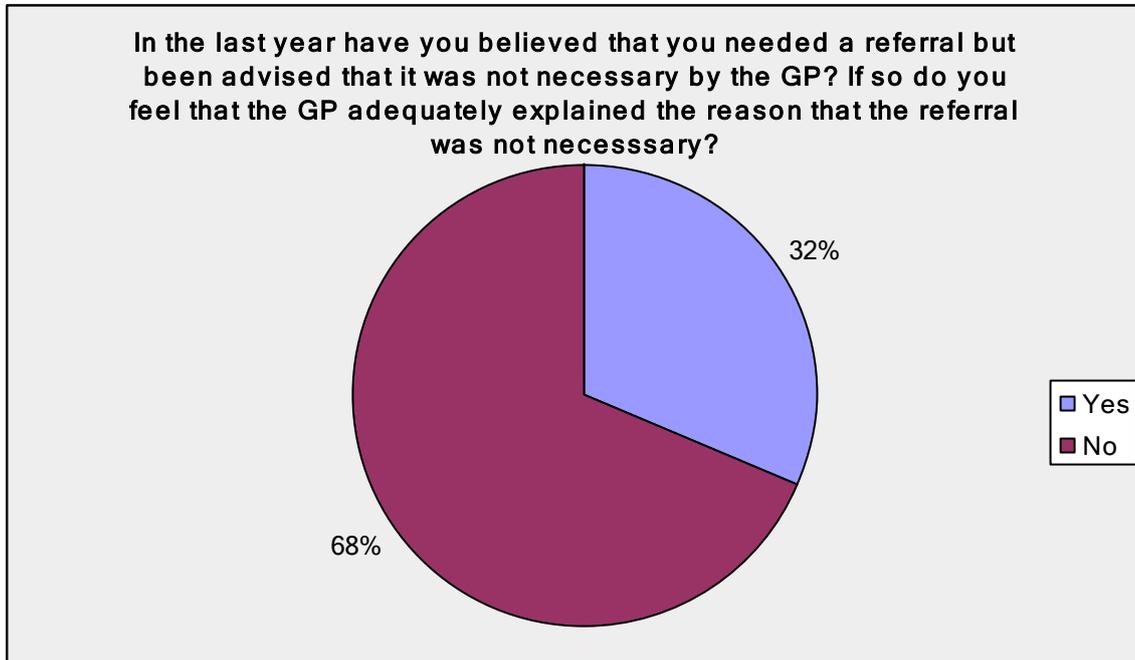
**Action:**

- To discuss with the reception team how to implement afternoon urgent appointments.
- To put in place a procedure so that these afternoon appointments are released fairly.
- To determine what time of day it is best to release these to ensure that they are used most effectively.
- To determine which appointments (at which times and with which doctors) should be afternoon urgent appointments.
- To determine how to communicate this to patients to ensure it does not cause confusion or anger.

## Referrals to Secondary Care

We asked two questions regarding patients been referred to secondary care.

Question 1:



From the responses to this question we can see that the doctors need to explain in more detail what the reason is that not all patients require referral to secondary care to have their condition managed effectively.

