MC900030043[1]**2014/15 Report on the Patient Survey Results**

**New Court Surgery – Dr Valentine and Partners – J83055**

**March 2015 Survey Results**

1. **Introduction**

Please find below our report and a summary of the Patient Survey that was carried out in 2015. The full analysis from CFEP is attached separately to our website (in a PDF format).

The aim of the Survey was to see how things had changed from our previous Survey and to determine what areas need our special attention.

Benchmarking against other Practices was a point raised two years ago, so it was decided to use the services of CFEP again this year. CFEP’s survey is accredited for the Patient Participation DES and used by many practices, and means the results of our Practice could be compared against 927 other practices. Our current list size is 9,300.

New Court Surgery has an established patient reference group (FONCS ) – who have been running now for 23 years. We do actively try and recruit new members to FONCS through various posters, computer displays and information in new patient packs and on prescriptions.

1. **Sample**

We were very pleased with the up-take of the survey – 223 surveys out of 350 that were distributed were completed.. We would like to thank every patient who took the time and effort to take part.

The surveys were distributed during March 2015. Receptionists were asked to give a copy of the survey to every patient who came for an appointment at the surgery, until all copies had been distributed. During the week there were a representative number of clinics running for doctors, nurses and patients visiting attached clinics (e.g. Counsellor, Midwife etc), and no doctors were on leave. The surgeries included duty doctor and urgent same day appointments.

It is important to note that this survey was a ‘whole surgery survey’, but all doctors have had their own individual feedback completed this year.

**3. Demographics**

**A total of 223 valid returns were included in the analysis .**

The demographics of the survey are laid out in detail on Page 4 of the report, but both age and gender figures closely matched the demographics of the Surgery (over 16 years old).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age** | **Number of Responses** | **Mean Score** | **National Mean** | **Upper quartile** |
| Under 25 | 21 | 77 | 70 | 75 |
| 24 – 59 | 109 | 70 | 71 | 75 |
| 60 + | 75 | 70 | 73 | 77 |
| Blank | 18 | 66 | 70 | 75 |
| **Gender** |  |  |  |  |
| Female | 136 | 71 | 71 | 75 |
| Male | 67 | 70 | 73 | 76 |
| Blank | 20 | 64 | 70 | 75 |

**4 Topics covered in the Survey**

The Survey examined all areas that had previously been highlighted by patients. The survey covered 28 topics and was sub-divided into three distinct areas.

**About the Practice**

* Opening Hours
* Telephone Access
* Appointments
* Comfort and decoration

**About the Practitioner**

* Personality
* Professionalism
* Caring
* Confidence

**About the Staff**

* Information available
* Reception Staff
* Respect of privacy etc

1. **Survey Period – March 2015**

All staff – admin, nursing and doctors were informed of the launch and the importance of getting patients who come to the surgery (to see a doctor or a nurse) to complete and return (in a sealed envelope) a survey questionnaire. Staff were advised to invite, but not pressurise, all patients to take part. This meant that only people attending the surgery were included – not those accessing our service by telephone consultations or visits. It included those attending the daily doctor/emergency surgeries.

1. **Results findings and conclusions of the Survey**

The results of our survey were shared at a practice meeting in March 2015 which started initial discussions and an action plan.

Comparing our results with similar sized practices, the areas that New Court Surgery fell into the top 25% of results are:

* Speaking to a doctor on the telephone
* Reception Staff
* Confidentiality
* Telephone Access

There were three areas that we fell into the lowest 25% of results:

* See practitioner within 48 hours
* See practitioner of choice
* Reminder systems

1. **Sharing the results and agreeing action points with the PPG**

The results were shared with representatives of the PPG in March 2015. We reflected on the survey carried out in 2013 and talked through the process of how the 2013 survey had been carried out. We had agreed to use the pre-determined CFEP survey for 2014/5 at a previous meeting.

With respect to the 2014/5 survey we focused on the areas where our performance was ranked lower than average, and also on areas that the PPG specifically wanted to talk about. Plans which needed to be actioned are highlighted in bold in the narrative below.

**a. See Practitioner with 48 Hours**

This was again highlighted this year as an area we were below the national mean score. We are very aware that it is often difficult for patients to see a doctor, especially of their choice, within 48 hours for routine things.

However, what we do have, and what perhaps some patients don’t realise, is much better access for telephone consultations and same day consultation for those who may need to be seen. There is a conflict between offering more routine appointments and having to balance the needs of those who need to be seen urgently. We will advertise this more on our website and within the surgery setting to ensure our patients are more aware of this.

* **Increase publicity of our telephone consultations and how our doctor triage works**

We are concerned about the workload we are encountering because of an influx of patients. Our numbers continue to be higher than we are comfortable with and we are struggling with the pressure this is putting on our staff and building. We applied to close our list last year but this was rejected by NHS England LAT. They suggested that rather than do this we ‘cleanse’ our list of people outside of our agreed practice area. This has now happened, but needs to be a sustainable process, so that it does not adversely affect our neighbouring practices too much or too rapidly. Taking on new patients takes a much greater workload than looking after those who have been with us for a long time. This is difficult for both ourselves and especially our patients who we have to ask to leave, some of whom have been with us for decades.

