

Appointment & Access Survey

January 2012

Summary of Findings and Proposed Actions

Introduction

During 2011, Richmond Surgery in conjunction with its Patient Participation Group (PPG) invited patients to become members of a Virtual Patient Representative Group (VPRG).

The aim of the VPRG was/is to provide an opportunity for patients to feedback on existing provisions of care, internal systems, proposed new systems together with the opportunity to put forward suggestions for enhanced care and systems. This is done by way of occasional virtual surveys.

A number of methods were employed to gain members for the VPRG:

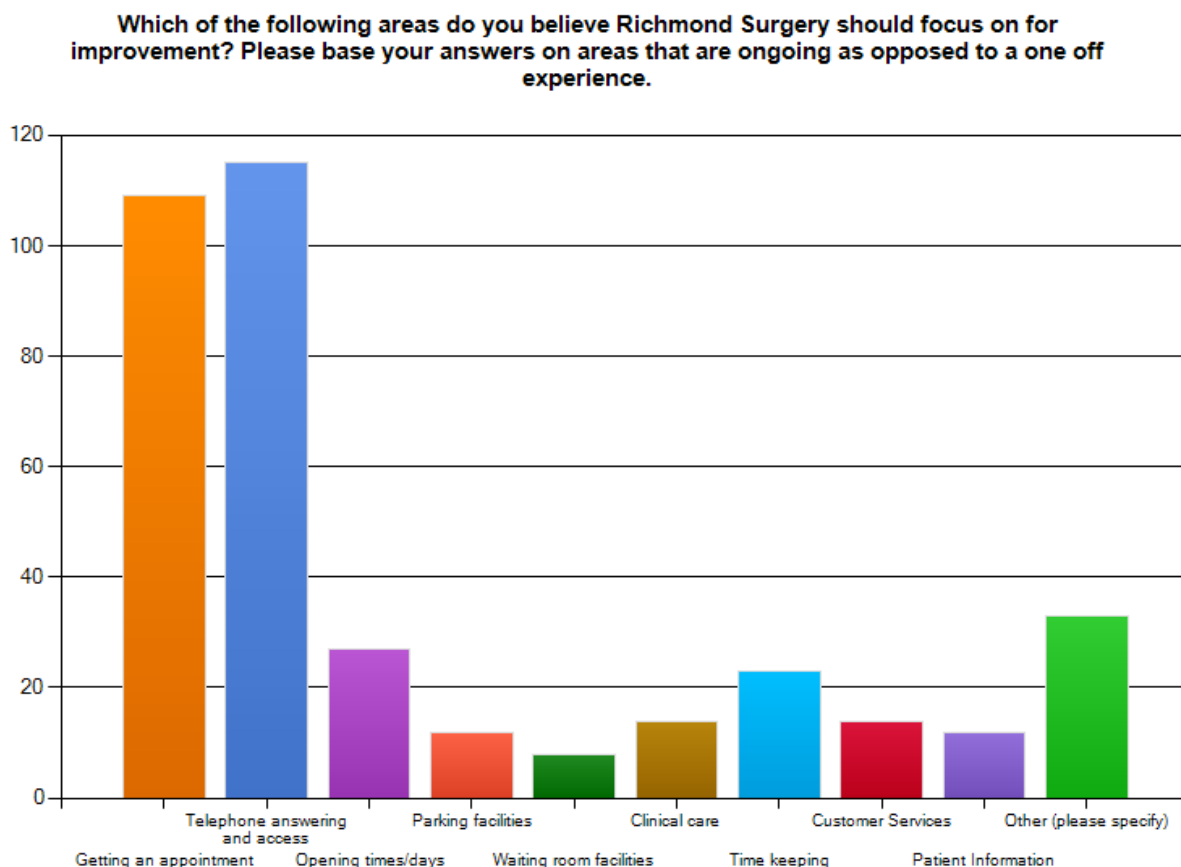
- Patients with a recorded email address were contacted
- The VPRG was/is promoted on the Surgery's notice board in the waiting area
- Joining forms were made available at the Surgery
- The VPRG was/is promoted on the Surgery's website with joining form
- The VPRG was/is promoted in Surgery by way of the Digital Information Screen
- The VPRG was/is promoted by way of the Surgery's bi-monthly Newsletters
- Patients were invited to join during consultations over a 1 month period
- All staff were involved in actively suggesting membership to patients
- Membership is not closed. Patients are still actively encouraged to join

In an effort to create a VPRG representative of the Practice's patient population, specific patient groups were identified and also invited i.e. disabled, specific health related issues, younger patients etc and a record was kept of membership age, ethnicity, sex and any specific identifiable groups. Please see Addendum for a full breakdown of the VPRG at the time of this report.