### Action:

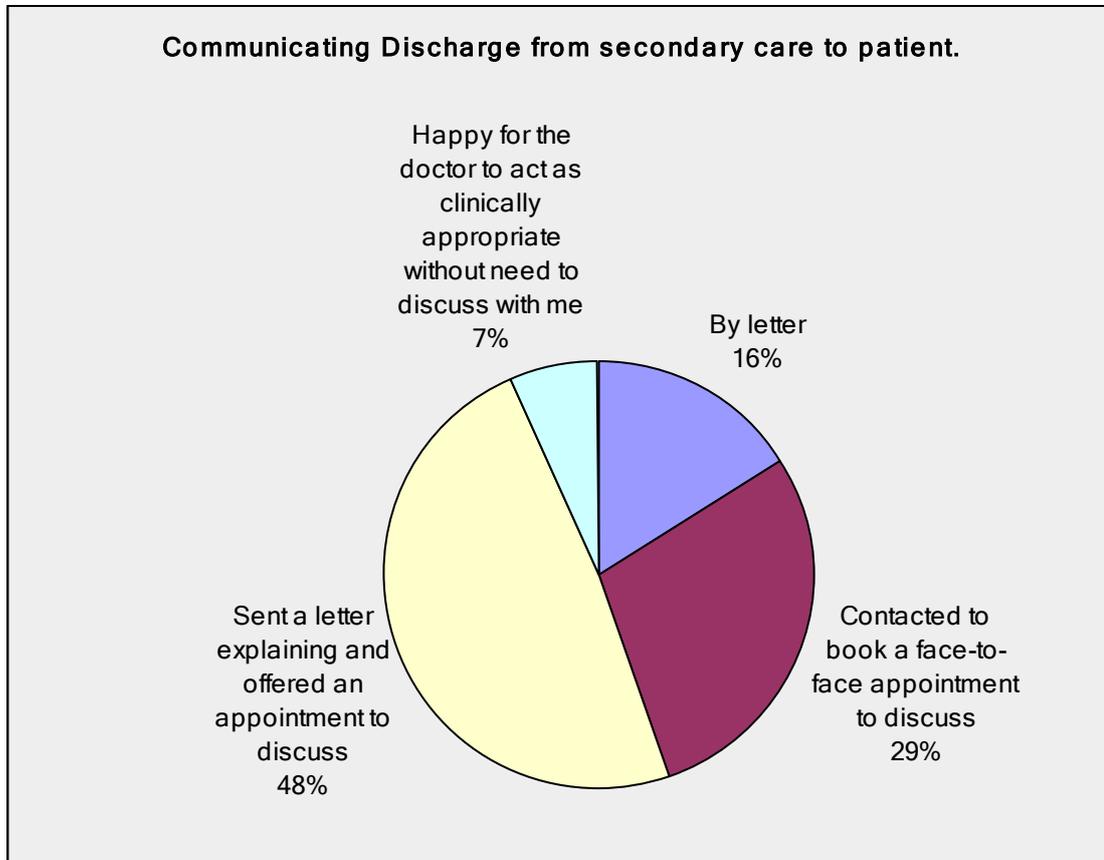
Discuss with the clinical team how they explain to patients when referrals are determined as not clinically necessary.

Look into possible resources which can help with this.

Ensure the skills of the individual GP's and the community services are fully advertised so that patients are aware of what is possible in the community currently.

## Question 2:

Once you have received the necessary secondary care input you would normally be discharged back to your GP for ongoing care. The GP may ask the consultant to discharge you if they feel that they are able to carry out the same level of care as the consultant. If this was the case with your care how would you like this communicated with you?



The responses to this question show that a large number of patients would like to be sent a letter explaining the situation and to be offered an appointment to discuss it if they want to.