* **Continue to work towards reducing our list size, or at the very least maintaining a balanced list.**

**b. See Practitioner of choice**

Continuity of care is the ideal and our preferred way of caring for patients with on-going problems – and our staff are trained to try and put patients with their ‘usual’ doctor. However, this isn’t always feasible due to leave and limitations on some doctors’ availability. To try and improve the current situation we have changed aspects of our booking system:

* **Open up appointments for booking up to 6 weeks ahead**. This has advantages of convenience for patients, but disadvantages of meaning that potentially appointments are fully booked earlier and there is a greater DNA (did not attend) rate. Prior to this DNAs were fairly rare.
* There is also an issue within the practice of less flexibility for leave/study/training courses (for which we often have notice considerably less than 6 weeks) urgent meetings or other appointments. **We will continue to monitor this.**
* **We have introduced a block of appointments bookable 3 days ahead** – for use by doctors doing telephone triage to facilitate booking in with the usual doctor or for open access if not used. (Telephone triage calls are approximately 40 – 60 per day).
* **We have made all the doctor routine appointments available by on-line booking** (there is a very low up-take currently, which may be partly because there were previously so few). This will be encouraged and monitored.
* **For telephone triage appointments we have asked staff to ask patients who their ‘usual’ doctor is** – on the information visible to the doctor. This helps the duty doctor allocate the patient to their usual doctor, and helps the DDs to see more easily those familiar to a particular doctor. Where there is more than one doctor answering the duty doctor calls it makes it easier to recognise who the most appropriate person to call them is.
* **We have introduced three telephone triage appointments per morning surgery with blocked urgent appointments per doctor, to improve chances of continuity.** The doctors now have 2 ‘urgent’ slots per routine surgery which are used first for their own patients.
* **We** **have incorporated some specific Minor Illness slots of for one our nurses**.
* **We have trained a member of our admin team as a phlebotomist – she is now qualified and doing a regular clinic each week**. Because she is here every day as an administrator we can be very efficient and reactive if we need to increase nurse appointments. We are also looking to up skill her further this year to train her to undertake additional Health Care Assistant roles.

**c) Reminder Systems**

We are currently working on implementing a text reminder system which integrates in with our clinical system to send out text reminders for appointments patients have made. Patients will need to sign up to this service and complete and sign a simple form. We hope this will reduce the number of appointments not attended (DNA’s) and provide a reminder for patients that have appointments. There is also the facility to increase this service further when we are familiar with it to include a messaging service with important reminders for patients on specific disease registers ie reminding patients to book for their Asthma reviews or blood tests.

**d. Areas better than average**

The telephone access feedback confirms our comments regarding the ability to get through and speak to a doctor on a telephone. We are proud of our reception staff, many of whom have worked for the surgery for many years.

We were pleased to hear that the patients felt we were well above average for confidentiality. Many patients volunteer clinical information and where patients are concerned to have earlier appointments, or when booking for nurse appointments where different types/times of appointments are available or needed for different things, they may well be asked for information by Receptionists. We have checked the sign at the desk to make sure it is still obvious that patients may ask to speak to the receptionist confidentially, but there are limitations on what we can do at the desk area. We are grateful for feedback on this matter.

**8. Patient Feedback**

There were over 100 ‘written’ comments from patients which are attached on the separate report attached to our website with this document. We always find the written feedback really interesting and really useful. There are some things that are repeated year after year, and often things that we can’t really influence/change greatly. However, on an on-going basis we pick up on some of the comments that we think we can do something with and gradually make small changes that hopefully address the level of service we provide. .

It’s quite interesting when people write comments such as ‘I work full-time – I could do with a late night’ – we’ve been offering late night appointments for about 4 years. Sometimes we are not great at promoting the services we offer, and that’s something we plan to work towards.

We regularly get comments about the church pews in the waiting room, but there are more chairs available than bench seats, so hopefully patients do have a choice of where to sit if they find the benches a problem. We always feel that the benches are a tidy way of organizing the waiting room, give it some structure and look quite nice.

We get comments from patients who don’t like receptionists asking why they want to see a doctor – we regularly explain to people that it’s to help the doctor to prioritise their workload/triage and that it’s hugely helpful to the doctors and indeed patients – it can be life-saving: for example “chest pain” or symptoms of a stroke …… or may be something that the staff, many of whom have vast amounts of experience, can help with themselves.

Overall the comments are complimentary, supportive and something all the staff appreciate reading.

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FOR INFORMATION

**Opening times are confirmed below**

The practice premises are routinely open from 8:00 am - 6:30 pm every day.

**Surgeries are as follows:**

|  |  |
| --- | --- |
| Monday | 8.00 am – 6.30 pm |
| Tuesday | 7.30 am\* - 6.30 pm |
| Wednesday | 7.30 am\* - 8.00\* pm |
| Thursday | 7.30 am\* - 6.30 pm |
| Friday | 8.00 am – 6.30 pm |

As you can see we offer additional pre-booked appointments outside our normal hours. It is envisaged that they will give improved availability to patients who find it difficult to see a GP or nurse due to work or other commitments. The extended hours surgeries are marked with an ‘\*’.

**Telephones**

Our phone lines are open Monday to Friday - 8.00 am – 6.30 pm

Our number is – 01793 852302

**Out of Hours Service**

The Out of Hours Service is provided by NHS 111.

*The Doctors and Staff of New Court Surgery would like to thank all patients who took the time to help us develop this survey.*

*We would also like to thank the many patients who gave their time to take part in this survey.*

*If any patients would like to make any specific comments about this report please contact Elaine Smith, Practice Manager.*

**Kim Hiles**

**Practice Manager – March 2015**