

PARK SURGERY, HORSHAM

PATIENT SURVEY JANUARY 2014

1. INTRODUCTION

The practice asks patients to complete an annual survey during January. Patients may complete a paper version or go onto our website to complete it. We also email everyone who has signed up to be in our Patient Reference Group – around 1,700 patients – and remind them to visit the website to complete the survey. To date we have received around 380 responses. The survey is still running via our website www.parksurgery.com for those patients who would like to complete it.

During the year, we also run surveys for individual doctors and nurses so that they have very specific feedback regarding their practice and how they appear to patients.

We would like to take this opportunity to thank all patients who have taken the time to complete the survey – your views and opinions are much appreciated.

2. REVIEW OF THE SURVEY

The Partners of the Practice and all members of the Friends of Park Surgery, the surgery's patient participation group, were sent a copy of the survey results and the FOPS Committee discussed it in meeting held in February 2014. The committee then reported their findings and recommendations back to the practice. The survey had been quite extensive and the report was 126 pages long. The responses have summarised in section 3 of this document.

The Friends of Park Surgery Committee comprises

Stewart Mackman	Chair
Penny Sewell	Minutes Secretary
Norman Hewell	Membership Co-ordinator
Sue Sturt	Coffee Mornings Co-ordinator
Lilian Bold	Local organisation liaison
Philip Lansberry	PR and Communications
William Goldstein	IT and mailing lists

Dr Nat Athallah
Paula Salerno
Tara Francis-Smith

Park Surgery GP Representative
Practice Manager and FOPS Treasurer
Park Surgery Staff Representative

Stewart Mackman, FOPS Committee Chair commented:

“There has been some excellent feedback - we do have a considerable number of very happy patients!

There were some comments regarding communication which we believe is a two way process. We continue to promote the online booking of appointments and the Acute Unit. The number of patients choosing to book appointments online has increased significantly and we would encourage all patients who can do so to register for the online services including the ordering of repeat prescriptions.

We do have work to do making patients aware of the fact that appointments can be cancelled when the surgery is closed, although this facility is publicised especially on the website where many patients look for information. The vast majority like to see information about the Patient Participation Group (FOPS PPG) displayed – and 62 respondents would be interested in joining the PPG and we would love to hear from them. Joining forms are available in the surgery and from the website.”

William Goldstein who leads on IT for FOPs also noted:

“There was considerable indignation amongst the majority of respondents regarding the failure of patients to attend appointments for doctors and nurses – 1000+ appointments were missed last year. There were many suggestions for a no show fine system but this is not possible (because of NHS regulations) and would in any event be realistically difficult to administer and enforce, age being a mitigating factor in some cases. There was however a very high satisfaction rate as to what is good at the surgery. This was the highest of all response rates. Patients were generally pleased with all staff, both administrative and medical, and the service.

Of the other major concerns it was noted that there was a long lead-in time to see a patients usual doctor and sometimes receptionists are not handling certain difficulties to the patient’s satisfaction. Mr Goldstein suggested that perhaps in these cases receptionist should be encouraged to approach a designated supervisor sooner in the conversation.

One further thought from Mr Goldstein was that would patients of the practice be in a position to take part in a major fund raising programme to finance the development of 4 proposed consulting rooms, plus waiting area and disabled WC at a cost approximately

£100,000 if say half the registered patients donated £10 Mr Goldstein commented “we would be there!”

Paula Salerno, Practice Manager reported in brief on some other overarching themes.

Car parking – sadly we are unable to increase the size of our car park - this is a physical impossibility! We have considered restricting its use to those with mobility issues only but many other patients appreciate being able to use the car park when feeling unwell. Sadly patients are still parking in the car park and then walking into town to shop! This is difficult and expensive to resolve and manage on an ongoing basis and we have considered barrier and ticketing systems.