In December 2011, a short pre-survey was issued using the online tool Survey Monkey, which the practice subscribed to, as a method of gaining insight in to those areas of care causing specific concern amongst the VPRG. This pre-survey was written in line with suggested templates provided by NHS DES requirements and with the involvement and agreement of the Surgery's PPG. The pre-survey incorporated the following care areas:

- Getting an appointment
- Telephone answering and access
- Opening times and days
- Parking facilities
- Waiting room facilities
- Clinical care
- Time keeping
- Customer Services
- Patient Information
- Other (open to feedback)

The results of this short pre-survey are illustrated in the graph below and formed the basis of a more comprehensive survey on the initial main areas of concern. At the time of this short pre-survey, the VPRG membership amounted to 310 members of which 194 responses were received. 63.2% of responders were female, 36.8% responders were male.



The results of this pre-survey were reviewed by all Partner GPs, Practice Manager, Team Leaders and members of the Surgery’s PPG. Following this, it was jointly agreed that the main areas of concern were:

- Getting an appointment
- Telephone answering and access
- Opening times and days

In January 2012 using Survey Monkey again, the Practice issued the “Appointment & Access Survey”. The questions included within the survey were generated, reviewed and agreed with full involvement of Partner GPs, Practice Manager, Team Leaders and members of the Surgery’s PPG.

When this survey was issued, the VPRG membership had grown to 358 members of which 241 responses were received. 62.2% of responders were female, 37% responders were male and 0.8% preferred not to say.

To also ensure availability to non-members, this survey was made available at the Surgery as a hard copy and also by post to those members who asked to join but were unable to be

participate virtually. 18 hard copy surveys were returned. Future surveys will continue to be made available as hard copies and may also be made available via the Practice's new website.

Other lesser areas of concern illustrated by way of the Pre-Survey were not overlooked and will form the basis of future surveys later in the year. It is also proposed to issue Follow Up Surveys.

The results of the "Appointment & Access Survey" were reviewed and decisions made with the involvement of the Partner GPs, Practice Manager, Team Leaders and members of the Surgery's PPG.

Full results with breakdown and statistics are illustrated in the Summary of Survey Results.

FINDINGS:

1. Telephone Access:

It is clear from the results that telephone access is an area of concern, however from additional VPRG comments what is also clear is that it is predominantly only during a specific time of the day namely 0800-0900 hrs.

75.2% of responders reacted positively to the suggestion of a Call Queuing System, commenting that they would prefer to be held in the system rather than attempting repeatedly to call again.

60.9% of responders, just over half of responders reacted positively to the suggestion of a Call Filtering System. It should be noted that 28.6% answered negatively with 10.5% responders uncertain as to whether this would be advantageous.

Many members of the VPRG suggested additional phone lines to address this issue.

Proposed Actions:

- In approximately 2001 the Practice installed, at cost, a Call Queuing System. This was received so unfavourably by patients that eventually it was unplugged. It is currently being investigated if this piece of equipment is still viable for use and if so, will be reinstated and feedback monitored for a period of 6 months. The Practice is anxious not to invest in new costly standalone systems that may once again prove unfavourable to the greater patient population. Therefore if viable a trial of reinstated equipment would be the first logical step.
- The suggestion for additional phone lines is understandable. However, creating additional phone lines would require additional staff to answer these lines. Whilst access may improve to the surgery during the key busy periods, it would not generate additional appointments and simply mean available appointments would go faster.
- The Practice is in the advanced stages regarding proposals for extension works to the surgery which would create an additional 5-6 consulting rooms and increased availability to care. Additional phone lines could be created at that point by the

investment in a new digital telephone system that would be required to cope with the increased demands following building works. This would be an effective investment for the long term rather than the short term.

- The Practice is obtaining quotations for a new digital telephone system that will cope with future demands, provide additional phone lines, and incorporate a modern Call Queuing System and Call Filtering System.
- The Practice introduced Online Appointment Access in June 2011 to ease pressure on the telephone lines. This is still in its infancy with only some 20% of patients currently registered to use it. Increased registration and use of this new system will improve telephone access for those patients without internet access.

