

Clinical Care, Access & Services

February 2014

Summary Report of Findings

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Introduction

In early 2011, Richmond Surgery in conjunction with its Patient Participation Group (PPG) started to invite patients to become members of a Virtual Patient Representative Group (VPRG). The aim of the VPRG was to provide an opportunity for patients to feedback on existing systems for access to care, internal management systems, proposed new systems together with the opportunity to put forward suggestions and feedback by participating in occasional virtual surveys.

In November 2011 a pre-survey was conducted to establish those areas of patient concern. These were as follows:

1. Telephone access
2. Obtaining an appointment
3. Opening hours
4. Clinical Care
5. Time keeping
6. Customer care
7. Patient information
8. Parking
9. Waiting room & available facilities

As a result of the pre-survey, 2 separate indepth surveys were issued in January 2012 "Appointments and Access to Care" and January 2013 "Surgery Services, Facilities and Patient Care" to obtain clearer and indepth feedback for those areas that had been highlighted. Both of those surveys, the outcomes, formal reports, Action Plans with regular ongoing progress of actions were published on the practice's website and are still available for inspection.

This third survey "Clinical Care, Access and Services" was to review all those new services and systems introduced over the last 18-24 months as a result of the surveys and subsequent Action Plans, some actions very recently, to establish how successfully these were working, but also where further adjustments may be required or further improvements made.

In an effort to ensure that as many patients as possible continue to have the opportunity to participate as part of a Virtual Representative Group, the practice continued its day to day efforts to acquire patient email addresses. This has been aided by the introduction of Online Services in 2011 as an email address is required to use the service. Other methods have included concentrated efforts at annual Flu Clinics where patients from at risk categories are readily available. The practice utilised the presence and assistance of our Patient Participate Group (PPG) at flu clinics to achieve as many new members from at risk categories as possible. The use of text messaging campaigns to recruit new members enabled a patient to respond with their email address, Virtual Representative Group Joining Forms in surgery actively encouraging patients to join, promotion via our Digital Information Screen and our Website together with regular campaigns within surgery to ensure patient records were up to date with email addresses were also used, but also to specifically target specialist health and at risk groups by discussing with them during consultations. The aim of all these approach

methods were to reach a far greater percentage of patients and so hopefully achieve a broader representation of the patient population i.e. disabled, specific health related issues, age, ethnicity, sex and any specific identifiable groups.

Richmond Surgery prepared this third survey by actively working once more with our Patient Participate Group (PPG). This involved regular meetings and ongoing email correspondence throughout the autumn of 2013. It was agreed that the timing of this 3rd survey would be slightly later than in previous years to provide an opportunity for as many responders as possible to have experienced the long awaited arrival in December 2013 of a new digital telephone system. All members of the PPG, the Partners and the Practice Manager were involved with the format of this third survey, the areas to be surveyed and the wording of the questions. This year all agreed this survey should re-introduce the opportunity for responders to add "comments" at the end of every question. It was also agreed that to prevent the survey being excessively long and potentially deter responders from completing the survey, only the prime areas of main concern that had been identified and subsequently actioned over the last 2 years would be surveyed this year.

These were therefore:

1. Telephone access
2. Appointments & Access to Care
3. Opening hours
4. Clinical Care
5. Time keeping
6. Patient information
7. Other Services Introduced
8. Overall Satisfaction

To facilitate comparison with past surveys, the wording of the questions was identical if not very similar to past years. This meant that once again the survey wording incorporated questions that had been used by Hampshire PCT, as well as surgery specific questions that were prepared with the full involvement and agreement of the Surgery's PPG, the Partners and the Practice Manager.

In February 2014, patients were notified of and invited to participate in this 3rd survey by the following methods:

- 4370 email invitations – this reached a far greater audience as many patients shared the same email address. In total the practice currently has 6446 email addresses registered against patients.
- 6860 text message invitations were issued.
- Members of past VPRG were automatically included.
- Promotion on the practice's website home page including a direct link to the survey
- Promotion within Surgery with hard copies available in 2 places at surgery.
- February 2014 Newsletter included a Patient Survey article and invitation.

The survey was hosted again by the online tool Survey Monkey for 2.5 weeks. Reminder messages were sent to non-responders after 1 week which resulted in fresh activity. Hard copies of the Survey Questionnaire were made available within surgery for 1 month.

At the close of the survey the practice had received a total of 649 responders. As in previous years, initial reactions were of disappointment again at this low level of responders, however when the results were analysed the positive was once more that responders had provided the practice with an excellent broad representation of our registered patient population that included under 16s, school and college attenders, long term sick patients and patients/carers within special medical categories. Please see **Appendix 1 for a full breakdown** of all responders, but briefly the make-up of responders was:

Gender of Responders:

Male - 39.45% (256)

Female - 60.09% (390)

Prefer not to answer - 0.46% (3)

Age Range of Responders:

16 - Under – 0.31% (2)

17-24 – 1.69% (11)

25-34 – 7.40% (48)

35-44 – 15.25% (99)

45-54 – 21.57% (140)

55-64 – 18.18% (118)

65-74 – 24.96% (162)

75-85 – (8.63% (56)

Over 85 – 1.39% (9)

0.62% (4) responders chose not to answer

Past surveys had revealed that responders generally fell in to 2 categories; very happy with the service provided and wanting to acknowledge this; and those who had recently had an unhappy experience for whatever reason and wished to complain. The non-responders were generally viewed as having no adverse feelings of good or bad and therefore had no motivation to spend 10 minutes participating.