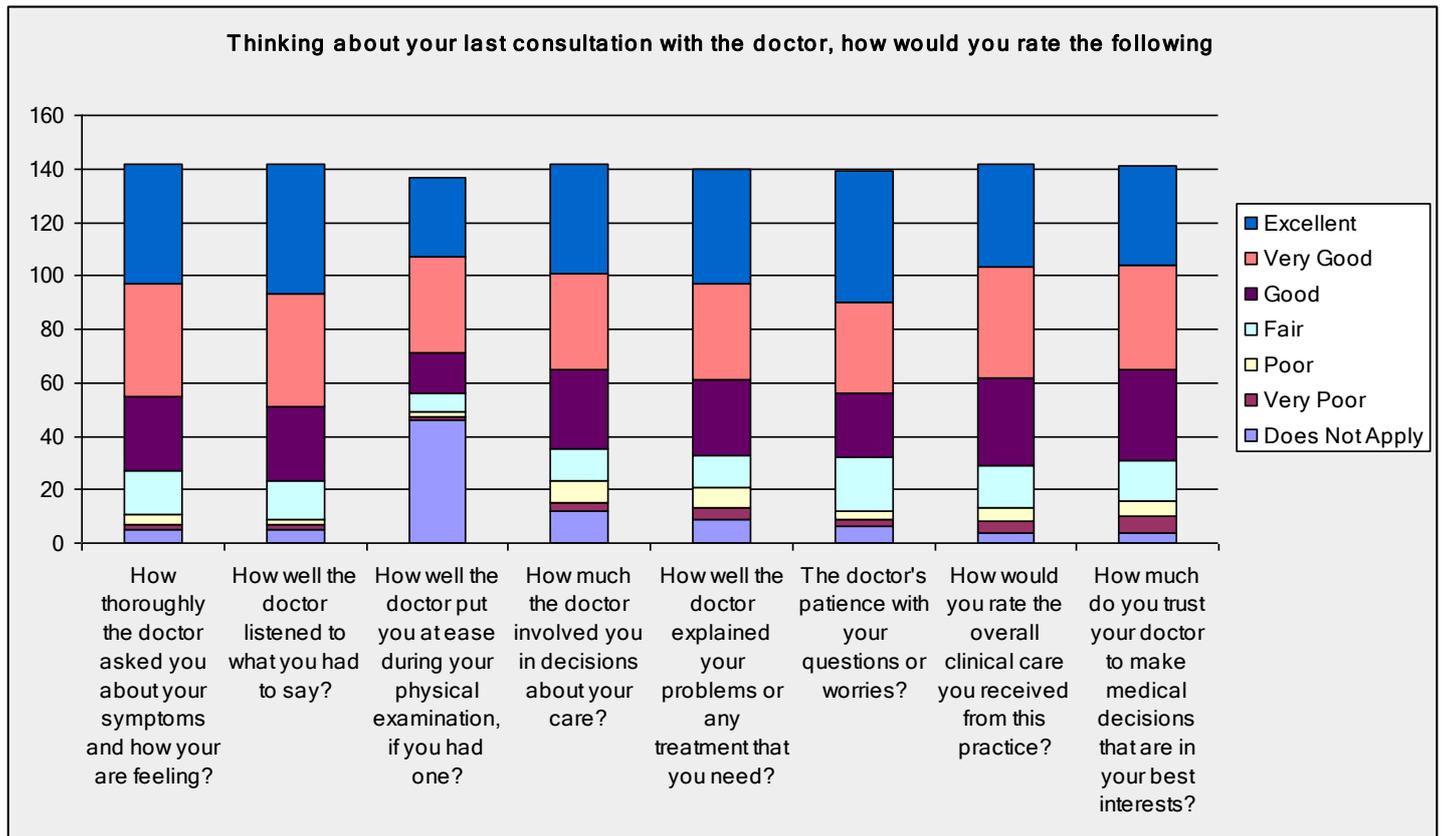
Almost a third would like to be contacted to book a face-to-face appointment to discuss.

### Action:

As the practice needs to have only one policy on how to deal with these instances it will carry on sending a letter explaining the situation and offering patients to make an appointment to discuss if they wish. Hopefully this will be sufficient for those who want face-to-face appointments as they are able to contact the practice on receipt of the letter to make that appointment.

