

BROOK MEDICAL CENTRE

Patient Reference Group and Practice Survey 2014

In line with guidance that the Government set up for the requirement to engage with patient participation groups, Brook Medical Centre continued to develop their website, ran a Practice Survey and created a report. The report was finalised with input from the Patient Reference Group.

WEBSITE

The Practice has continued to develop and regularly update the website at www.brookmedicalcentre.nhs.uk. The Practice is continuing to publicise the website:

- All prescriptions have the website address printed on them
- Surgery letters include the website address as part of the letter head
- Regular newsletters are produced during the year, which have the website address on.
- When patients attend New Patient Health Checks, they are given details of the website.

When patients attend New Patient Health Checks and annual health reviews, they are asked whether they have an e-mail address. We currently have over 800 e-mail addresses on the computer system, which enables us to contact patients to send copies of the newsletter and give information about things such as a survey, and the recent care.data system.

PATIENT REFERENCE GROUP

In the past, we have had a PRG who met at the Practice once a month, but which become less active over time. A decision was made to disband the Group in December 2010, despite many attempts to attract new members via poster campaigns in the two sites. So as part of the launch of the new Practice website in 2011, it was decided to start afresh with a 'virtual' Patient Reference Group (vPRG).

We now have 26 members, the number has been steadily increasing since 2011. We will continue to advertise the Group in the surgery, on the website, and in the Practice newsletters.

It can be difficult for people to attend meetings so the Practice hope that by having a virtual Group more patients would feel inclined to be involved. The continued aim is to obtain the views of a broader representation of our Practice population who may not be able to attend meetings but are happy to comment via e-mail.

Group Profile

The Government requires us to list the profile of the Patient Reference Group.

- The group is made up of 26 patients, an increase of ten since last year.
- Their ages range from 21 to 71. We feel this to be a great success as our previous Group were all aged over 65
- Varied personal status
 - Single
 - Married
 - Parents with children
 - Pensioners
- The majority of the Group is white British. This ethnic profile is reflected in the ethnic make-up of our Practice – 94% of the patients with an ethnic status recorded identify as white British. This can also be seen in the patient survey, 91% identified themselves as white British.

PATIENT SURVEY 12-13

We looked at the action plan produced after last year's patient survey, after discussion with the PRG.

ACTION PLAN

- *Add more information to the website, and highlight the alternative options available when the surgery is closed.*
 - The website is regularly updated and there is a section with the alternative options available
- *Produce a newsletter and poster displays covering various subjects for the Waiting Rooms, e.g. Minor Illness Clinics, Alternatives to A&E*
 - There is a poster display in the Waiting Rooms incorporating the posters supplied by the CCG
 - The newsletters published since the report have concentrated on articles about the care.data system, the telephone system problems, and preparations for Christmas. The Spring Edition will concentrate on the results of the survey, and will have a section in about the alternative options.
- *Continue to work on the patient appointment self-booking system, including the Patient Partner' telephone system and online booking*
 - This has been ongoing all year and, due to issues with BT, has still not been sorted to our satisfaction. The issue has been followed up in this year's survey.
- *Put up a clock in the Waiting Room*
 - Not yet installed
- *Find methods to encourage higher online response to future surveys*
 - We sent out over 800 e-mails to all the patients whose details we have on the system
 - Details were included in the newsletter and on the website
 - A message was printed on all prescriptions issued during the running of the survey.
 - We are encouraged that the percentage of the online response increased by 8% to 29%. But we will continue to increase the online response for future surveys.

Overall we are pleased with the progress made with the Action Plan, and will continue to work on the outstanding areas.

PATIENT SURVEY 13-14

Survey Subject Suggestions

In October 2013 the Patient Reference Group were asked if they had any ideas for subjects for the survey. Several ideas were made, and some may be used in the future. Several people suggested a survey about the appointment system and issues with the telephones. One question in last year's survey asked patients for ideas for future questionnaires, and these were amongst the suggestions. It was therefore decided to base the questionnaire around these issues.

A draft questionnaire was sent to all the members of the vPRG, inviting their comments. There were a few suggestions made and the survey was adapted to include them.

Areas to Look At

In this survey, we decided to look at three main areas:

- The length of waiting time for an appointment
- Methods of making appointments
- The problem of patients not turning up for appointments.