The results of this survey together with all responder comments were reviewed in depth by the PPG, the Partners, the Practice Manager, and Team Leaders at a PPG Meeting on the 24th February 2014. It should be noted, however, that the PPG were emailed the results and patient comments in advance of this meeting to ensure adequate time was given for a detailed review. This written Summary Report, together with a separate detailed Graph Report generated by Survey Monkey providing a breakdown and statistics to each question was then generated and again issued to our PPG for further comments. The Graph Report is too large to be incorporated within this written summary and is therefore a separate Report.

FINDINGS:

1. Telephone Access:

In our 2011 Appointment & Access to Care Survey, we asked responders if they would like a digital telephone queue system with routing options. 75.2% said yes to a queue system and 60.9% said yes to routing options.

As a result of this, our Action Plan advised that initially we would review an old system that had been in place some 10 years previously to ascertain if that was viable to reinstate. Negative patient feedback has prevented its continued use. Unfortunately, this old system was no longer viable. Our Action Plan reflected this and it was agreed that a new system would be implemented as part of the Surgery's refurbishment plans due to the potential high costs being quoted at that time to replace the old digital system with new. During 2012 the practice became aware of new cloud based systems such as VoIP and VoiceNET, available from Healthcare Computing, the NHS IT Support Contractors. Following extensive meetings and reviews it was agreed that VoiceNET was a cost effective, supported and immediate solution for meeting patient demands for not only a new system but improved telephone access. The new system was installed in December 2013 and facilitates call queuing and therefore no engaged tone, together with routing options. Whilst still in its infancy and with regular adjustments to maximise efficiency, it was agreed that initial feedback from the survey would be welcome. The results reflect the newness of this new system:

Has this new system improved your experience when contacting the surgery?

Yes 38.12% (239)

No 8.77% (55)

No experience – balance of patients

294 responders had experienced the new telephone system of which over 80% had confirmed positively that this had improved their experience when contacting the surgery.

How frequently do you now have difficulty getting through during the busiest periods?

Never have difficulty now 12.84% (80)

Very rarely now 8.35% (52)

Occasionally now 17.5% (109)

Always 4.33% (27)

No experience – balance of patients

Of the 268 responders to this question only 4.33% (27) advised they always had difficulty getting through to the surgery on the telephone during the busiest periods since this new system was implemented. When this question was asked in 2011, it received 238 responses. Of these, 49.6% (118) responded that they always had difficulty.

Whilst only implemented approximately 2 months prior to this survey, the overall change in experience would appear to be very positive.

Of the comments received, the positives were extremely positive. However, many of the negative comments appeared to be referring to the old telephone system with feedback stating engaged tones or a busy line which the new system does not have because it is based

on a queue and route VoIP programme. Other comments stated that once through there were no appointments left. There was also very disappointingly this year a high level of negative comments regarding our reception teams being unhelpful, abrupt and unpleasant to deal with. Unfortunately a queue and route system does mean that whilst patients can now reach the surgery much faster without re-dialling, available on the day appointments will of course be booked much faster. Both lack of appointments and our reception team being front of house run in parallel with each other. We can understand patient frustration at discovering once through there are no appointments left. Equally we can understand how difficult it is for our reception team to deal with an angry, frustrated and upset patient. However, the high level of negative comments regarding our reception team cannot be ignored and it is clear that additional training is required for coping in times of stress, and with upset patients. Whilst we were influenced by the 75.2% of patients asking us to implement a queue and route system, in reality once experienced it will not necessarily meet everyone's expectations. In particular, the queue system can amount to a lengthy time on hold during busy periods.

In conclusion, whilst the new telephone system is still very new the overall results are considered very positive. Since the survey was launched, many more adjustments have been made in particular the doubling of staff to answer calls during the main 0800-0830 busy periods. With this overall initial positive response and due to its implementation because of patient demand, in time it is hoped that it will achieve a greater level of patient satisfaction.

2. Appointments & Access to Care

During the last 18-24 months, the surgery has implemented many new methods for increasing patient access to care to complement existing systems. These have been:

- 0730 commuter clinics with both nurses and GP
- Increased number of GP consultations both morning and afternoon surgeries
- The Minor Illness Clinic available 4 mornings per week
- Telephone Consultations with GP and Senior Nurse
- Online appointment systems for both on the day and book ahead appointments up to 6 weeks in advance
- Regular locum GPs providing on the day, every day, support to Registered GPs including where possible late afternoon/early evening appointments

Past surveys have asked the following question, which we asked again for comparison to see if these new systems have improved patients' access to care:

How easily can you book an appointment to see a GP or nurse within 3 working days?