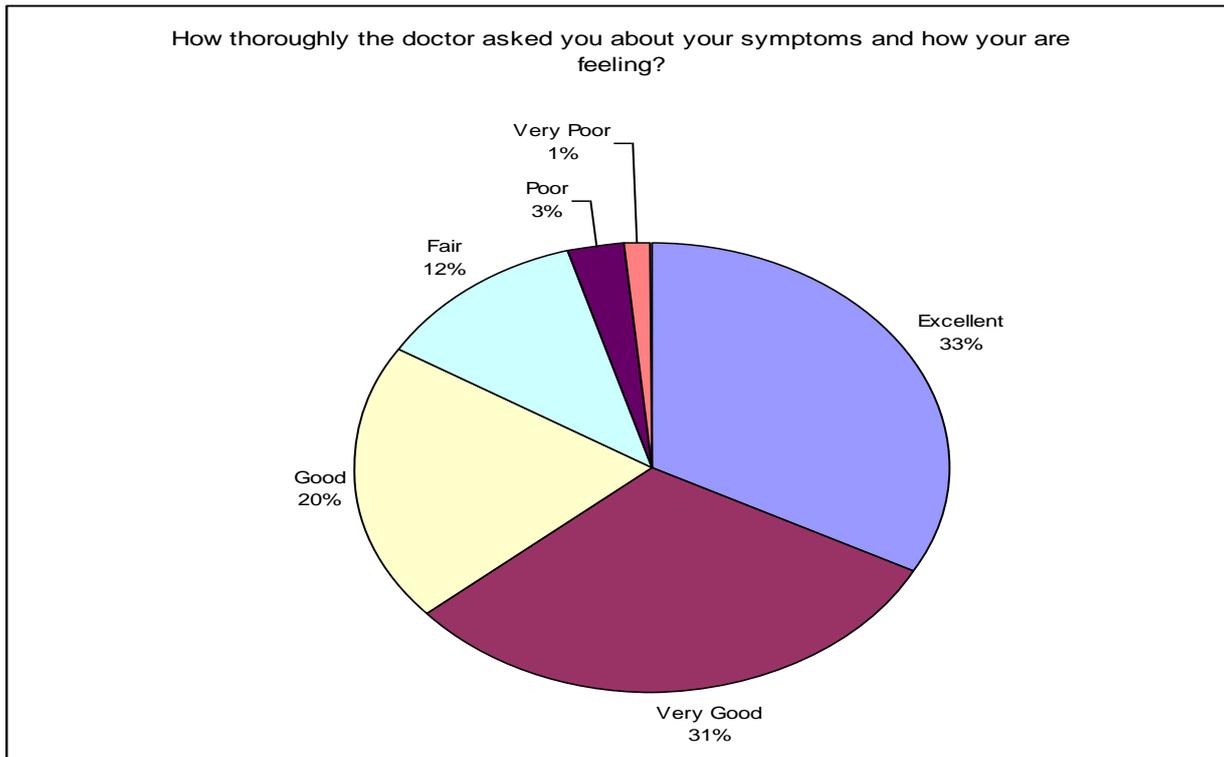
## Clinical Care

We asked a number of questions regarding the standard of clinical care in the practice.



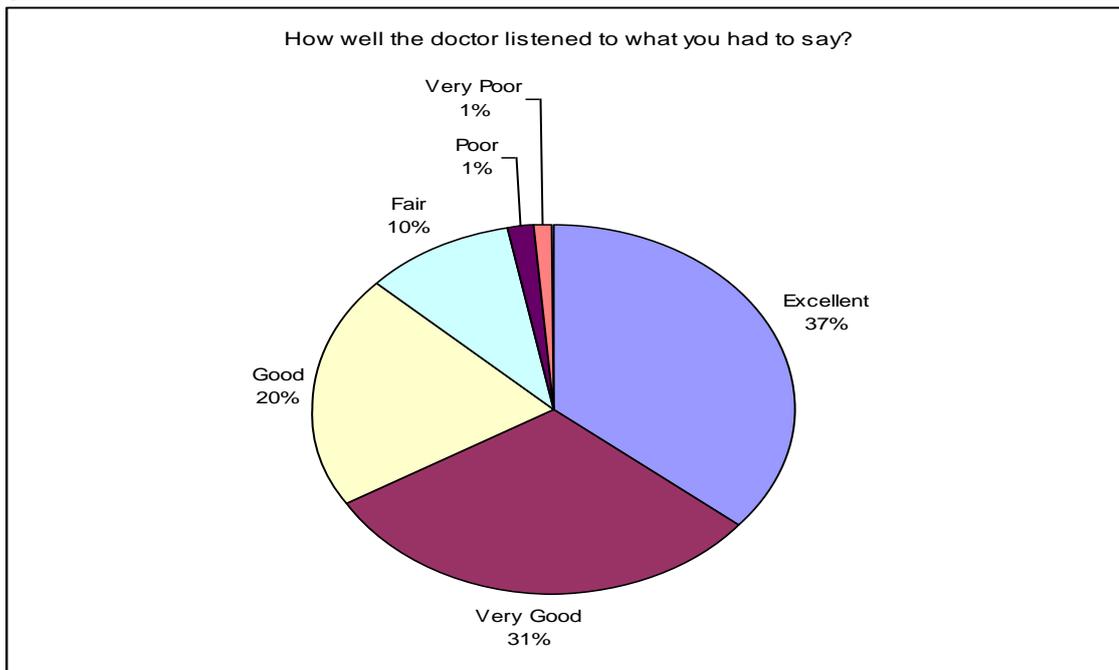
Each of these areas will be looked at in more detail below.

## Question 1:



84% responded with either good, very good, or excellent for the doctor thoroughly asked about their symptoms and how they are feeling which is good.