Process

The survey was run for just over four weeks during January and February 2014. A display was put up in the Waiting Rooms advertising the survey and details were added to the Home page of the Practice website. The January edition

of the newsletter had an article in about the survey and was available both as a hard copy in the surgery and online on the website. A copy of the newsletter and information about the survey was e-mailed out to all the patients whose e-mail addresses we had on the system, including the fact that it was available online to complete.

Questionnaires were available for patients to pick up themselves, and were also handed out by receptionists at random. There was a box in the Waiting Room for the questionnaires to be posted in when completed. All hard copy questionnaires were anonymous. Over 350 questionnaires were available in the surgery but they were not all handed in.

Since the Practice has installed the automatic booking system, it has become more difficult for receptionists to ask patients if they would like to complete a questionnaire. Previously patients were asked when they booked in, but now many of the people speaking to a receptionist at the Hatch are just making a quick visit, e.g. to drop off or pick up a prescription or form, etc. and do not have the time to stay and complete a survey. We believe that some patients took questionnaire forms home to complete and then did not return them.

Patients were also able to complete the survey anonymously online, via a link on the Practice website. Once the survey was over the 205 paper copy answers were entered onto the computer by a member of staff using the same online survey. Patients' comments were entered as written.

Results

We received 287 completed questionnaires. The majority were paper copies completed by patients:

- Paper responses = 205 (71%)
- Online responses = 82 (29%)

Last year 21% were filled out online. Although the percentage has increased from last year, we had hoped the online response would be higher this year as more patients are aware of the website, and almost 800 e-mails had been sent out to patients informing them that the survey was available to complete.

ANALYSIS OF RESULTS

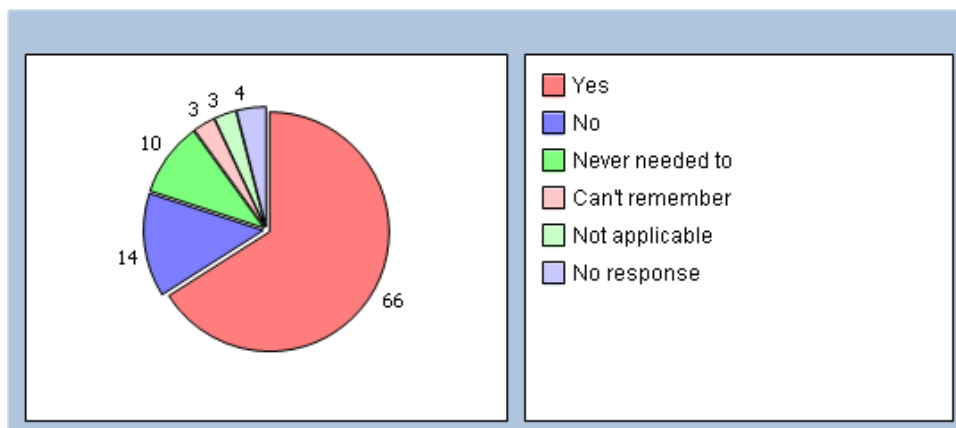
The full results are published in the accompanying document. The main points are discussed below.

Waiting Time for an Appointment

As well as the routine clinics that each doctor has, an Emergency Access Clinic (EAC) is run every day jointly with a GP and Nurse Practitioners. The receptionists book patients into the clinic and the clinicians make the decision as to which patient they see.

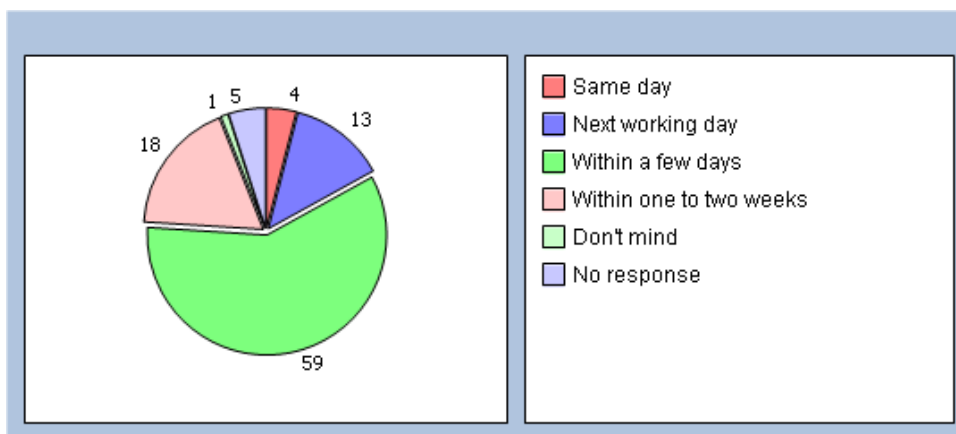
We asked whether patients are normally seen within 24 hours if they request an urgent appointment. As can be seen in the table below, only 14% said that they had to wait longer than 24 hours.