Always within 3 working days	26.12% (157)
Most of the time	32.28% (194)
Rarely	21.13% (127)
Never	7.49% (45)
Don't know, can't remember - balance of responders	

Of the 523 responders to this question 67.1% (351) advised that they always if not most of the time were able to book an appointment within 3 days. Compared to previous statistics of 49.5%, whilst not huge, this is an improvement. Some 8.9% advised in previous surveys that they could never book an appointment. Again, this survey is reflecting some level of improvement.

Telephone consultations – have you found this additional service beneficial?

Always	35.77% (215)
Occasionally	17.97% (108)
Very Rarely	3.3% (20)
Never	1.33% (8)

Not experienced – balance of responders

Of the 351 responders to this question 71.5% (215) advised that they always found this service beneficial with a further 30.7% advising occasionally. This is surely a very positive outcome to this additional service.

Online Services for Appointments – can you book an appointment with 3 working days?

Always	10.15% (61)
Most of the time	19.47% (117)
Rarely	18.14% (109)
Never	16.64%% (100)

Not experienced – balance of responders

Of the 387 responders to this question 46% (178) advised that they always or most of the time were able to book online within 3 working days. The slightly higher percentage of 54% (209) advised rarely or never. There is clearly a middle ground of satisfaction here and an area for continued improvement. The online service is regularly reviewed and recently more appointments were made available to book online. However to ensure fairness, a percentage are reserved for those patients without internet access or who have a preference to using the telephone to book.

Text Messaging – do you find this service useful?

Yes	50.5% (303)
No	3.33% (20)

Not experienced – balance of responders

Of the 323 responders to this question 93.8% (303) advised that they found this service useful. Of the 3.33% that answered no, the comments were predominantly “not needing a reminder” or “don’t use mobile/text”. This service does have the option to “Opt Out” if not wanted. This service was implemented following the 2011 survey and 85.3% of responders confirmed they would like this. It is used not just for appointment reminders, but for short health campaigns, clinic notifications and short surgery notices.

The comments received were very varied. Many simply wanted to confirm that they use and like the Online System; that the telephone consultations work extremely well and are greatly appreciated as an alternative to nothing at all or as an alternative to having to come to surgery and that the Text Message Service was excellent. There were unfortunately comments once more directed to our reception team of the same nature already addressed in Telephone Access. Again, we believe the same reasoning and solution will be required. The remaining comments predominantly demonstrated a lack of knowledge, or understanding and awareness of all the current and alternative systems available to a patient for access to care within 3 working days. Whilst the surgery has implemented many new systems, it is acknowledged that not all of these will meet the expectations of every patient. Many patients will simply want their own registered GP regardless of what other forms of care are available.

To summarise: at the present time the surgery firmly believes that it has implemented a vast array of alternative access to care options. The potential issue now is to review how these new methods of access to care are notified to patients and subsequently being used by patients.

Internal monitoring is performed regularly. One of the main areas of concern that remains at the surgery is the high level of DNA appointments (booked, but patient did not attend). Many GP appointments are booked for minor illnesses such as cough, infections, earache etc. Telephone consultations are offered routinely once all emergency on the day appointments are full. They act as a form of triage and ensure that when all appointments are gone, if following a telephone consultation a GP believes a patient needs to be seen, arrangements are immediately made. Monitoring has demonstrated that 95% of these were not emergencies and did not need a face to face consultation. Patient awareness is also an area of concern. Day to day feedback from patients demonstrates a lack of knowledge and understanding of the alternatives for access to care. The practice currently promotes all these new systems by text message, e-mail campaigns, regular Newsletters, digital information screen within the patient waiting area and now uses the new telephone system to record notices of alternative access to care.

Patient expectation should also be given consideration. There are many NHS campaigns encouraging the mindset of “Keep Calm, Sort it yourself”, and discussions regarding the “worried well”.

With so many new systems introduced in the last 18-24 months, continued patient awareness and understanding of new systems is paramount to their success and to ensuring care is accessed by the appropriate method and not necessarily always requiring a GP. Together with the NHS ongoing campaigns for educating patients to take care of themselves, stay calm, consider alternatives, the surgery will continue with its endeavours to achieve this and move towards ensuring GP appointments are used for non-minor illnesses.

3. Opening hours

The Surgery’s current opening hours are as follows:

Drs King, Sinclair, Hatley & Sharma

Monday - Friday 8.00am to 6.30pm

Monday, Thursday & Friday 7.30am to 8.00am – Morning Commuter Clinic

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

Outside of these areas, the practice uses OOH Services and also promotes the NHS 111 service. This is notified to patients via notices within surgery, our digital information screen, our website, NHS Choices and also as part of our recorded telephone message once the surgery is closed.

Opening hours has been included in past surveys, but again it was felt appropriate to review for comparisons because a surgery's patient population regularly changes along with their preferences.

Do you find these opening hours acceptable and convenient?