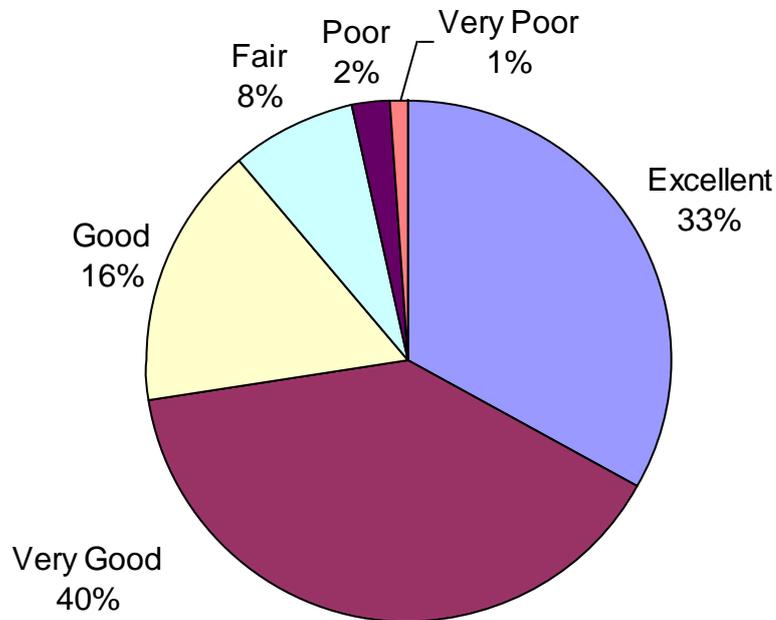
## Question 2



88% responded that the doctors listening skills were good, very good or excellent which again is very good.

## Question 3

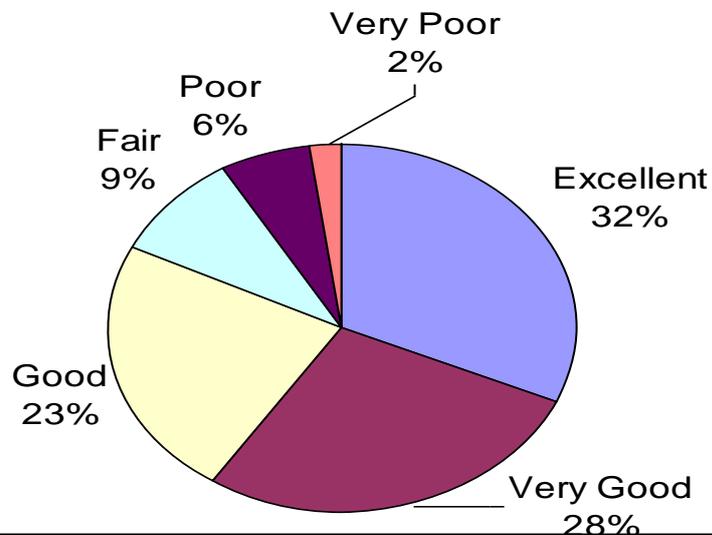
How well the doctor put you at ease during your physical examination, if you had one?



89% of patients felt the doctor put them at ease during their examination.

Question 4

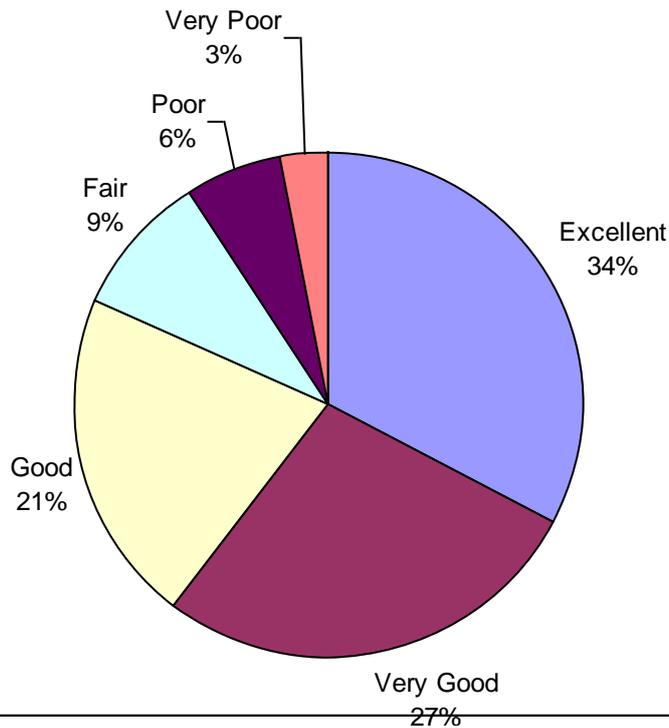
How much the doctor involved you in decisions about your care?