Chart 1



We wanted to know what people felt was a reasonable length of time to wait for a non-urgent appointment.

Chart 2



We agree with the 77% who feel it should be between a few days and up to two weeks, and we have always strived to do this. However, times of holiday and sickness do make it more difficult. This is one reason that we set up the EACs and have book-on-the-day appointments with GPs whenever possible.

In addition, there have been problems with recruitment in the area for at least three to four years, there is a recognised shortage of GPs looking for jobs across this area. Our last recruiting period has been since January.

However, some of the comments referred to seeing a specific doctor, or requested a particular time, e.g. around 7 am or after 5 pm. It should be appreciated that not all doctors work every day, and if patients are requesting to see a specific doctor then the waiting time for a routine appointment is likely to be longer than one with any doctor.

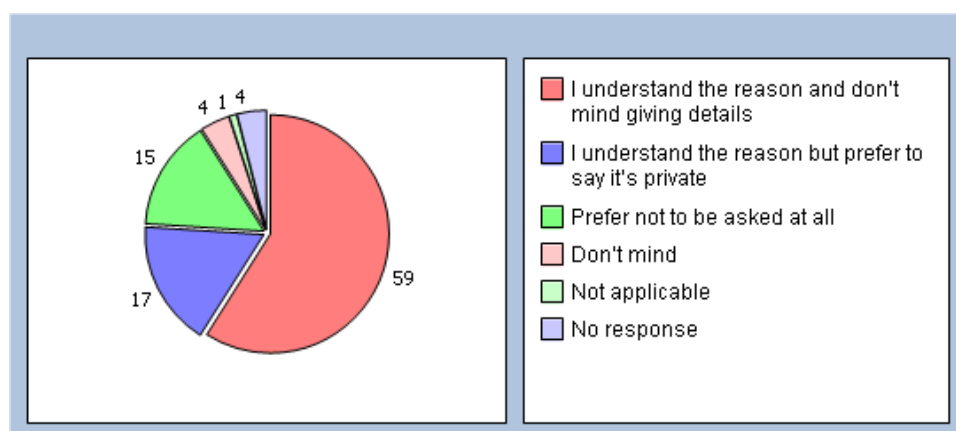
Receptionists Asking About Appointment Reason

Previous internal surveys have found that a significant number of GP appointments were taken up with ailments or enquiries that could have been more appropriately seen by a Nurse Practitioner, Practice Nurse, or Healthcare Assistant (HCA), or could have been dealt with over the phone.

As a result, the Partners (Dr Parkinson and Dr Gilby) have set down the policy that receptionists ask patients the reason for their appointment request so that they can be directed to the most appropriate clinician. Patients can always say it is a private matter if they prefer.

We asked how patients how they felt about the receptionists asking about the reason, taking the above into consideration.