Phone System – we are actively researching a new phone system so that we would no longer have the 0844 number in use. At the moment we do have a local number that patients may use if they choose to do so, 01403 330266, but patients continue to comment that they have to ring in on the 0844 number even though using it from a landline is cost effective. Any move to a local number for all calls will, however, remove the ability of the system to queue patients as effectively as at present and patients may find our phones are engaged more frequently. We are working hard to identify a technical solution that will allow us to queue calls and inform patients where they are in a queue and thus prevent patients having to ring back when the phones are busy.

We are investigating three very different technical solutions to the problem and wish to ensure that the new system is fit for the next 5 years and that want to anticipate as much as possible all the benefits of future technologies.

The system currently queues patients but the phones are being answered by up to 9 staff members at any one time. At our peak time for calls which is between 8 am and 9.30 am, there can be over 1,000 attempts to contact the practice. Patients may be told they are, say, 36th in the queue but this creates a false impression as with 9 call handlers that means patients are actually have around 4 people in front of them. Still not ideal, but not as bad as it sometimes appears.

Size of the Practice – patients were asked if they would recommend the practice to new patients. This question will actually be the main ‘measure’ of all practices in the next few year with major surveys being used less.

The majority of patient who responded said that they would, but those very few who said no (around 15 out of 400) clarified this by saying we were too big already and they did not want more ‘footfall’ pressure on the building and car park. The practice does have the capacity to increase by another 4 consulting rooms and we have hoped to be able to develop this space for a number of years. Funding however is not available at the moment. Any increase in footfall will be matched by an increase in the number of doctors available to see new patients.

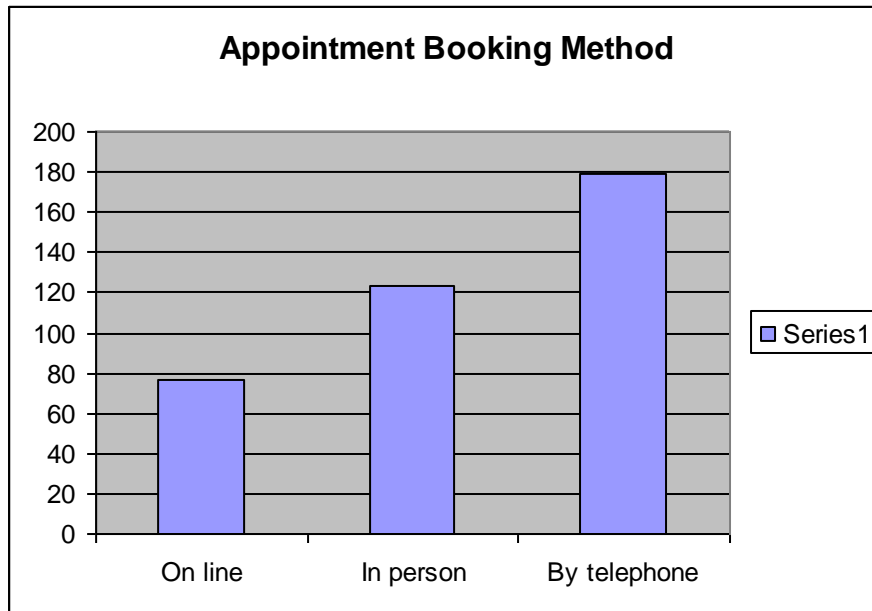
Opening in the Evenings and at Weekends – around 50% of patients felt that opening more in the evenings and at weekends would be helpful to patients who work, but these appointments should not just be for working patients.

Some patients also commented that they did not feel the doctors should not be available on a day during the week to allow them to work at weekends! Obviously the doctors and staff would not be able to work across all 7 days of the week – and the impact of doctors working at weekends would be that they would be less available during the week.”

3. SUMMARY OF RESPONSES TO THE PATIENT QUESTIONNAIRE

1. **Out of 379 patients 77 booked on-line, 123 in person and 179 by telephone.**

We would encourage all patients who have internet access to sign up for the on-line appointment booking and repeat prescription ordering service. All routine, day-only and acute unit appointments with the doctors and nurse practitioner are bookable on line.



