

Ashville Medical Practice– Patient Reference Group Report
18th February 2014

Practice Opening Times and Out of Hours Arrangements

Opening Hours

Monday 7.20am until 20.30pm

Tuesday to Friday 7.20am until 18.30pm

The above times include extended opening hours when a Dr is available.

The extended opening hours are as follows:

Monday 7.20am until 08.00am and 18.30pm until 20.30pm

Tuesday to Friday 7.20am until 08.00am

Methods of Access to the Surgery

Appointments Telephone Line 01226 729860

Enquiries Telephone Lines 01226 282280/216000

Fax Number 01226 216002

Website address www.ashvillemedicalpractice.co.uk

The appointments telephone line is available from 08.00am-12.00pm and 14.00pm-18.30pm on a daily basis.

The enquiries telephone line is available from 08.00am to 18.30pm on a daily basis.

Out of Hours Arrangements

If patients require urgent medical assistance when the surgery is closed, which cannot wait until the surgery re-opens; they will receive an automated message stating “please dial 111 and you will be connected to the NHS 111 service. Calls to this service are free from both landlines and mobile phones. If you have a life threatening medical emergency please dial 999”.

Practice Population

The total practice population is 10692 patients and 9353 (87.47%) patients have ethnicity recorded. The breakdown of patients is as follows:

Sex	Number	Percentage Of Practice Population	Ethnicity Recorded	Percentage
Male	5240	49%	4317	82.38%
Female	5452	51%	5036	92.36%

Profile of practice population

Age groups	0-4	5-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+	Totals
Males	390	713	545	698	654	775	563	506	316	54	26	5240
Females	400	656	541	740	668	751	591	581	387	98	39	5452

Breakdown of Ethnicity of Practice Population

Ethnicity Group	Number
British or Mixed British	6847
White British	1866
White Other	306
Other	141
African	56
Chinese	36
Irish	26
White and Black African	18
Pakistani or British Pakistani	12
Other Asian Background	11
Black Other	10
Polish	7
White and Black Caribbean	6
Indian or British Indian	5
Caribbean	4
White and Asian	2

Patient Reference Group Profile (PRG)

The PRG Population is 48 members which is an increase of 4 members since the 2012-2013 report.

Sex	Number	Percentage of PRG Group	Ethnicity Recorded
Male	14	29%	92.85%
Female	34	71%	100%

97.91% of the group are British. One member does not have ethnicity recorded.

Profile of PRG Group

Age groups	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+	Totals
Males	0	2	0	2	2	4	3	1	0	14
Females	1	3	1	8	6	12	3	0	0	34

The efforts the practice has made to reach any groups not represented

Since 2007 Ashville Medical Practice has run a successful patient reference group that meets on a quarterly basis.

The practice has made the following efforts to reach groups of patients currently not represented and also to increase patient group numbers:

- The patient reference group was advertised on the practice Jay-X board in the waiting room
- The patient reference group is advertised on the practice website, and a form to join the group can be downloaded by clicking on the following link [Patient Reference Group Joiner Form](#) or by visiting www.ashvillemedicalpractice.co.uk, patient information, patient participation group.
- Posters were placed in the practice waiting room promoting the group and asking for volunteers, and slips are available on the reception desk for patients to complete if they wished to become a member of the group.

Survey

How the priorities were set

At the patient reference group meeting held on the 18th April 2013, suggested priorities for the next patient survey were discussed.

The minutes from the meeting on the 18th April 2013 can be found by clicking on the following link:

[Patient Reference Group Minutes 18th April 2013](#)

It was agreed that the priorities used in the 2012 survey gave a broad perspective of what patients thought of the practice and all members agreed to keep the same priorities for the 2013 survey.

The priorities agreed are as follows:

- Opening Times
- Ability to be seen quickly
- Ability to book ahead
- Telephone answering
- Experience and treatment of service received
- Communication

How the questions were drawn up

The foundation for the questions were taken from [Napp Organisation Sample Questions](#)

It was agreed in the patient reference group meeting on 18th April 2013 that the practice should conduct the same survey as last year, so that a year on year comparison could be made with meaningful information.

It was agreed 2 new questions would be added, one about the practice website and one about the rotating message boards in the reception area, incorporating communication as a priority

Members of the group suggested adding a further question to ask patients if they used the self arrivals board, and a further question asking patients if they were aware the practice had a website. It was also agreed that the survey would cover the same time period as last year commencing on 1st September and to end when a representative sample had been obtained, based on the Department of Health guidelines of 25 questionnaires per 1000 patients.

A draft questionnaire was provided at the patient group meeting on the 18th July 2013 and at this point the questionnaire was agreed.