Chart 3

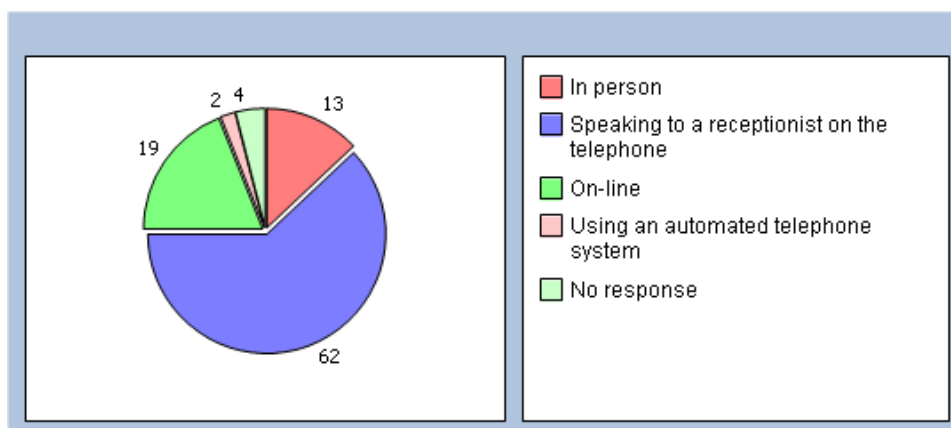


We feel encouraged that 63% of patients don't mind giving details, and hope that more patients now understand the reason that the receptionists ask the question, and that they are following the policy set down by the Partners. Patients are always free to say that the reason is private, they do not have to give details of their problem if they do not want to.

Methods to Make Appointments

We asked what was the usual method patients used to make an appointment and 80% said they speak to a receptionist on the telephone. We then asked how people would prefer to make an appointment, and that figure dropped to 62%. 19% of patients said they would prefer to make an appointment online, which is an excellent amount. We realise that there are probably two main reasons for this. Appointments could be made via the internet at any time, day or night, and a phone call to the surgery could be avoided.

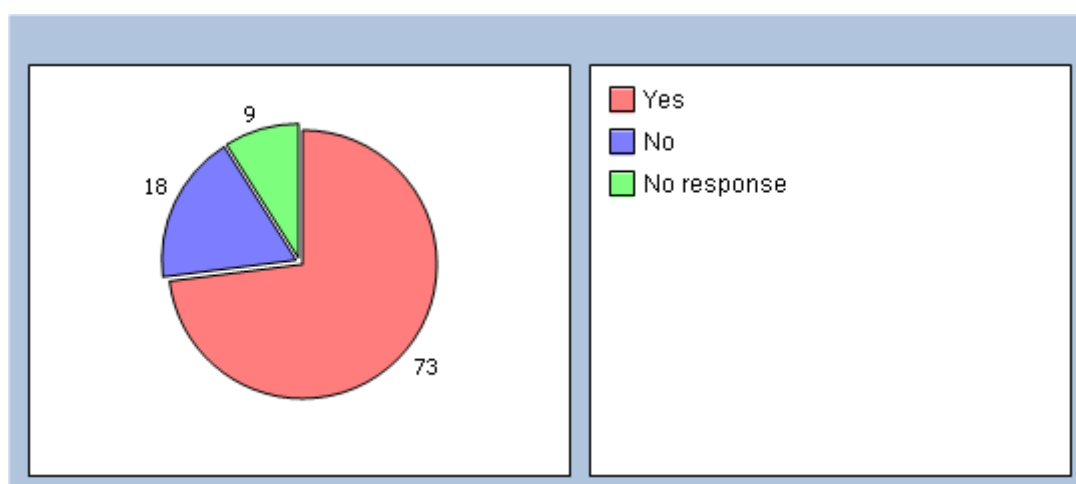
Chart 4



We are in the process of developing the ability of patients to book their own appointments, both on the telephone using the automated 'Patient Partner' system and online. We had hoped that it would be up and running before now but unfortunately, due to the technical difficulties we have had with BT, it is still in the early stages. We hope that it will be working properly in the next few months. We will be upgrading our computer system in July this year and this should make it easier to organise online booking.

Automated Phone System

This is a relatively new service and there are still teething problems with it. As yet, it is not working as well as we hope it will. One facility that it has is to be able to check and cancel appointments. It is still new, in the survey, 8% of patients said that they had already used it to cancel an appointment. We are very encouraged to see that 73% of patients said that this facility is something that they would use.



DNA (Did Not Attend) Appointments

Similar to the majority of practices across the country we have a problem with patients not attending appointments. We carried out two audits last year to look at this. These were not cancelled appointments: the patients simply did not turn up. The average length of a GP appointment is 10 minutes.