Yes 91.97% (550)

No 8.03% (48)

As in past surveys, these hours appear to be working well with our patients. However this time there were many comments made with regards to weekend opening. In the past only some 4.2% of responders advised they would like a Saturday surgery. A second question in this survey asked for preference of choice. 11.37% of patients confirmed they would like alternate Saturday a.m. clinics. Other comments again reflected a lack of patient awareness that there are morning and evening commuter clinics bookable up to 6 weeks in advance.

In conclusion, consideration should now be given to Saturday opening, in particular as this surgery now has a pharmacy on site. Consideration should also be given to increased patient awareness of the recent changes to available clinic times.

4. Clinical Care

GP performance and their service provided has always been an important area for surveying and therefore this was asked again.

How well do you rate our GPs for clinical care, expertise and knowledge?

Excellent overall 47.48% (283)

Good overall 38.93% (232)

Areas for improvement 7.05% (42)

Poor 0.84% (5)

No experience of GPs– balance of responders

Of the 562 responders 91.6% (515) rated our GPs excellent/good overall. However, 8.3% (47) advised there were areas for improvement or the service provided was poor. This cannot be ignored and an indepth review of the 74 comments was undertaken. The vast majority were extremely complimentary and praised the service received. Some comments were

sympathetic of the GPs heavy workload that detracted from their main purpose of caring for the sick whilst others cited a recent appointment that did not meet their expectations rather than an overall rating. The negative ratings appeared to stem from lack of time with comments of feeling rushed, not being fully listened to or clearer explanations being given.

Overall, how do you rate our GP timekeeping?

Excellent overall	28.19% (168)
Good overall	62.08% (370)
Areas for improvement	5.7% (34)
Poor	0.67% (4)
No experience of GP – balance of responders	

Of the 576 responders 93.4% (538) rated our GPs timekeeping as excellent/good overall.

To summarise: regrettably patient's perceptions are correct of heavy workloads and GPs trying to ensure that the maximum number of patients can be seen in any given day. With restrictions to just 10 minutes per appointment, and demands for more appointments increasing, it is acknowledged that on occasion a patient may feel they received insufficient time to fully discuss an issue in depth. If the issue is serious, the GP will often continue beyond the 10 minutes, but this then has a detrimental effect on waiting patients. Several comments demonstrated an understanding of the reasons why a GP may run late and acknowledged the need for some patients requiring more time if an emergency. The negative comments appeared to be rating a recent experience rather than overall. Some comments suggested a notice being displayed on the digital information screen advising if a GP is running over time. This system is already in place, but depends on this being brought to the attention of administration so this can happen. There is also a notice on the digital tv presentation advising patients to notify reception if they have been waiting longer than 10 minutes. There is room for improvement in this area.

How well do you rate our nursing team for clinical care, expertise and knowledge?

Excellent overall	41.11% (245)
Good overall	34.90% (208)
Areas for improvement	2.68% (16)
Poor	0.17% (1)
No experience of nurses – balance of responders	

Of the 470 responders 96.3% (453) rated our nursing team excellent/good overall. Of the comments received, the vast majority were very complimentary about the care received from our clinical nursing team. Areas for improvement appeared to relate to lack of knowledge in some areas and on occasion feeling rushed.

Overall, how do you rate our nursing team timekeeping?

Excellent overall	37.08% (221)
Good overall	39.43% (239)
Areas for improvement	0.67% (4)
Poor	0.17% (1)
No experience of nurses – balance of responders	

Of the 465 responders 98.9% (460) rated our nursing team excellent/good overall.

To summarise: the practice has recruited 2 new nurses in the last 4 months leading up to this survey and, whilst both are experienced nurses, any new position requires a settling in period to learn new internal systems and different methods for practicing. It is hoped that future surveys will see these areas for improvement removed.

6. Patient information

As with any business, providing information is crucial for the surgery. The practice invested in a very cost effective new website in 2012. To reach out to those without internet access, the practice also invested in a cost effective digital information screen in the patient waiting area. Newsletters are also a regular feature via email, on the website and paper copies in the waiting area are made available within surgery.

As these systems have been in place since 2012 it was felt appropriate to include the follow question in this survey.

Overall, do you find these systems useful and informative?

Yes	61.49% (364)
No	3.89% (23)
No experience – balance of responders	

The comments received were predominantly based around the response of No. Many were not aware that the Surgery had a website. Perhaps the perception of a surgery is not that of a business and therefore surprise at having a website? Other comments appeared confused regarding the website and commented on the inability to “log in”. There were excellent suggestions for additional downloadable forms to the website. Comments were mixed regarding the digital information screen with some patients finding it very useful, and others seeing no need for it. Several suggested the inclusion of a visual room number once called. This was one of the options considered, but it was not a cost effective provider of information and at the time each potential supplier wanted advertising rights to the screen. Many patients have also commented on their preference to be called rather than struggle to see a visual screen.

To summarise: an overall positive response and some very good compliments regarding the surgery's efforts to keep patients up to date and access to information. Suggestions regarding additional downloadable forms on the website will be taken on board and implemented.

Text Messaging expanded to include reminders for clinics, health campaigns, surgery notifications etc – Overall do you find this service useful and informative?