How the survey was conducted

The timescale of conducting the survey was from 1st September 2013 and the survey closed in November 2013

The survey was made available to all patients who attended the practice. This was to ensure that a wide range of views and patients were represented.

During this timeframe the following clinics ran: Antenatal clinics, post natal and baby clinics, substance misuse clinics, smear clinics, minor surgery clinics, chronic disease management clinics and flu clinics.

Patients attending the surgery during extended hours were also offered to take the survey.

The survey was also available for patients to submit their views on the practice website.

266 surveys in total were completed. The patient reference group agreed at the meeting on the 17th October 2013 that the survey should cease when 262 surveys had been completed, in line with the department of health guidelines of 25 questionnaires to be completed per thousand patients to ensure a representative sample of questionnaires was received.

The survey results

The statistical survey results can be found on a separate document to this report, and in addition they were posted or emailed to members of the patient reference group, prior to the patient reference group meeting on 16th January 2014 to discuss the survey results.

The statistical survey results and this report can also be found on the Ashville Medical Practice website www.ashvillemedicalpractice.co.uk, under the headings patient information and patient participation group or by clicking on the following link. [Ashville Medical Practice Patient Reference Group](#)

Copies are also available in the practice waiting areas and are available from reception if requested.

At the patient group meeting on 16th January 2014 it was agreed that the results of the satisfaction survey were good without any significant areas that required attention. The Department of Health recommended that 25 surveys were to be completed per 1,000 patients registered at the practice therefore the practice had to complete 262 for our current practice population, and completed more than this.

After discussing the survey we all agreed the main area of improvements were the answers relating to the appointments system. The changes that have been made over the last 2 years have been well received by many of our patients, and the results of the survey in relation to appointments have improved from last year's survey.

It was also agreed that seeing a chosen Dr within 4 working days was an acceptable timescale.

Previous discussions have also taken place with regards to booking an appointment with a doctor of choice. Patients have every right to book with a doctor of their choice; however the down side of this limits the appointments available to patients. This is due to doctors working patterns i.e. some doctors work part time and also in addition to normal surgeries doctors also have to work in other clinics on a rota basis, thus resulting in decreased normal surgery appointments on those days. Examples of other clinics doctors hold are ante-natal clinics, post-natal clinics, minor operation clinics, 8 week baby check clinics, substance misuse clinics. In addition as we are a training practice, registrars also require debriefing and tutorial sessions.

Due to the factors above it is better for patients not to limit themselves to particular doctors as there would be more scope to be seen sooner without limitations.

The table below shows the percentages with regards to booking an appointment with a Dr of choice or any Dr:

	2013 -2014 Survey
Booking an appointment with a Dr (very easy and fairly easy were totalled together)	65% easy
Time taken to see a Dr of the patients choice (cumulative totals)	33% same day 41% within 1 working day 55% within 2 working days 64% within 3 working days 66% within 4 working days 88% within 5 working days
How acceptable patients find the timescale of seeing a Dr of choice	72% find the timescale acceptable
Time taken to see any Dr (cumulative totals)	59% same day 72% within 1 working day 81% within 2 working days 88% within 3 working days 90% within 4 working days 97% within 5 working days
How acceptable patients find the timescale of seeing any Dr	86% find the timescale acceptable

A total of 66% of patients who completed the survey were able to see a Dr of choice within 4 working days or less, this is an improvement of 24% from the previous years survey

The patient reference group and the practice were pleased with the results, and the group acknowledged that there had been a significant improvement at the surgery over the past 2 years; they felt things were moving forward and improvements had been made, especially with regards to appointment availability.

Action Plan

No specific action points were identified from the discussions of the survey however, it was agreed that the appointments system would continue to be monitored to remain as effective as possible, the group and the practice were very satisfied with the improved appointment availability results in the survey, and with the results of the total survey

Actions / issues raised throughout the year had been dealt with as they arose, and the group felt they had been listened to, their issues had been taken seriously and commented there had been a significant improvement at the practice. The section at the end of this report demonstrates how issues raised throughout the year have been addressed.

Action Area	Owner and Timescale	Timescale
Monitor appointment availability	Mel Jones- ongoing throughout the year	The practice is committed to continuous improvement, and will continue to monitor the appointment system throughout the year to ensure resource is utilised effectively in order to meet patient expectations when trying to book an appointment.

Action points that have been explored however are not feasible to implement

Television in the waiting room. After being in contact with two companies we have been unable to source a television in the waiting room. This is due to the companies also requiring to advertise healthcare on the TV's, and there would be a conflict of interest as there are other healthcare companies within Oaks Park Primary Care Centre. E.g. Chiropody, Acupuncture. The practice is not currently in a position to self fund a TV.

Members in attendance at the patient group meeting on 18th April 2013 agreed this action point could be closed and no further action to be taken.