83% felt they were involved in the decisions about their care.

Question 5

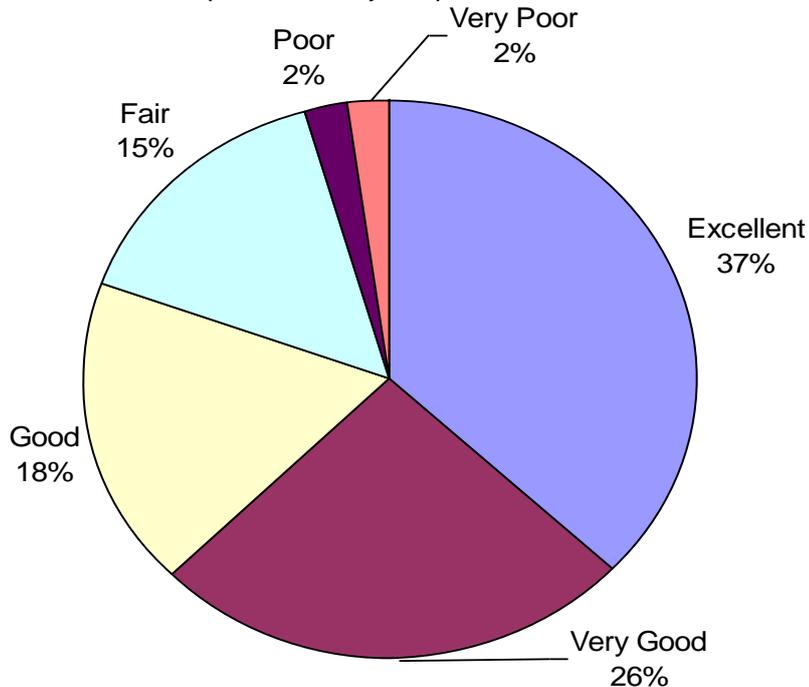
How well the doctor explained your problems or any treatment that you need?



82% felt that the doctor explained their problem and treatment well to them.