Yes 49.97% (284)
No 2.03% (12)
No experience – balance of responders

Of the 296 responders 95.9% (284) found this service useful and comments were very positive and complimentary. The negative comments again referred to patients who rarely used a mobile phone or questioned if the surgery had a current mobile number for them as they had not received any messages. Again, this system has the option to "Opt Out".

E-mailshots/Campaigns introduced to increase patient awareness of health campaigns, surgery updates, regular newsletters, reminders/invitations etc – Overall do you find this service useful and informative?

Yes 78.72% (466)
No 1.69% (10)
No experience – balance of responders

Of the 476 responders 97.9% (466) found this service useful and comments were very positive and complimentary. The negative comments were those patients who preferred not to be contacted by this method or were already receiving too many emails.

To summarise: these are extremely cost effective and efficient methods of reaching many patients. In the past, reminders/invitations for flu clinics etc were issued via written letter or telephone call. Regrettably, these are not cost effective methods of reaching patients anymore and therefore the surgery has embraced new methods wherever possible. It would appear overall that the vast majority of recipients are pleased with these new services.

7. Other Services Introduced

As an extension to our Online Services, in mid-2013 the ability to request approved repeat prescriptions online was added to this service by our service provider. Existing methods remained.

Approved repeat prescriptions can now be ordered via our Online Services – do you find this service useful?

Yes 36.32% (215)
No 3.38% (20)
Not experience – balance of responders

Of the 235 responders, 91.4% (215) confirmed they found this new service useful. Many comments were positive and confirmed the service was very useful. Others advised that they were signed up to pharmacy services which provided their repeats for them. Some comments reflected a lack of understanding as to the level of repeats that could be ordered therefore some additional information would be beneficial online to increase patient knowledge.

Wellbeing Pharmacy, an onsite pharmacy at the surgery opened in late 2013 – do you find this service useful?

Yes 77.70% (460)

No 22.30% (132)

53 participants chose to skip this question

As illustrated above, 77.7% of responders confirmed they found this service useful. It was anticipated that this question may provoke many comments due to non-supporters of the pharmacy, but it was also felt inappropriate to exclude this new service from this survey.

Many comments were very complimentary of the service provided and viewed this as a positive step forward for convenience. Several comments confirmed that they continue to use their local pharmacy as this is more convenient for them, or through choice.

To summarise: a positive outcome for a new service both appreciated and used by patients, but one that is available to use through choice and/or preference.

8. Overall Satisfaction

In each survey, the surgery has asked this question. It is considered the main source for obtaining a complete picture of our patients overall impression of the services we provide and a valuable aid to comparison year on year.

Overall, how satisfied are you with the care you receive and the services provided?

Excellent overall 36.99% (216)

Good overall 52.23% (305)

Some areas for improvement 10.10% (59)

Poor 0.68% (4)

Of the 584 total responders, 89.2% (521) confirmed their overall satisfaction with the care and services received as excellent/good overall. In our 2012/2013 survey this figure was comparable at 86.2% overall satisfaction and in our 2011/2012 survey this figure was comparable at 65.12%.

Of the responders who advised they were very dissatisfied and overall the care and service was poor, this survey revealed a score of 4 responders. In our 2012/2013 survey this figure was 7 and in our 2011/2012 survey, this figure was 8.

Would you recommend Richmond Surgery?

Yes	83.39% (487)
No	5.65% (33)
Unsure	10.96% (64)

Of the 584 total responders, 83.3% (487) confirmed they would recommend the surgery to someone who was moving to the area and/or looking for a GP surgery. The responders who advised no or were unsure cannot of course be ignored. When comparing with the 2012 survey whilst these statistics are similar with 6.23% advising No and 7.27 Unsure, there is a decreasing trend albeit small.

Many comments made were extremely complimentary and very positive regarding new services introduced and progress made at the surgery over the last few years. There were also many comments received with constructive suggestions towards the areas for improvement. As with many suggestions, the viability is not always possible. However, it was clear that the following are the main areas, despite efforts and new systems introduced over the last few years that could still benefit from further improvement:

- Increased appointment availability
- Additional receptionist training

To summarise: these statistics reflect a positive upward improvement in particular as each annual survey has attracted new and higher numbers of responders. Unfortunately despite many new systems introduced over the past 18-24 months to increase access to care, the level of available appointments continues to be an issue with patients. Running in parallel with this is of course our reception team who, being front of house, take the brunt of unhappiness and dissatisfaction from the patients.

Conclusion:

The practice has introduced many new systems and services to improve patient access to care, facilities and services during the past 18-24 months and will continue to research additional systems, adjusting and reviewing existing systems wherever possible.

We know from patient feedback both within surgery and via surveys that those who have experienced the new changes rate them very highly and confirm they are working well, but we continue to see examples of patients who are not aware of the many new systems and are frustrated because of a lack of knowledge.

It is strongly believed that there is now a need to increase our patients' awareness of not just the varying types of access to care available within the surgery, but to alternatives for care. Emphasis will be placed on cost effective methods for increasing patient education and patient awareness to ensure that we promote fully all the choices available at Richmond Surgery and to actively promote and embrace NHS England's education campaigns such as

“Stay Calm, Help Yourself” and “Use a Pharmacist”. The use of NHS Choices will also be incorporated and responses to patient feedback will comprehensively detail choices available.