August 2013

	Dr Parkinson	Dr Gilby	Dr Blaxter	Dr Hussain	Dr Khan	Dr Mohgoub	TOTAL
No. of appts lost	41	59	35	36	21	23	215
Appointment hours lost	6.83	9.83	5.83	6.00	3.50	3.83	
Total hours lost	35.83						

Table 1

October 2013

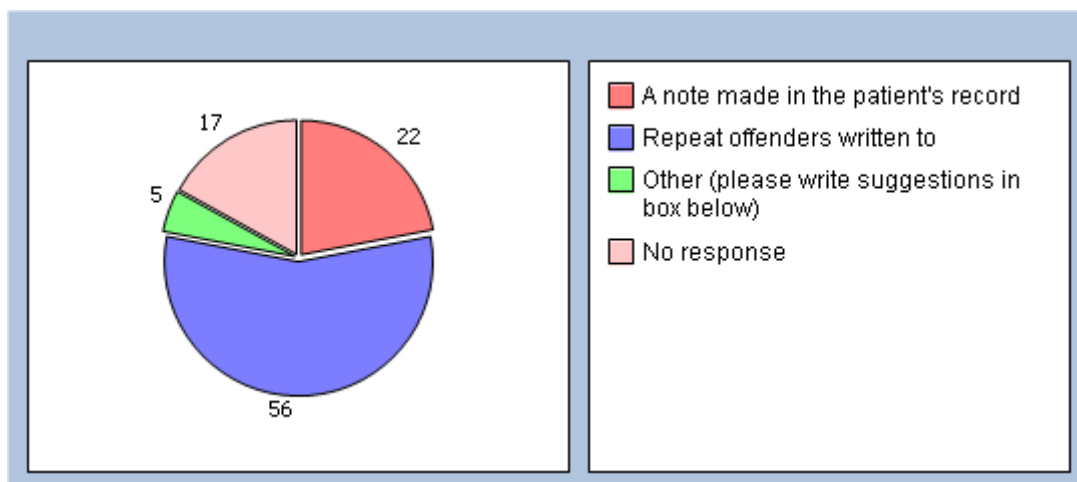
	Dr Parkinson	Dr Gilby	Dr Blaxter	Dr Hussain	Dr Khan	Dr Mohgoub	TOTAL
No. of appts lost	14	29	26	48	10	33	160
Appointment hours lost	2.33	4.83	4.22	8.00	1.67	5.50	
Total hours lost	26.67						

Table 2

We are aware that patients may have had to wait several weeks for a non-urgent appointment with a doctor, especially if a specific doctor/time has been requested. We feel that part of the problem is that almost every day there are wasted appointments in each GP's clinic. The average length of a GP clinic is 2 ¾ hours (3 hours in the morning and 2 ½ hours in the afternoon). The Terms of Service state that the recommended face-to-face time for a full-time GP is 26 hours a week. These audits show that DNA appointments can take over a week's worth of appointments out of the system every month.

This picture is also seen with the other clinicians – nurse practitioners, practice nurses, and healthcare assistants. Over a month, this can add up to about 50 hours of lost appointments.

The questionnaire asked what actions could be taken. 22% felt that a note should be made in the patient's records and 56% of responders felt that repeat offenders should be written to.



We acknowledge that anyone can miss the occasional appointment due to unforeseen circumstances, but there are patients who persistently miss all of their appointments. We asked for further suggestions of what could be done about these patients.

It was interesting to note that 28% felt that a patient who continually did not attend appointments should be fined, and 28% felt that they should be struck off, usually as a last resort.

- “charge them for wasting time other people could have been seen in that time it is unfair”
- “They should be restricted access or to be charged for missed appts as we do by dentists”
- “there should be some sort of reprimand – its hard enough getting appointments without knowing that you could have had one had someone had the decency to ring up and cancel!”
- “make them sign with different GP, they are a waste of time and money”
- “if a patient misses 3 appointments in a row or 3 in a year, they should at the discretion of the doctor be struck off the list. And asked to find another practice”

It was also suggested that patients be rung to check the reason that they did not attend. As can be seen by the figures in the tables above this is not always practical, due to the numbers involved. However, patients are often contacted when they miss an appointment for an annual review, enabling them to rebook.

PATIENT COMMENTS

Some of the main points are discussed below.

Telephone System

From the feedback, it is very clear that we are still experiencing difficulties with the phones. Several patients commented that it can be difficult to get through on the phone, and that the phone rings and rings without being answered. We are aware of this problem, and it is due in part to the technical problems we have been having. We can assure patients that receptionists do answer the calls when they come through the switchboard to their phones. However, the sheer number of calls is causing problems with some calls getting caught in a loop before this point.