Advertising the Report

A copy of this report and the statistical survey results can be found by clicking on the following link [Ashville Medical Practice Patient Participation Group](http://www.ashvillemedicalpractice.co.uk) or by accessing www.ashvillemedicalpractice.co.uk the patient information tab, and patient participation group. Copies are displayed in the practice waiting areas and are available from reception if requested.

A copy has also been posted or emailed to each member of the patient reference group.

How issues raised in the year 2013-2014 have been addressed and evidence of improvements made

The table below identifies issues raised throughout year, and how they have been addressed.

	Issue	Issue Owner	We Did
1	Put chairs with arms on them in the waiting area upstairs- raised July 2013	Mel Jones	The practice completed this action in July 2013 and placed chairs with arms on in the waiting room upstairs.
2	Implement internet appointment booking- Agreed at patient group meeting 18th July 2013	Mel Jones	The internet booking appointment facility was made available to book /cancel Dr appointments on 31/7/2013
3	Increase the bottles of hand gel sanitizers in the surgery	Mel Jones	Additional bottles have been placed in public areas- ongoing throughout the year as and when required.
4	At the 2012 flu clinic some patients were given an appointment and some were advised to attend without an appointment, and we received comments that it was unfair that patients with an appointment had to wait	Mel Jones	At the flu clinics in October and November 2013 we altered the appointment system, and all patients were given appointment slots within a 30 minute timescale. Positive feedback was received that this worked well, and patients also commented they enjoyed the experience at the flu clinic.
5	The fan grids above the reception area required some attention- Raised at the patient group meeting 18 th July 2013	Mel Jones-	The fan grids were cleaned after the patient group meeting in July 2013.
6	Continue to monitor the appointment booking process in the year.	Mel Jones- ongoing throughout the year	The appointment booking process is constantly monitored and the table below shows the improvements in appointment availability comparing the 2102 survey and the 2013 survey. Appointments are also regularly discussed at patient group meetings

The table below shows a comparison of last years survey (2012) and the recent 2013 survey in relation to booking appointments, and the improvements made:

	2012	2013
Booking an appointment with a Dr (very easy and fairly easy were totalled together)	42% easy	65% easy
Time taken to see a Dr of the patients choice (cumulative totals)	17% same day 25% within 1 working day 33% within 2 working days 39% within 3 working days 42% within 4 working days 79% within 5 working days	33% same day 41% within 1 working day 55% within 2 working days 64% within 3 working days 66% within 4 working days 88% within 5 working days
How acceptable patients find the timescale of seeing a Dr of choice	48% find the timescale acceptable	72% find the timescale acceptable
Time taken to see any Dr (cumulative totals)	40% same day 54% within 1 working day 67% within 2 working days 70% within 3 working days 75% within 4 working days 93% within 5 working days	59% same day 72% within 1 working day 81% within 2 working days 88% within 3 working days 90% within 4 working days 97% within 5 working days
How acceptable patients find the timescale of seeing any Dr	71% find the timescale acceptable	86% find the timescale acceptable

The table below shows further comparisons from last years survey (2012) and the recent 2013 survey and the improvements made:

1	One of the questions in the survey was “would you recommend the surgery to some-one who has just moved to your local area?”	In the 2012 survey 74% of patients surveyed stated they would. In the 2013 survey 82% of patients stated they would.
2	One of the questions in the survey was “In general how satisfied are you with the care you receive at the surgery?”	In the 2012 survey 64% of patients surveyed stated very satisfied. In the 2013 survey 73% of patients stated they were very satisfied.
3	One of the questions in the survey was “In the past 6 months how easy have you found getting through on the phone?”	In the 2012 survey 48% of patients surveyed stated fairly or very easy. In the 2013 survey 77% of patients stated fairly or very easy.
4	One of the questions in the survey was “Did you feel you were treated with respect and dignity while you were in the surgery”	In the 2012 survey 87% of patients surveyed stated always. In the 2013 survey 92% of patients stated always.