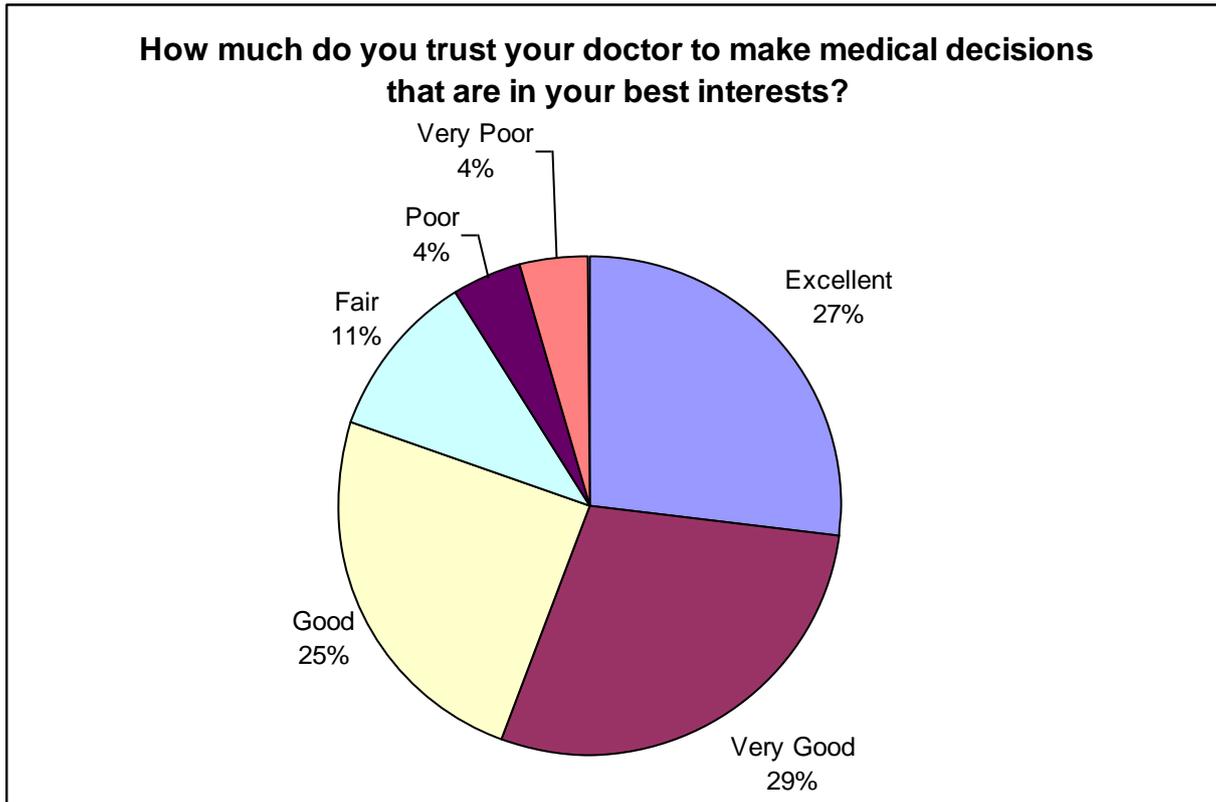
### Question 6

The doctor's patience with your questions or worries?



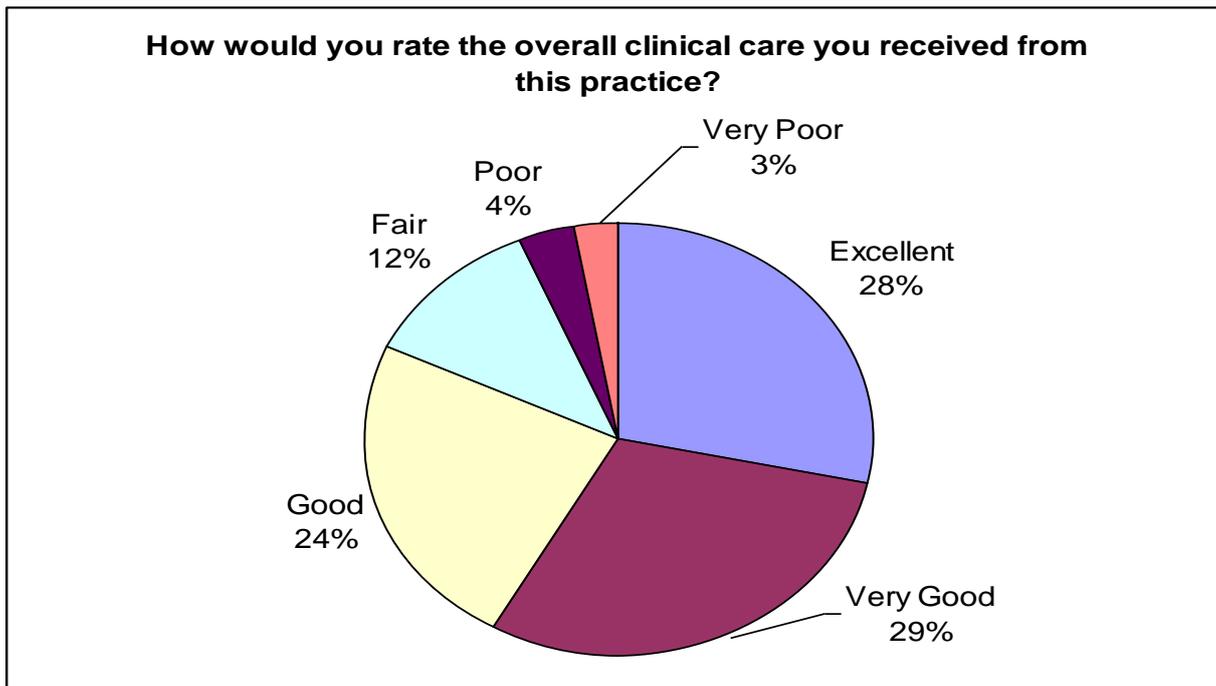
81% felt that the doctor was patient with their questions and worries

## Question 7



81% of patients trust that the medical decisions made by the doctor are in their best interest. Although this is high it is not as high as would have been hoped.