This is one reason that we had the automatic system set up. Once it is running properly patients will be able to check appointment times and cancel appointments themselves at any time, day or night, without needing to speak to a receptionist. We have tried to work with BT to solve the issue but have had great difficulty over the past year in getting BT to answer faults and action solutions, and we are currently experiencing this situation again. A BT engineer has been in again this month but they still have not been able to sort out the problem.

Alongside this, we need to address patients NOT being asked to ring back, which would reduce demand on the phones. We need to look at the appointment system again to prevent ring backs by patients, which would reduce demand on the phones. We need to look at more effective messaging between patients and staff to reduce demand on the phones.

We have introduced a system called Patient Partner to try to develop patients’ ability to book appointments for clinics through an automated system on the phone. This has been hindered by the problems with BT but we are still striving for this. We intend to offer some online booking of appointments in the autumn of this year after we have upgraded our computer system. Both of these options will allow booking during the closed surgery hours and therefore hopefully reduce the demand on the phones during opening hours. In the survey 21% of people stated that they would prefer to make appointments either online or via the automated system. We are holding a meeting with the Partners and key members of staff to remap the appointment system in early April.

We need to inform patients of other avenues for very minor illnesses that can be dealt with by ‘Over The Counter’ medicines from a chemist as the first port of call, which would allow better access on the phone and to appointments.

We need to discuss with the Partners the possibility of a pilot scheme where patients can only book future appointments after a certain time in the day to allow the early morning “sick on the day” to be dealt with first thing,

and then other queries answered in a less demanding time of the day. This should improve access on the phone for patients wanting to make an urgent appointment for that day.

Early and Late Appointments

A few patients asked about being able to make early and late appointments. The surgery used to be open until 8 pm two nights a week but unfortunately, after a cut in funds from the Government, we are no longer able to open for evening appointments. There are clinics for routine appointments from 7:00 am four mornings a week. However, these are limited and tend to get booked up quite quickly.

Appointments at Smallthorne

A few patients asked about being able to make appointments at Smallthorne.

There are GP and practice nurse clinics run at Smallthorne, however because we run the EACs as joint clinics with a GP and nurse practitioners they are based at Bradeley. We can't run these Emergency Clinics at Smallthorne as this is about a team working together to provide the best person for the patient's problem. As Bradeley is the main site it is more appropriate for better access to equipment, phones etc.

Receptionists

There were a few comments about the attitude of some receptionists. We find it upsetting that people felt that some staff were rude or unhelpful. And whilst we want to support our staff, we acknowledge people's feelings. This issue arises every year and is a difficult topic as it involves individual's perceptions. We receive positive comments about reception staff as negative ones.

All staff are trained to be polite and professional and as helpful as possible, however it is impossible to provide for everyone's needs at times suitable to them. Staff are often subject to a great deal of verbal abuse if some patients don't get what they want when they want it. The Practice has a certain amount of capacity and patients' demands are always increasing, and whilst the receptionists may have to impart facts or be assertive, to some this may be regarded as rudeness by the patient/recipient. In addition, at times of stress people's thresholds are different, for both patients and staff. Perhaps more insight into the receptionists' role needs to be given to patients, as it is a highly pressurised post.

A solution may be to pursue installing a system to record all calls, which should be possible with the new phone system.

Suggestions for the Waiting Room

- More information about the "well person service"
- Information about the appointment system
- Information about Practice policies
- Information about the number of 'DNA appointments' so that people realise what a problem it is

Miscellaneous Comments

- A suggestion was made about re-designing the car park to remove the kerbing
 - We are unable to increase the size of the car park but this may be an option to look at to increase the space available
- It was asked that there be an option for prescriptions to be posted
 - If we receive prescription requests with a stamped-addressed envelope, we can send the prescription back. Alternatively, a pharmacy of your choice can be nominated and they will pick it up from us and it will be ready for you to collect from them.