Update on Previously Identified Actions from Previous Years Reports

Update on actions from the 2011 -2012 report

	Action Area	Action Owner	Timescale and Outcome
1	Promote opening and closing times of the surgery- Raised at patient group meeting 26 th April 2012	Mel Jones	This was implemented with immediate effect in April 2012- use of practice website, advertise in surgery and practice leaflet. Use of Jayex Board
2	Promote online ordering of repeat prescriptions- Raised at patient group meeting 26 th April 2012	Mel Jones	This was implemented with immediate effect in April 2012- use of practice website, advertise in surgery and practice leaflet. Use of Jayex Board
3	Promote the practice website- Raised at patient group meeting 26 th April 2012	Mel Jones	This was implemented with immediate effect in April 2012- use of practice website, advertise in surgery and practice leaflet. Use of Jayex Board
4	Advertise DNA's	Mel Jones	Implemented June 2012. DNA's are advertised on a monthly basis in surgery and on the website
5	Explore the feasibility of having a television installed in the waiting room to promote health promotion	Mel Jones	It was agreed at the patient group meeting on April 2013 no further action would be taken with regards to this. The reasons are stated in this report
6	Explore the option of having a walk in clinic to make it easier for patients to obtain an appointment	Mel Jones	After an in depth discussion the practice did not feel it appropriate to offer a walk in clinic. If a walk in clinic was implemented it was felt that issues would arise of a different nature, and there would be no control over the number of patients arriving at the surgery thus resulting in high waiting times to see a doctor, and also it was imperative the doctors were providing a safe service in terms of the number of patients they see. It was agreed this action point would be closed and no further action taken at the patient group meeting on 26 th April 2012

7	Conduct the 2012 patient survey over a period longer than 1 month	Mel Jones	Implemented September 2012 when the survey commenced. It was agreed the survey would close when 270 completed surveys had been received.
8	Text Messaging Service for patients	Mel Jones	Implemented June 2012
9	Improve appointment availability at the practice	Mel Jones	Appointment monitoring survey commenced January 2012 for 3 months. Changes to the appointments system were made in April 2012 when the demands of appointment requests were understood. Increased same day appointments were introduced and a proportion of pre bookable appointments 1 and 2 weeks in advance. There are also a number of urgent appointments on the same day. The practice is committed to continuous improvement with regards to appointment monitoring

Update on actions from the 2012 -2013 report

	Action Area	Action Owner	Timescale and Outcome
1	It was inconvenient having to attend Worsbrough lift building for new hearing aid batteries.- Requested at patient group meeting 26 th July 2012	Mel Jones	The practice now holds a stock of different types of hearing aid batteries on reception. Implemented July 2012
2	You would like comfortable chairs with arm rests in the waiting room downstairs Requested at patient group meeting April 2012	Mel Jones	Placed 5 armchairs in the waiting room- Implemented July 2012
3	You wanted a health information notice board in the waiting room- Requested at patient group meeting January 2012	Mel Jones	Placed a notice board in the waiting room advertising different services within the community Implemented February 2012
4	You wanted a who's who board- Requested at patient group meeting January 2012	Mel Jones	A board has been placed in the entrance to the practice with photographs and names of staff. The same information is also displayed on the practice website. Implemented March 2012
5	Improve Dr appointment availability at the practice-requested at patient group meeting January 2012	Mel Jones	Conducted an appointment monitoring survey from January 2012 to March 2012. Established demand versus capacity, understood patient requirements for Dr appointments and the survey demonstrated that the majority of patients when calling wanted to be seen on the day. As a result we changed the appointments system to offer more same day appointments whilst still having a proportion of appointments to book in advance.
6	Reduce queues at reception- Requested at patient group meeting January 2012	Mel Jones	The group were informed the telephones were moved from the reception desk early January 2012 to the back office to enable the receptionists to focus on

			patients presenting at the reception desk without being interrupted by having to answer the telephone. Altered staff shift patterns so there are more staff available to answer the telephones at peak times. Patients are also encouraged to use the self-check in screen upon arrival.
7	In the monthly DNA reports display the timescale from booking the appointment to the DNA for Drs separately- Requested patient group meeting July 2012	Mel Jones	This has been implemented and the results are displayed on the practice website on a monthly basis.- Implemented at month end August 2012
8	Have structure at the patient reference group meetings- requested patient group meeting January 2012	Mel Jones	Implemented fixed agenda items agreed with the patient reference group. Email the agenda prior to each meeting and also email the minutes in a timely manner after each meeting. The group are in agreement the meetings now have structure- Implemented immediately for next meeting April 2012
9	Put a message on the appointments line asking patients to stay on the line instead of putting the phone down and redialling which places them to the back of the queue. This is because patients can hear the phone ringing, and did not think it is being answered as the telephone system does not have the functionality to indicate patients are in a queue.- Requested at patient group meeting 18th October 2012	Mel Jones	A message was placed on the appointments line “please continue to hold and your call will be answered shortly” Implemented immediately October 2012
10	Patient requests were not being actioned when made electronically, via the online prescription ordering functionality. Requested at patient group meeting October 2012	Mel Jones	After investigation it was identified that the prescription clerks were replying to electronic messages however, until the issue was raised, the practice were not aware that the

			<p>functionality of the new IT system did not allow two way communication, and patients were not receiving the responses. This was not the case with the previous IT system, and going forward patients will be contacted by telephone if there are any queries with their requests. Investigated November 2013 and response provided to patient group at meeting January 2013</p>
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