2. **Out of 379 patients 23 had failed to keep an appointment at the surgery.**

Reasons stated, other than 'just forgot' included:

- Flooding as I walked to the surgery
- Late because of bus problems
- Had to work later than expected and did not have the surgery phone number on me
- Had to look after our shop
- Could not get through on the phone – quite a few patients commented on this.

The practice does advertise a cancellation line numbers 214649 and 214609 and patients can cancel on-line.

3. Over 1000 appointments were lost in 2013 because patients did not ring to cancel their appointment ie they Do Not Attend (DNA) and patients have suggested the following ways of managing this:

- **Send text reminders of appointments:** we do do this, but need patient's up to date mobile phone numbers.
- **Make a charge:** we are not allowed to do this under NHS rules.
- **Ask people to confirm attendance on the day:** this would be unrealistic and put additional pressure on the telephone system
- **Remind people to allow extra time to park:** a good idea and we will implement this.
- **Give patients notice that they will be de-registered if they habitually do not attend:** we do have a procedure for this and send out 2 warning letters then a final "removal from the practice list" letter to repeat offenders. This is if the patient DNA's a lot ie 3 or more times in a couple of months. Some patients have DNA'd 6-12 times in a year, but we do make allowances for age and mental illness. Some patients suggested de-registration after one missed appointment!
- **Ask the local paper to run an article about it:** another good suggestion that we will follow up on. ACTION POINT

4. Our reception staff are trained ask for an "indication of the patient's health problems" to ensure that they are 'signposted' to the most appropriate service. Patients do not need to see a doctor to, for example ,request a repeat prescription, discuss a referral letter, or ask for advice about an issue that the pharmacist can advise on, and may request such an appointment unnecessarily. The receptionists should not be asking for personal details, just a one or two word description of the problem, and they certainly should not be offering medical advice. The doctors are fully aware that reception staff ask for such limited information and agree with this practice.

Out of 379 patients 337 said they had no objection to reception staff asking them for details of their health need in order to ensure they were directed to the right service. 42 people, however, did object.

Comments included:

- Surgery is too open, easy for people to overhear.
- The questions should be very general
- They do a very good job in directing you
- More privacy is needed
- I am happy to give brief details
- I don't mind giving information but would prefer to do this in private

It would seem that a standard form of words for receptionists to use when questioning patients would be appropriate for these situations. Providing greater privacy could be provided with a re-designed reception area, but there is no funding available for this at the moment. Patients may ask to be seen away from reception if they wish to help resolve the privacy issue. ACTION POINT

5. **Out of 373 patients 365 said the staff were helpful when they contacted the practice**
6. **Out of 377 patients 98 were not aware that the surgery operates an Acute Unit for patients needing to be seen on the day.** Appointments can be booked on-line as well as over the phone and are for patients who need to be seen urgently and who cannot wait to see their own GP routinely.
7. **Out of 333 patients there was a 50/50 split between patients who felt that evening and weekend appointments should be for emergency medical problems only,** whereas around 30% felt these appointments should only be for patients who are unable to attend during working hours.
8. **Out of 332 patients there was again a 50/50 split between patients who felt they would/would not expect the doctor they normally see to be less available during the week, so that they could provide a service at weekends!** In other words, 50% of patients felt that the doctor should be adding this additional time to their working week.

When not seeing patients doctors are attending to their paperwork ie writing referral and other letters, responding to letters from consultants, reading incoming letters on screen (all letters are scanned on to the patient records), answering internal and external emails and completing 'tasks' sent to them by staff on behalf of patients. These tasks range from approving the reinstatement of a repeat medication that has not been needed for a while, phoning a patient who has recently been diagnosed with a terminal illness, speaking to the family of a suicidal teenager, advising a family with an elderly relative living alone who is showing signs of dementia etc. The list is endless and this administration takes up a large part of a doctor's day.