The Patient Participation Group (PPG), Partners, Practice Manager and senior team leaders were fully involved throughout this survey, monitoring and reviewing results by way of internal and external emails, discussions and meetings. Further indepth reviews have been undertaken with the overall conclusion and belief that the practice continues to achieve well.

We will continue to work closely with our Patient Participation Group (PPG) who have contributed successfully over the years to changes within surgery and have been fully involved in all Action Plans formulated as a result of patient surveys. A recruitment drive is currently being undertaken for new, fresh members of our PPG who could bring additional ideas as patients foremost. The following Appendix 2 Action Plan has once again been formulated and agreed with the full involvement of our PPG, Partners, Practice Manager and Team Leaders by way of meetings, email correspondence and telephone discussions and will be implemented immediately during 2014/2015.

This written Report inclusive of the 2013/2014 Action Plan and past 2 Action Plans with progress updates, together with the accompanying Graph Report 2013/2014 have been published and notified as follows:

- To the Practice’s website on 25th March 2014 – home page banner
- Final end Reports all issued to our PPG
- Notification of results of the 2013/2014 Survey notified at the Surgery by way of Posters and use of our Digital Information Screen
- Text campaign issued to notify of Report publications
- The Practice’s April Newsletter will also include notification of the Report publications and how to access these

Appendix 1 – RICHMOND SURGERY’S PATIENT PROFILE v THE PRVG RESPONDER PROFILE

Practice registered patient profile Total actual 12260		PRG Membership Responder’s profile Total 649	
Age			
Under 16	2754	Under 16	2
17 - 24	797	17 - 24	11
25 - 34	1287	25 - 34	48
35 - 44	1996	35 - 44	99
45 - 54	1800	45 - 54	140
55 - 64	1397	55 - 64	118
65 - 74	1166	65 - 74	162
75 - 85	776	75 - 85	56
Over 85	287	Over 85	9
		Chose not to answer	4
Ethnicity Within Practice		Ethnicity of Survey Group	
White		White	
British Group	5492	British Group	598
Irish	5	Irish	4
Mixed		Mixed	
White & Black Caribbean	0	White & Black Caribbean	1
White & Black African	5	White & Black African	0
White & Asian	3	White & Asian	3
Asian or Asian British		Asian or Asian British	
Indian	31	Indian	2
Pakistani	1	Pakistani	1
Nepalese	0	Nepalese	0
Bangladeshi	0	Bangladeshi	0
Black or Black British		Black or Black British	
Caribbean	1	Caribbean	0
African	0	African	0
Chinese or other ethnic group		Chinese or other ethnic group	
Chinese	6	Chinese	2
Any Other	29	Any Other	19
		Prefer Not To Say	19
Gender Within the Practice		Gender Survey Group	
Male	6191	Male	256
Female	6351	Female	390
		Prefer Not To Say	3
Occupation			
Employed (full or part time, including self-employed)			341
Unemployed/looking for work			4
At school or in full time education			9
Unable to work due to long term sickness			6
Looking after your home/family			32

Retired	246
Other/Prefer Not To Say	11
Survey Responders who advised they were in Specific Care groups	
<i>e.g. learning disabilities, substance misuse, nursing homes, travelling community, Faith groups, specialist units etc.</i>	
	Within the Practice
	Survey Group
Learning Disabilities	12
Asthmatics	639
Diabetics	419
COPDs	90
Expectant Mothers	90
Disabled	29
Other	17
Total Survey Responders who answered this question = 135	

Action Plan – Clinical Care, Access & Services 2013/2014

PPG Areas of Concern/Suggestions for Improvement	Richmond Surgery's Feedback & Action to Address	Proposed Timescale. Progress comments are in red
Telephone Access	As per the Summary Report, this new digital telephone system has only been in place since early December 2013.	Ongoing adjustments, tweaks etc to ensure maximum efficiency of the new system. Doubled total staff answering phones between 0800-0900 Proposal to do a short patient survey in approx. 6 months for further feedback on the new system.
Appointment Access	<p>1. Increased patient awareness of new access to care:</p> <ul style="list-style-type: none"> • Morning Commuter Clinics 0730-0800 with Nurse & GP • Increased level of appointments per GP session a.m. & p.m. • Online Services for appointments & repeat prescriptions • Evening Commuter Clinics with each GP • Minor Illness Clinic x 4 mornings per week • Telephone Consultations as a form of triage with both nurse and GP once all appointments booked 	Ongoing. <ul style="list-style-type: none"> • Patient flyer "Available Access to Care Choices" Created in-house. PPG to create own example written "By Patients For Patients" • Use of text messaging for occasional reminders/short campaigns. Ongoing with increased usage • Use of new digital telephone system to record campaign messages Promotion of Minor Illness Clinic on hold message and also telephone consultations • Newsletters to include regular reminder articles. Ongoing monthly Promotion during consultations
	<p>2. Increased patient education</p> <ul style="list-style-type: none"> • Campaigns "Stay Calm, Sort it Yourself" • Campaigns "Use a Pharmacist" • The need to always see a GP over other methods • That telephone consultations work extremely well in many 	Ongoing. <ul style="list-style-type: none"> • GP involvement/education of patient for any consultations that did not need a GP • Work closely with in-house and local Pharmacies to raise awareness of "Use a