Some of the Positive Feedback Comments

- “I feel that I get a good service, am listened to and actions taken to follow up issues promptly”
- “my wife and I think you do a great job at the surgery”
- “I think the surgery is first class would not choice to go anyway else. All staff are very pleasant. Doctors too.”
- “when requested an emergency appointment we have always had one for the same morning”
- “I’ve been at this surgery for many years and have always been pleased with the care I received. The GPs I have seen have always been excellent, and I have always found the reception staff to be wonderful.”
- “First class service”
- “we cannot fault out doctors, nurses, or receptionist”
- “very satisfied with all aspects of my treatment”
- “have always received good service & found receptionists to be very helpful”

Demographic Profile

The final section of the questionnaire asked about the demographic profile of the patients completing it.

Once again, the majority of patients taking part were women, this time 62% were females, a 2% increase from last time. Male responders had decreased from 35% last year to 31% this year.

The age range of patients was fairly equally spread from 1% of patients aged under 16 to 3% aged over 84 years, which we feel to be successful compared to previous surveys.

As expected, the ethnic background question showed that the vast majority of patients who gave their ethnic status were White British (91%). There was 1% White Irish, but as the percentage figures are rounded up there were not enough to record a percentage for the majority of the remainder.

By looking at the individual patient data, it could be broken down as follows, for those patients who replied to the question:

White British	262
White Irish	3
Mixed White & Black Caribbean	1
Mixed White & Black African	2
Indian	1
Black Caribbean	2
Other	2

The Practice has the ethnic status of 12,779 of its 14,278 patients recorded, and of those 11,987 are White British (94%).

FEEDBACK FROM THE vPRG

The vPRG gave very positive feedback about the report. The following were the comments and suggestions made and our responses to them:

- ***Could the automated system be developed so that patients get a call the day before to confirm by pressing a number on the keypad that they will/wont be attending (like the hospital system maybe)" - it would be great if this could be introduced, then anyone who said No, those appointments could be added to the next day.***
 - We don't know if it's possible on this automated system, and as we are currently still having many problems with it we probably need to keep it as simple as possible until it's settled in. We are hoping to get the text messaging appointment reminder service running soon. We appreciate that this will only be useful to people with mobile phones, but hopefully it will help to make a difference.

- **Could a TV system be introduced in the reception areas highlighting issues such as DNA's, the website, the Pharmacy First Minor Ailments Scheme and walk in centres?**
 - We will look at the possibilities of connecting a TV to the new computer system, which will allow us to run videos as well as use it as a call system. However, unlike the computer system, call and information systems are not funded via the NHS and they need to be independently funded by the Partnership.
- **I didn't realise that you can't get afternoon appts until the morning is full. Is that really the case? If so, that's not at all helpful for people like teachers, for example, who can't possibly get before 4pm, and who aren't available in the day to book an appt.**
 - In the past we did have completely open booking, but found that the afternoon appointments were being booked quickly, even by people who could have come during the day. This meant that not all the morning appointments were being used and therefore were wasted, which put additional pressures on the system.
- **I also think that an evening/late afternoon emergency clinic would be most helpful.**
 - The surgery used to be open until 8:00 pm a couple of nights a week, but unfortunately we had to stop when the funding was withdrawn by the CCG. We have the early morning clinics from 7:00 am four mornings a week, but they do get booked up quite quickly.

With regards to the above two items, the Partners and key members of staff have already responded to the results of the survey and have met to begin the process of unpicking and rebuilding the appointments system.

- **It seems people want to charge DNAs, but this should only be after reason was sought. As a few said, we get charged at the dentist's if we miss, so why not at the Drs? Reminder text messages are a very good idea.**
 - Although various national surveys have shown that there is widespread public support for charges for missed appointments, this is not an option for GP practices who are NHS-funded as opposed to private companies such as dentists, and it goes against the NHS ethos of "free at the point of delivery." Unless there was a nationally imposed system, it would be impossible for practices to decide fairly which DNAs would be chargeable and which would not.
- **The amount of hours lost by the doctors and other staff each month has to be addressed as soon as possible. And every individual should be made to explain why they missed their appointment before they are given another appointment, and if they will not don't give them one till they do**
 - We are definitely going to look at contacting patients who DNA, and the practicalities of contacting all of them, or only the ones who miss several appointments.
- **I have observed that notices are too small to read on the boards and few people get up to read them**
 - We have had several suggestions about displays for the Waiting Rooms and we will ensure that they are clearer for patients to read.
- **Perhaps some hard copies of the report could be left out on the seats.**
 - The full report will be available on the website. It might not be practical to put a lot of hard copies in the Waiting Rooms as it's likely people would take them home with them as the report is quite long. A poster can be put up saying that copies of the full report are available on request from Reception. In addition, the report could be condensed down to one page of A4, and that could be put in the Waiting Rooms in the same way as the Newsletter.
- **The replies to the survey 287 out of 14,000 plus on the books says it all.**
 - We were disappointed by the number of surveys that were returned, and were completed online. It is hard to know what we can do to increase the number in the future, and we welcome any suggestions.