On top of this there will be regular meetings to attend. For example we hold monthly prescribing, referral management, palliative care (where we discuss patients with progressive terminal illnesses) and proactive care meetings, where a multi disciplinary team discuss the care of patient who have been frequent attenders at A&E, to see if their care at home can be improved and thus prevent these attendances at A&E and possibly hospital admission. These meetings often take place at 8 am so that they can be fitted in before the working day commences.

On top of this will be visits to patients and weekly visits to local residential and nursing homes. Technology allows doctors to log-on to the practices clinical system when at home and all the GPs are catching up with paper work in the evenings and at weekends.

It would be very difficult to increase the doctors working hour to include weekend cover without them having time off during the week to compensate.

9. Out of 333 patients 204 thought that nurse appointments should be available at weekends and in the evenings.

It would be possible to have more nurse appointments at weekends but this would have to be with the agreement of the nursing team. There is no funding available for additional staff at present.

10. Out of 317 patients, 25 said they needed the surgery to be open for other reasons than to see a doctor; comments included:

- **Prescription collections;** we would encourage all patients to use the collection service provided by their local pharmacy.
- **Blood Tests;** the laboratory does not process routine bloods at weekends, only during the week, otherwise we would have a phlebotomy service on Saturday mornings as well as weekday mornings.
- **So I can pop up and chat to the lovely female staff you have!**
Thank you – we think our reception staff are lovely too!
- **To get general information:** the 111 service should answer general medical queries at weekends. However, at the moment it is better to wait and ask routine medical questions in hours.
- **To access the pharmacy:** the pharmacy is open on Saturday mornings.
- **Unable to get to the surgery because of work commitments so it does not seem unreasonable for appointments to be available in the evenings and at weekends.** Patients should be aware that a change in timetabling would take doctors away from their weekday clinical sessions. The cost of staffing such services would also increase and it is difficult to run surgeries without the appropriate support staff. The practice has looked at 7 day working, but the correct infrastructure needs to be in place and funded.
- **The nearest A&E is Crawley/Redhill/Worthing and putting my wife in wheelchair and then into the car is hard work for maybe a small injury;** this comment confirms our concerns regarding the opening times of the minor injuries unit at Horsham Hospital.

11. 104 patients out of 368 felt their problems could have been dealt with by a telephone consultation with a GP rather than face to face. The practice has discussed the introduction of more telephone consultation slots, but not all doctors feel that these

are appropriate for patients with new problems when they feel they need to see the patient in order to assess them properly.

12. 60% of 363 patients felt that there was a place for Skype and other technologies to help patients manage long term conditions, although there were concerns about the more elderly patient and if they would find this technology easy to use.

13. Out of 350 patients there was a 50/50 split of patients who used the repeat prescription collection service and those who did not and of those who used it, 95% would recommend it. Comments included:

- **I prefer to be in control of checking when I need further tablets;** you would still be in control of ordering your medication.
- **It means a longer delay in processing the prescription;** if you remember to order a few days before you would normally, it may well save you time as you would only need to take the repeat to the pharmacist, then collect the medication from them 5 or 6 days later.
I am unclear how the practice deals with data protection when using third party service providers; in this instance we assume you are referring to the pharmacist, who will have full knowledge of all your repeat medication, so we cannot see why this would be an issue in this case.
- **I walk to the surgery to collect the prescription as it is good exercise;** perhaps you could walk to a pharmacist a little further away for the same benefit?
- **I wish to retain flexibility of pharmacy as I do not always use the same one.**
- **There seem to be mistakes with the medication issued:** please ensure you check your repeat request slip. Mistakes do occur but are minimal when compared with the number of repeat requests processed daily.