2. Appointment Access:

It is common practice for Surgery's to have a mix of book in advance appointments and book on the day:

- Book in advance – for those patient requiring regular treatments, ongoing reviews, access to regular nursing care/treatment, non-urgent requirements etc
- Book on the day – for urgent on the day requirements

Two questions were answered by the VPRG regarding timescales for booking appointments with a GP and/or nurse on a 'preference' v 'need to' basis.

On a preference basis there was no significant overall majority and many patients of course commented that it would depend on the medical issue at the time.

Therefore, in advance 2-6 weeks results showed that whilst a patient's preference was to book within this timescale, their need to have an appointment during that time was less. The Practice provides appointments bookable in advance up to 6 weeks which works well for patients on regular weekly care, treatments or reviews.

However in contrast, on a 'need to' basis the results show an increase in the percentage split with a slightly higher 'need to' to book within 1 week. It could be argued that this percentage includes those taking the assumption that if they were suddenly ill they would need to book within a week, however, generally this result would infer we have a high percentage of patients requiring regular nursing care i.e patients requiring daily/weekly dressing changes etc. Access to a GP on a weekly basis would be an infrequent patient occurrence and usually a short term requirement.

Being able to access an appointment with a GP and/or nurse within 3 days revealed that only 11.3% of the VPRG were always able to achieve this. However it should be noted that 79.8% of responders advised that whilst they did experience some degree of difficulty, it was not a regular occurrence. Feedback from the PPG concluded that overall if almost 50% rising to 90% including 'sometimes' having difficulty then generally speaking it should not be considered too much of a problem. However there is a remaining 8.8% who claim never to be

able to see a GP and/or nurse within 3 days. The Practice is mindful that success is dependent on demand, time of the week and day but is also eager to achieve an increase in this area. Therefore improved access is required.

The practice regularly reviews the percentage split of book in advance and book on the day appointments with Partner GPs. In 2011 there were 3 changes together with an increase in the number of appointments during morning and afternoon surgery, both trialled as book in advance and book on the day. Regrettably there are many other duties the GPs perform on a daily basis and therefore at the present time the ability to once again increase the number of one to one consultation is not possible.

The Practice provides highly experienced locum GPs that ensure back up support to our Partner GPs. For this reason their appointments are predominantly for urgent on the day requirements only. With our secure consultation system, every GP whether locum or Partner has access to full up to date information for every patient ensuring continuity of care

Telephone Consultations provide access to medical advice and in many cases reassurance. This system is not dissimilar to NHS Direct. Over 90% of VPRG responders were aware of the availability of this system with almost 80% having experience of using it and equally as high achieving satisfaction of medical care.

Each Partner GP provides an evening Commuter Clinic from 1830-2000 one evening per week. Whilst 68.1% of VPRG responders were aware of these clinics, 31.9% were not which when applied as a percentage of the Practice's total patient count of 12000+ would appear high. However when reviewing a further question that asked if patient's used/would use these evening Commuter Clinics, 35.3% said no. There were suggestions from some members of the VPRG to start the Commuter Clinics earlier. At the present time other medical commitments/duties prior to this time prevent the Partner GPs commencing earlier. If demand increases for the evening Commuter Clinic then the Practice would review.

Following on from Commuter Clinics, the VPRG responders answered a question relating to preference of appointment times:

1. 50% of VPRG responders advised their preference was during working hours
2. 21.4% advised evening Commuter Clinics
3. 13.4% expressed no preference
4. 7.6% advised before 0800
5. 4.2% advised alternate Saturday a.m. surgery

The Surgery's current opening hours are as follows:

Monday - Friday 8.00am to 6.30pm

Tuesday -Thursday 6.00pm to 8.00pm - Commuter Clinic Hours

It is clear from the results that the main preference is access to care during the day. There is a marked jump from preference 1 to 2 indicating that whilst the evening Commuter Clinics are popular the level of provision would appear at present to be adequate. The addition of morning Commuter Clinics whilst not high could address the need for more appointments during the 'working day' by providing workers with access on the way to work, freeing up more appointments after 0900. Currently the demand for a Saturday morning surgery would appear minimal, therefore not cost effective at present. However, this will be reviewed again in the future.