ACTION PLAN

- Patient survey: condense report's main points on A4 sheet and make available in Waiting Room and online
- Develop poster displays giving more information on various topics.
- Devise a system for dealing with patients who DNA, e.g. sending letters
- Continue to work with BT on the patient appointment self-booking system
 1. Telephone 'Patient Partner' system
 2. Online
- Develop the text message reminders system
- Review the appointments system
- We will look at running an internal audit to look at patient demand for appointments.
- Consider running a short audit towards the end of the year to see whether patients have found an improvement in the telephone and appointments systems.
- Discuss with local Clinical Commissioning Group (CCG) patient education for minor illness to encourage self-management and use of services
- Discuss with CCG alternative models of providing services by practices across the city
- Continue to try to encourage higher online response to future surveys

CONCLUSION

This is a difficult time for all practices across the country. Retention and recruitment is very difficult for all the practices in Stoke-on-Trent and we need to work in partnership with patients to deal with the demands on the service with the staff and resources we have. Many GPs locally are retiring early or leaving the area for more leafy suburbs and there is a shortage of new GPs to take their place, and locums to cover the gaps. This combined with the Practice's higher than local average ageing population and the fact that Stoke-on-Trent is nationally recognised as being a deprived area of the country puts considerable pressure on services.

Ours is a high-demand practice and we need to encourage and empower patients to self-manage minor ailments themselves and use other services such as pharmacies for cold remedies before using GP services.

Although we understand, and indeed share, the frustrations expressed by patients we have been encouraged by much of the feedback received and reported on above.

New ways of delivering healthcare are needed and we welcome patients to work with us on addressing these issues.

BROOK MEDICAL CENTRE OPENING HOURS

Bradeley Site

Day	Enhanced Opening Hours	Core Opening Hours
Monday	07:00 – 08:00	08:00 – 18:30
Tuesday	07:00 – 08:00	08:00 – 18:30
Wednesday	07:00 – 08:00	08:00 – 18:30
Thursday	07:00 – 08:00	08:00 – 13:00 14:30 – 18:00
Friday	CLOSED	08:00 – 18:30
Saturday	07:00 – 14:00 Once a month for pre-booked minor surgery clinics, NHS Checks, etc only.	No routine appointments
Sunday	CLOSED	CLOSED

Smallthorne Site

Day	Enhanced Opening Hours	Core Opening Hours
Monday	CLOSED	08:00 – 18:00
Tuesday	CLOSED	08:00 – 18:00
Wednesday	CLOSED	08:00 – 18:00
Thursday	CLOSED	08:00 – 13:00
Friday	CLOSED	08:00 – 18:00
Saturday	CLOSED	CLOSED
Sunday	CLOSED	CLOSED

Staffordshire Doctors Urgent Care based near the Britannia Stadium is the local Out-of-Hours service who covers the surgery for the majority of the time that it is closed. North Staffs Urgent Care Ltd service covers the surgery from 13:00 on Thursdays until 08:00 Friday mornings. The Bradeley site is open for booked appointments only on Thursday afternoons, but the Smallthorne site is closed.

During core opening hours the only time Brook Medical Centre is closed to patients is on Thursday afternoons between 13:00 and 14:30 at the Bradeley site when the Practice is closed for staff training.

Enhanced Opening Hours

Previously the Practice was able to open for two nights a week at Bradeley until 20:00. However, after budget cuts from the PCT in 2011 this became impossible so the surgery at the Bradeley site is now open four mornings a week from 07:00 for GP appointments.

Clinics are held on Saturday mornings at the Bradeley site one Saturday a month. These are usually minor surgery clinics, and are all pre-booked. There are no routine GP or nurse appointments and the phones are handled by the Out-of-Hours Service. Routine queries such as test results and making appointments are only dealt with during the week.