14. How can we make it easier for you to tell us when things have gone wrong?
Responses included:

- **Give scope for confidential or unattributed feedback.** Patients may send in any comments or complaints using the comment forms which can be found in Ground Floor reception – there is a box for these near the self check in. More formal complaints should be put into writing and these will be investigated and responded to as quickly as possible. Anonymous complaints are difficult to manage as we really do need to be able to correspond direct to the complainant, perhaps to ask questions so that we can ensure the facts are correct and certainly to enable us to respond.
- **Run more surveys:** our electronic patient reference group has over 1,600 members and is open to anyone with an email address. If you would like to be a

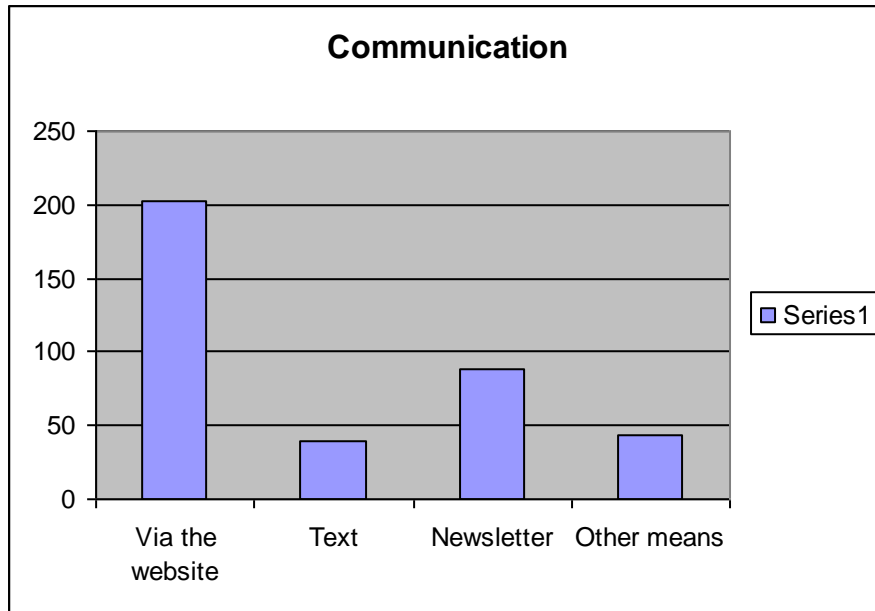
member of the group email friendsof.parksurgery and you will be added to the list and sent surveys from time to time, 3-4 times a year. ACTION POINT

- **A designated person one can contact easily who can actually do something;** if a member of staff is unable to help you to your satisfaction please do ask for your concerns to be passed on to the Practice Manager, Paula Salerno. She may not always be available there and then but will contact you as soon as possible.
- **Have the Practice Manager based in Reception;** the practice has 11 partners, 6 salaried GPs, 14 Nurses, 1 Practice Manager, 1 Deputy Practice Manager, 1 Management Assistant, 4 medical secretaries, 3 ultrasound booking secretaries, 27 receptionists, 14 data entry and admin clerks and 6 ultra-sonographers – a total of 88 members of staff. The Practice Manager is responsible for all aspects of the successful operation of the practice and is supported by a fantastic Deputy and a superb team of Heads of Department including a Reception Supervisor and two Practice Co-ordinators. The Practice Manager's role is not confined to management of the reception team but there are senior members of reception who are able to respond to any concerns patients may have in the first instance with reception.
- **Have an email address available for comments;** patients may email the Practice Manager direct if they wish ie paula.salerno@nhs.net but need to be aware that she may not pick up emails immediately and urgent issues must not be communicated in this way, but rung in to the practice.

15. **Do you think there should be information about who is on the Committee of Friends of Park Surgery Displayed in the waiting area:** 76% of responders thought this would be a good idea, and this will be fed back to the committee. ACTION POINT

16. **Which is the best way to keep you up to date with what is happening at Park Surgery?** of 372 responders

202 or 54% said via the website
39 or 10% said via text
88 or 24% said via newsletter in the waiting room
43 or 12% said by other means



Many people felt that a combination of the website and a newsletter would be best to cater for those who used the net regularly and those who prefer paper based information. Direct mail was suggested but is not possible as it would prove too expensive. All members of the Friends of Park Surgery however receive a newsletter, either by email or delivered. The annual subscription (suggested minimum of £5) helps cover the cost for this and also goes towards the taxi service that is provided for patients with financial problems who are unable to get to the practice by other means.