## Question 8



81% of patients rate the overall care of the practice as good or better. Which is good but not as high as hoped.



### Actions from clinical area

To approach the patients who responded with very poor for any of the clinical areas and try and get some more specifics as to why they felt this so that the clinicians can improve on their care.

It is disappointing that any patient would feel that the care they were given was not in their best interests.

## DNA

Patients were also asked to give their suggestions on how to reduce DNA's

Patients came back with a number of suggestions – some not feasible or against NHS rules (such as charging patients for the wasted appointment) however some the practice can review.

- A large number of patients through that the texting system worked well and encouraged that this continue.
  - It was suggested that it may be worth looking at linking a confirmation process with the text for patients to respond and confirm that they will be attending. So that any that don't confirm could be cancelled.
    - The practice will look into the possibilities of this.
  - Look at sending two text messages – one the day before and one on the same day.
- Calling patients to remind them was suggested – this could be looked at but is likely to take up a considerable amount of time and would cost the practice a lot in telephone bills.
- Sending emails as well as texts was suggested.
  - Currently the practice has very few email addresses for patients. There is also not an automated system to send emails (whereas there is for texting), therefore sending lots of individual emails would take a lot of admin time.
- Including information about the cost of DNA's and the implication for other patients in the text message reminder.
  - We can look at how this could be worded so that it was brief enough to fit in the text message
- Restricting the type of appointments that patients who DNA lots can book.
- Removing patients from the list for DNA's
- Doing an audit on patients who DNA and find out why they did and ask what would have helped prevent them.
- Warn persistent DNAers with a letter – this we already do for patients who DNA three times in a short period.
- Advertise to raise awareness – either by informing patients of the number of appointments wasted. Or by congratulating the patients who attended to try and get those who don't attend to aspire to it.
- Advertising regarding GP capacity and need to maximise it by cancelling any appointment that is no longer needed.
- Ask patients when they book the appointment to cancel if they don't need it any more.
- Improve telephone access so that it is easier to get through to cancel an appointment. Offer other ways of cancelling.
  - Appointments can be cancelled via EMIS Access – the online booking. Advertise this more.



## Action Plan

Area	Action	Date	Whom
Telephones	<p>The practice reception team needs to review its procedure for answering calls and look at answering calls and placing patients on hold.</p> <p>Issues to consider</p> <ul style="list-style-type: none"> <li>• How many people can be on hold at any one time?</li> <li>• How easy is it to see which patient was put on hold first and to ensure the correct line is picked back up?</li> <li>• How would staff ensure patients aren't left on hold too long?</li> <li>• Once the maximum number of patients are on hold the other patients will probably have to continue to call back as currently but this needs exploring.</li> </ul>	By June	Reception team alongside Practice Manager
Appointment Access	<p>To review the number of same-day appointments and telephone triage appointments on each day.</p> <p>To audit the patients who don't get offered either a face-to-face or telephone appointment when they request to have an appointment on the day.</p>	By June	Administrator with support of Practice Manager
Appointment Access	<p>Implement afternoon urgent same day appointments</p> <ul style="list-style-type: none"> <li>• To discuss with the reception team how to implement afternoon urgent appointments.</li> <li>• To put in place a procedure so that these afternoon appointments are released fairly.</li> <li>• To determine what time of day it is best to release these to ensure that they are used most effectively.</li> <li>• To determine which appointments (at which times and with which doctors) should be afternoon urgent appointments.</li> <li>• To determine how to communicate this to patients to ensure it does not cause confusion or anger.</li> </ul>	By August	Practice Manager with reception team.
Secondary Care referrals	<p>Discuss with the clinical team how they explain to patients when referrals are determined as not clinically necessary.</p> <p>Look into possible resources which can help with this.</p> <p>Ensure the skills of the individual GP's and the community services are fully advertised so that patients are aware of what is possible in the community currently.</p>	May	Partners with clinical team
Clinical Care	<p>To approach patients who gave responded to the clinical care questions as 'very poor' and gather more details about the reasons behind this to be able to better determine how to improve.</p> <p>Practice Manager to approach patients and then discuss responses with clinical team.</p>	August	Practice Manager
DNA's	<p>Review suggestions on ways to reduce DNA's and work through which are feasible and which aren't.</p>	August	Senior Receptionist.