The Practice introduced an Online Appointment System in June 2011 to provide increased flexibility of access to appointments. 85.3% of the VPRG responders were aware of this new system however a large proportion of VPRG responders became members because they provided an email address when registering for the Online Appointment system and were invited by email. Despite this, the results showed that almost 15% of other members were unaware which if applied as a percentage to the Practice's 12000 + patient count illustrates the number of patients still to register for this new system.

The Practice introduced a Minor Illness Clinic several years ago with our Senior Practice Nurse who trained specifically in the provision of this care and the administering of a Minor Illness Clinic. This Clinic saw little usage despite the clear advantageous for its use. As demand for clinical care has increased, research has shown that many GP appointments could have been dealt with at the Minor Illness Clinic. In mid-2011 the Practice started to actively promote the availability and advantageous for using this Clinic. Whilst still in its infancy, this clinic is proving very successful however more than half of the VPRG responders were unaware of its existence.

Proposed Actions:

- Increased patient awareness of new access to care:
 - Online Appointment system
 - Evening Commuter Clinics
 - Minor Illness Clinic
 - Telephone Consultations

Following review of this area of concern, it was unanimously agreed that whilst the Practice had introduced new areas of access to care, increased patient awareness was required. Restrictions on available budget and manpower prevent many desired methods such as email, mailshot, letters etc and therefore many patients only become aware of new systems when visiting the surgery.

- Telephone consultations with our Minor Illness Clinic Senior Practice Nurse are currently being considered. If viable, these will be introduced.
- Morning Commuter Clinics

As a result of this survey, the Practice introduced in February 2012 Morning Commuter Clinics with two of its nursing team, 3 mornings per week, 0730-0800. This is already proving extremely successful. In addition to this, 1 x GP at the Practice is currently trialling a Morning Commuter Clinic, 2 mornings per week, 0730-0800. Subject to success, provision to other GPs may be implemented.

- Proposed extension works to the Surgery

The long term aim of this proposed work is to provide an increase in the level of available care, access to care and flexibility.

3. Appointment Reminder System

An ongoing area of concern at the Practice is the high level of missed appointments regularly ranging from 145-210 appointments per month. The Practice prepares an audit every month and repeat offenders are contacted.

A high percentage of DNAs (Did Not Attends) are with the nursing staff. Some conclusions can be drawn as to the likely reasons why the nursing team receive a higher percentage of DNAs:

- Regular treatment therefore appointments are booked weeks in advance and prone to being forgotten or no longer required
- High percentage of elderly patients prone to illness or forgetfulness
- Travel vaccines no longer required
- Mother and baby clinics – sick child

The VPRG were asked if they had ever missed an appointment. Almost 90% of responders advised they had never missed one. 4.6% advised they had forgotten, 2.9% advised they were too ill to attend and 2.5% advised they were delayed.

The VPRG were then asked if they would like an appointment reminder system and if so, how? 85.3% responders advised they would like this system with suggested methods of text message, email or appointment card. Text and email messaging would require subscription to an outside provider together with possibly many 'man hours' in obtaining mobile numbers for patients and/or email addresses.

Proposed Action:

- It was unanimously agreed with feedback from the PPG that whilst the majority had reacted positively to a Reminder System, as 90% has also advised they never forget, was the overall financial input required to implement a reminder system a viable proposition at the current time?
- Quotations are being obtained for the option of an Appointment Card however this method had been adopted in the past, with no significant reduction in DNAs.

- An adjustment to nursing book in advance appointment timescales was proposed. The Practice is mindful that reducing the timescales would be to penalise those patients that do not abuse this system. This will therefore be monitored.

Conclusion

This is the first and successful survey the Practice has administered Virtually, which has enabled a higher level of response than past paper surveys and an ability to easily assess results. The Results and this Report have both been published and notified as follows:

- Summary of Survey Results, Summary Report & Action Plan published on the Practice's new website
- The PPG were provided with copies of the final Reports
- Notification posted at the Surgery of the Report publications
- The Practice's next Newsletter will include notification of the Report publications

As already mentioned, the Practice will attempt to reinstate the 2001 Call Queuing System and would encourage all patients to register and actively use the Online Appointment System when requiring urgent book on the day appointments.

Planned extension works to the surgery will address many issues as increased consulting rooms will facilitate an increase in available care which in turn will require new systems with added features to be introduced.