	instances	<p>Pharmacist” In house Pharmacist owner undertaking additional training to provide Practice support.</p> <ul style="list-style-type: none"> • Regular reminders on the “Stay Calm, Sort it Yourself” Campaign • Continued awareness of the availability and success of telephone consultations
	3. Consideration to be given to the viability of a Saturday morning clinic.	<p>Update as soon as possible. Annual patient survey has again revealed only 4.9% of patients wanted this.</p>
	4. Consideration to be given to the viability of a Triage Nurse either in addition to or as part of our Minor Illness Clinic. It may be that patients would use this more if the word “triage” was promoted	<p>Update as soon as possible. Emergency Patient Clinic 0800-0900 commenced October 2014</p>
Quality of Care	<p>There was some concern regarding GP care with comments of feeling rushed during consultation and of not being listened to.</p> <p>It is believed that increased awareness and usage of alternative sources at the practice will reduce pressure on GPs to ensure the 10 minute maximum appointment is not breached.</p>	<ul style="list-style-type: none"> • Ongoing education and patient awareness of alternative access to care as already listed above in Appointment Access Ongoing • Consideration to be given to a GP internal survey in the autumn of 2014 • 75+ aged patients now offered 20 minute appointments with registered GP.

Appendix 3

Action Plan – Richmond Surgery Services & Patient Care Survey 2012/2013

Areas of Feedback	Nature of Feedback	Action to Address Feedback	Proposed Timescale. Progress comments will be in red
Parking	A very small number of concerns about parking	1. Disabled Parking Spaces – space markings very faint. Refresh the markings to ensure notice is taken 2. Erect signage “Disabled Parking Only”	1. Timescale may need to take in to consideration proposed building works. 2. Immediate, once signage sourced. Signage erected in April 2013
Building Access	A very small number of concerns about access to the surgery	Consider electric doors both externally and internally	As part of proposed expansion/refurbishment works, quotations will be obtained as to the feasibility of these. Quotations received. These will be included as part of re-furbishment works
Baby changing facility	Low score for baby changing facility	A new facility will be provided to replace the current facility	As part of the proposed expansion/refurbishment.
Online appointments system	Continuing problems reflected in a score slightly on the low side	Currently working with the provider to improve the service.	Ongoing. Review again in next survey Online systems extended to include facility for online repeat prescriptions. More appointments released online to include a % of registered GP and all Minor Illness Clinic.
Reception (Politeness & Knowledge)	Outstanding score for politeness and helpfulness. Some concerns about knowledge of reception team	Give positive feedback to reception To be addressed by continuing the training programme already in place.	Immediate Ongoing both internally and externally. Reception Manager attended team leader training. Some new members of reception recruited.

Nursing team – People skills and knowledge	Scores show high level of satisfaction	Give positive feedback to nursing staff	Immediate Interim Nursing Survey completed Sept 2013. The results of this survey are posted to the website.
Nursing team – Confidence & Trust	59 out of 301 “yes to some extent” and 6 out of patients 301 “not at all”	A separate short Nursing Survey to be undertaken to explore the reasons for lack of confidence/trust.	Within next 3-6 months to avoid patient survey ‘overload’ Interim Nursing Survey completed Sept 2013. The results of this survey are posted to the website.
Nursing team – Waiting Times	Overall result was good but some concern about waiting times.	The above nursing survey to incorporate question on waiting times. Continue patient education to keep to allotted appointment time; Newsletter articles, digital information screen, face to face discouragement & explanation.	Experienced Locum Nurse joined team in Jan 2103 to address the problem caused by long term sickness. New nurse employed June 2013. Interim Nursing Survey completed Sept 13. The results of this survey are posted to the website. Addt new nurse employed Feb 2014
GP team – Confidence & Trust	A small number of patients (23 out of 660 responders) advised “not at all”.	All GPs currently undergoing Revalidation Process. This incorporates individual GP surveys. These will be reviewed. If necessary, a separate short GP survey could be undertaken at a later date.	Review in 6 months if separate survey required. October 2013 – due to individual GP Appraisals and Revalidation, this was not considered necessary
GP team – Waiting Times	Overall acceptable levels, but 40 patients advised 15-30 minutes.	Continued patient education & awareness to keep to allotted appointment time, not to bring a list of ailments and awareness of GP emergencies at times; Newsletter articles, digital information screen, face to face discouragement/explanation.	Ongoing

Overall satisfaction and Recommend	Overall high scores - 86% very/fairly satisfied and would recommend Richmond Surgery	Future survey to allow those dissatisfied and not recommending to provide reasons/make comments	Next patient survey. Approx Dec 2013 – Jan 2014 to review all new systems introduced over the last 2 years.
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Action Plan – Telephone & Appointment Access 11/12