17. Do you have concerns about the restructuring of the NHS? Out of 350 people who responded 84 said yes.

Patients felt that a colossal, expensive and unnecessary reorganisation was underway, exposing the NHS to privatisation by the 'back door'. The fact that doctors are being diverted to other activities eg commissioning was also commented on. There was an appreciation that funding has been cut, and will continue to be cut which will affect and reduce many local services in the coming years.

Patients remembered what health care was like prior to 1948 and the costs and difficulties faced by families trying raise children during the war years. We need to appreciate and protect our NHS!

It was evident that many people do not understand the changes that are taking place, so felt unable to comment.

18. Is there anything particularly good about Park Surgery? 254 patients responded to this question; and comments included:

- The staff are kind and helpful, very professional and genuinely caring.
- Very efficient pharmacy on site
- Excellent doctors
- The Acute Unit is wonderful
- Convenient and efficient
- On line booking
- Very good and well organised
- Fantastic doctors and nurses
- Always able to get a same day appointment
- Bright and clean
- Personal attention to detail
- Light and airy waiting rooms
- The whole surgery is particularly good
- An excellent practice
- The ultrasound service
- The organisation of the annual flu jabs

19. What would make the practice even better? 171 patients responded to this question and comments included:

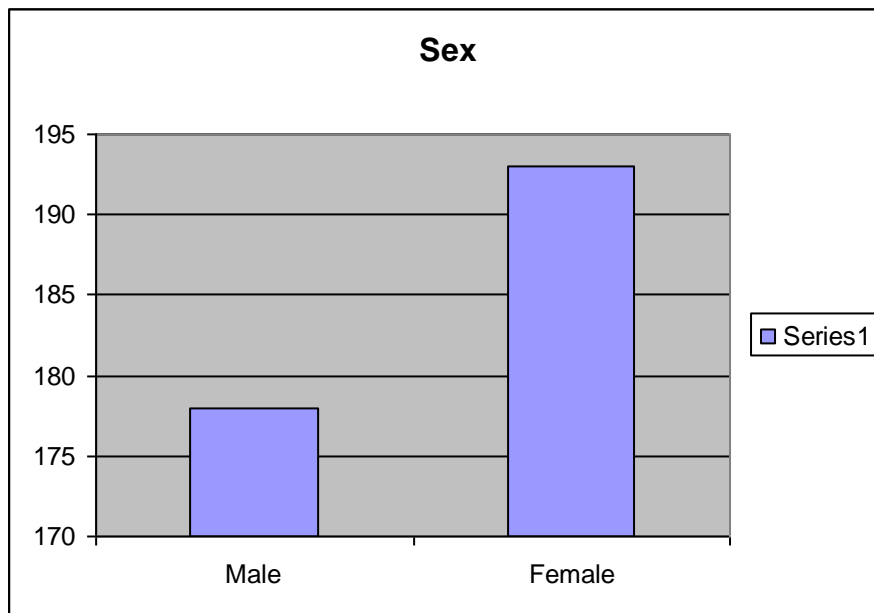
- Adequate parking
- No music in reception
- More music in reception
- More time with the doctor
- Quicker appointment times
- Increase in surgery hours thereby increasing the number of available appointments
- Evening appointments
- Weekend appointments
- To be able to get through on the telephone
- More space downstairs
- An electronic board giving information about progression of appointments