The VPRG members were asked if this survey had made them aware of other available options for accessing medical care and appointments at the surgery. 66.8% responders advised it had. When viewed as a percentage of our 12000+ patient population, it clearly demonstrates that an increase in patient awareness is required to ensure the success of recently introduced systems for appointment and access to care. Some financial investment will be required to achieve this and the Practice will be considering a budget for this.

The Practice acknowledges that DNAs are an ongoing problem with no easy solution, but will continue to actively request that patients call to cancel their appointments if no longer required, unable to attend or delayed so they can be made available to others.

Finally, the VPRG members were asked for their overall satisfaction regarding the availability of access to care and appointments, taking in to account additional choices that they were now aware of because of this survey. Almost 65% of responders were 'very satisfied/satisfied' which the Practice believes is a successful response and is acknowledgement that increased patient awareness is required. 31.1% of responders advised they were fairly satisfied. It is hoped that the Proposed Actions highlighted and being introduced now and in the near future will see an adjustment in favour of 'very satisfied/satisfied'. A small 3.8% of responders (8 patients) advised they were 'not at all satisfied'. Members of the PPG expressed concern as to the level of such dissatisfaction with this very small minority and suggested a level of frustration because of a recent incident. The Practice hopes that in the future there will be no patients falling within this category.

Great improvements to appointment and care access have been made during the past year. Irrespective of this, the Practice undertakes to continue introducing new systems, adjusting and reviewing existing systems and more importantly to continue to involve its patients in the provision of care now and for the future.

The Virtual Patient Representative Group remains open to any patients that would like to become members.

Addendum - VPRG Profile at time of the original Pre-Survey

| Practice population profile | | VPRG profile | | Difference |
|---|---------------------|--------------------------------------|-----------------------|------------|
| Age | | | | |
| % Under 16 | 21 | % Under 16 | 0 | -21 |
| % 17 - 24 | 6 | % 17 - 24 | 3 | -3 |
| % 25 - 34 | 9.5 | % 25 - 34 | 8 | -1.5 |
| % 35 - 44 | 19 | % 35 - 44 | 19 | Equal |
| % 45 - 54 | 17 | % 45 - 54 | 20 | 3 |
| % 55 - 64 | 10 | % 55 - 64 | 18.5 | 8.5 |
| % 65 - 74 | 10 | % 65 - 74 | 20.5 | 10.5 |
| % 75 - 85 | 5 | % 75 - 85 | 10 | 5 |
| % Over 85 | 2.5 | % Over 85 | 1 | -1.5 |
| Ethnicity Within Practice | | Ethnicity within VPRG | | |
| White | | White | | |
| % British Group | 38 | % British Group | 92.3 | |
| % Irish | 0.05 | % Irish | 2.1 | |
| Mixed | | Mixed | | |
| % White & Black Caribbean | 0.01 | % White & Black Caribbean | 0 | |
| % White & Black African | 0.04 | % White & Black African | 0 | |
| % White & Asian | 0.02 | % White & Asian | 0 | |
| Asian or Asian British | | Asian or Asian British | | |
| % Indian | 1 | % Indian | 0.5 | |
| % Pakistani | 0.01 | % Pakistani | 0 | |
| % Nepalese | 0.02 | % Nepalese | 0 | |
| % Bangladeshi | 0 | % Bangladeshi | 0 | |
| Black or Black British | | Black or Black British | | |
| % Caribbean | 0 | % Caribbean | 0 | |
| % African | 0 | % African | 0 | |
| Chinese or other ethnic group | | Chinese or other ethnic group | | |
| % Chinese | 0.03 | % Chinese | 0 | |
| % Any Other | 0.04 | % Any Other | 5.2 | |
| Gender Within the Practice | | Gender Virtual Patient Group | | |
| % Male (6032) | 50 | % Male | 61 | |
| % Female (6039) | 50 | % Female | 39 | |
| Practice Specific Care groups | | | | |
| <i>e.g. learning disabilities, substance misuse, nursing homes, travelling community, Faith groups, specialist units etc.</i> | Within the Practice | | Virtual Patient Group | |
| Learning Disabilities | 14 patients | | 3 members of PRG | |
| Asthmatics | 701 patients | | 28 members of PRG | |
| Diabetics | 381 patients | | 22 members of PRG | |
| COPDs | 104 patients | | 10 members of PRG | |
| Expectant Mothers | 107 patients | | 5 members of PRG | |
| Disabled | 5 | | | |

NB: Within the practice we are still collecting ethnicity, therefore the practice % are very low.