PPG Areas of Concern/Suggestions for Improvement	Richmond Surgery's Feedback & Action to Address	Proposed Timescale. Progress comments are in red
Telephone Access	1. Call Queuing System - Investigate reinstatement of old standalone equipment, monitor for a period of 6 months for success and patient feedback.	Immediate 04/12 Old system was not a call queuing system, but a call filtering piece of software run on old pc. No longer viable. 12/2013 – New VoiceNET digital telephone system incorporating queue and routing installed.
	2. Additional phone lines – not agreed at present.	N/A
	3. Investment in a new digital telephone system that will incorporate additional phone lines, a modern Call Queuing System and Call Filtering System.	Anticipated 6-9 months following completion of planned extension works. 08/12 – Progress continues to be underway with extension plans. Currently hoping to commence building works in early 2013.
	4. Increased use of Online Appointment System and increased patient awareness.	Ongoing. Investment budget to be agreed to increase patient awareness to achieve an overall 50% patient registration by September 2012. 09/12 – Approximately 35% of patients have registered for online appointments. 02/2013 – This has increased to 47%
Appointment Access	1. Increased patient awareness of new access to care: <ul style="list-style-type: none"> • Online Appointment system • Evening Commuter Clinics • Minor Illness Clinic • Telephone Consultations 	Ongoing. Investment budget to be agreed to increase patient awareness Online System: 04/12 Reminders to collect final registration paperwork applied to patient records which will flag when a patient is in contact with surgery. Prescriptions via local

		<p>pharmacy to have reminder note attached.</p> <p>05/12 onwards – all clinics are regularly promoted in our regular Newsletters and via the Digital Information Screen.</p> <p>08/12 Newsletters are now emailed to patients to increase patient awareness of surgery services.</p> <p>11/12 Excellent feedback from patients regarding the emailing of Newsletters. These are also now made available in the patient waiting room as hard copies in dedicated Newsletter Folders, with PPG articles, complementary therapist articles etc</p> <p>09/12: Vast majority of appointments for Minor Illness Clinic are booked by patients online. Potential to misuse the minor illness clinic when a GP is not available. This only causes inconvenience to the patient if the ailment is not a minor illness. Continue to monitor.</p> <p>11/12 – Minor Illness Clinic temporarily suspended due to shortness of nursing staff due to long term sickness</p>
	2. Telephone consultations with our Minor Illness Clinic Senior Practice Nurse	<p>Under review. If proposal successful, immediate implementation.</p> <p>04/12: trialling telephone consultations with the Minor Illness Clinic. Review in 6 months.</p> <p>09/12: Minimal use. Patients prefer telephone consultation with a GP. Monitor for a further period.</p>
	3. Increased Evening Commuter Clinics – start earlier	Under review, but currently not viable due to other GP commitments. Will continue to be

		<p>reviewed regularly and be subject to demand. 08/12 Continue to review regularly. 11/12 GP workloads still too high to facilitate</p>
	<p>4. Morning Commuter Clinics 0730-0800</p>	<p>Discussed & agreed with NHS Contract Manager. Implemented in March 2012 for nurses 3 x mornings per week. Implemented in March 2012 1 x GP trialling. If successful, further GPs will be made available by June 2012 08/12 Extremely successful. Always fully booked. 11/12 Commuter Clinics with the nurses continue to be fully booked. At the present time, additional GP morning clinics are not available.</p>
	<p>5. Appointment Reminder System</p> <ul style="list-style-type: none"> • Text Messaging • Email Messaging • Appointment Cards 	<p>Quotations behind obtained for Appointment Cards. If viable, implementation by June 2012. 04/12: Concerns on success on appointment cards as used in the past, but no reduction in DNAs. Simple reminder slips are available for patients who request. Revised quotations to be obtained for Text Messaging option. 06/12 Text Messaging introduced. High levels of work required to gain mobile telephone numbers. Email notification issued where possible notifying of new system & requesting up dated mobile number. 09/12 Positive feedback of new system. Continued high levels of work required to gain mobile numbers. Reviewing Voice Messaging to a landline. This was recently trialled as a Flu Clinic Reminder.</p>

		<p>11/12 Flu clinic reminders by both text & voice extremely successful. The practice now uses Text Messaging to remind patients of other areas of care.</p> <p>02/12 The practice now has mobile numbers recorded for approx half the total patient count. Very few patients have asked to Opt Out. Feedback continues to be extremely positive at this new system</p>
Additional Actions	<ul style="list-style-type: none"> • Survey Results published on the Practice's new website • Practice's Action Plan published on the Practice's new website 	<p>Immediately</p> <p>Immediately</p> <p>04/12 – Action Plan reviewed at PPG Meeting.</p> <p>04/12 – Action Plan reviewed plus proposal at Practice Meeting.</p> <p>07/12 – Updated and posted to website</p> <p>09/12 – Updated and posted to website</p> <p>11/12 – Updated and posted to website</p> <p>02/12 – Updated and posted to website</p>