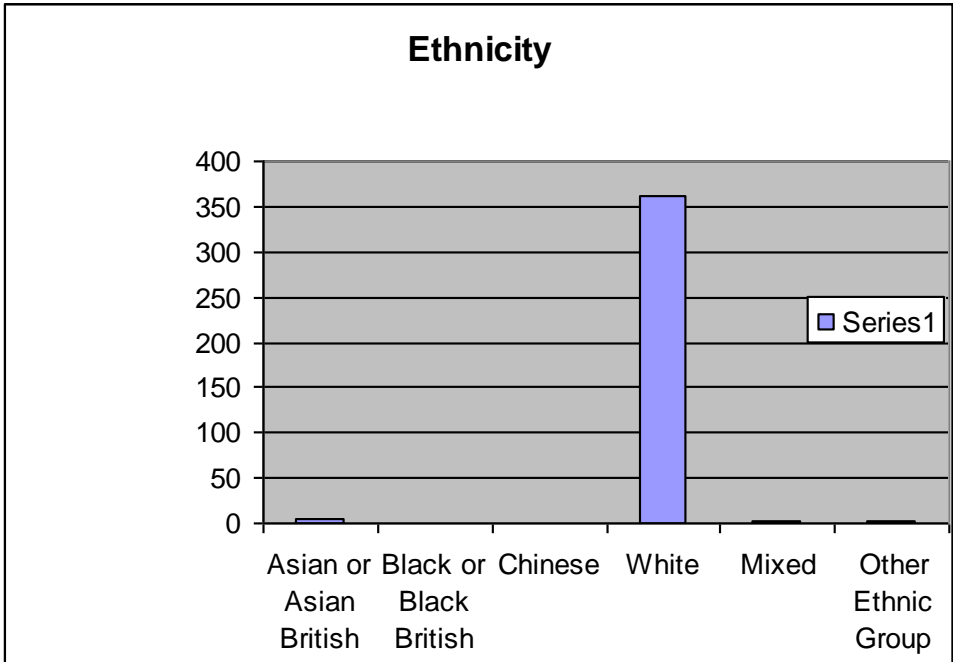
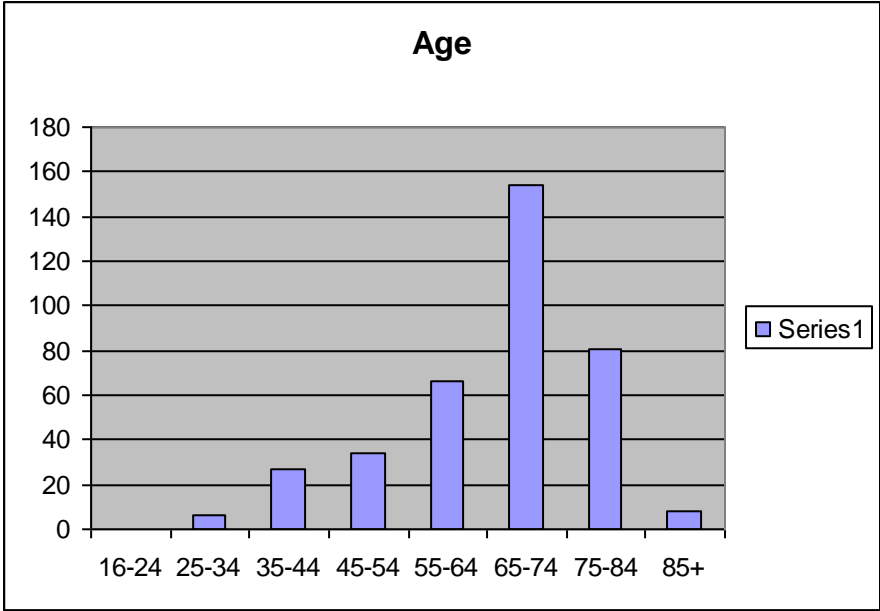
4. ACTION POINTS

As a result of the questionnaire, the following action points were agreed.

- **To continue with the work to change the phone system to a local number only.**
- **Advertise issues with non-attendance more widely, including in the local paper**
- **Develop a standard form of words for receptionists to use when asking patients for information regarding their condition.**
- **Run more surveys, to gain patient's views.**

5. DEMOGRAPHIC OF RESPONDERS





Paula Salerno
 Park Surgery
 March 2014