

## COLLEGE ROAD SURGERY

### PATIENT REPRESENTATIVE GROUP REPORT – MARCH 2013

The Patient Representative Group (PRG) was set up in January 2012, and has been holding regular meetings throughout the year at the surgery. These were initially on a Wednesday evening, but the group did feel that there may be a better attendance on a Monday evening, which was also when the surgery was open late for extended hours until 8.30pm. After a trial period, when attendance at the PRG meetings was poor, it was decided by the group to revert back to Wednesday evenings.

In the intervening period of 1yr since the last report, the Practice list size has increased by over 450 patients. This has continued the trend of a sharp increase in the list size with the development of the new surgery premises, with the total increase being in the order of 1000 patients. This has had an impact on the provision of services, most particularly with extra pressure on surgery appointments, and patients experiencing difficulties when phoning through to the practice.

At the PRG meeting on 9<sup>th</sup> January 2013, the group were asked by the practice if they were happy for the practice to repeat the survey undertaken the previous year, so that direct comparisons could be made, and this was agreed.

#### Survey 2013

As it had been undertaken last year, the GPAQ v2.0a survey was again carried out, over the last 2 weeks in February. The survey forms were given out by reception staff to patients attending the surgery for an appointment with a doctor (initially one doctor started handing out their own questionnaires, but this was stopped due to a poor return). Returned forms were collated and the results analysed for the practice using the GPAQ toolkit, which calculates average scores for the questions. Forms were distributed until at least 35 per doctor had been returned.

187 forms were returned and analysed (compared with 160 last year). Of these 75.4% were from female patients, and 24.6% male (compared to 66.9% and 33.1% respectively last year, and a practice population of 52.1% female and 47.9% male).

The mean scores were as follows:-

	Mean score	GPAQ benchmark
Q2. Satisfaction with receptionists	81	77
Q3a. Satisfaction with opening hours	75	67
Q4b. Satisfaction with availability of particular doctor	70	60
Q5b. Satisfaction with availability of any doctor	73	69

Q7b. Satisfaction with waiting times at practice	68	57
Q8a. Satisfaction with phoning through to practice	53	59
Q8b. Satisfaction with phoning through to doctor for advice	57	61
Q9b. Satisfaction with continuity of care	70	69
Q10a. Satisfaction with doctor's questioning	82	81
Q10b. Satisfaction with how well doctor listens	87	84
Q10c. Satisfaction with how well doctor puts patient at ease	85	84
Q10d. Satisfaction with how much doctor involves patient	84	81
Q10e. Satisfaction with doctor's explanations	85	83
Q10f. Satisfaction with time doctor spends	82	80
Q10g. Satisfaction with doctor's patience	85	84
Q10h. Satisfaction with doctor's caring and concern	85	84
Q11a. Ability to understand problem after visiting doctor	67	69
Q11b. Ability to cope with problem after visiting doctor	64	66
Q11c. Ability to keep healthy after visiting doctor	62	62

Table 1. Mean scores of evaluation questions (as percentages) compared to the GPAQ benchmarks

Although the practice is still doing well compared to the benchmarks, when compared to last years results there has been a fall in all but one of the parameters:-

Question	Description	Practice 2013	Practice 2012	Benchmark
2	Satisfaction with receptionists	81	86	77
3a	Satisfaction with opening hours	75	79	67
4b	Satisfaction with availability of particular doctor	70	72	60
5b	Satisfaction with availability of any doctor	73	73	69

7b	Satisfaction with waiting times at practice	68	74	57
8a	Satisfaction with phoning through to practice	53	59	59
8b	Satisfaction with phoning through to doctor for advice	57	71	61
9b	Satisfaction with continuity of care	70	77	69
10a	Satisfaction with doctor's questioning	82	86	81
10b	Satisfaction with how well doctor listens	87	88	84
10c	Satisfaction with how well doctor puts patient at ease	85	87	84
10d	Satisfaction with how much doctor involves patient	84	87	81
10e	Satisfaction with doctor's explanations	85	88	83
10f	Satisfaction with time doctor spends	82	85	80
10g	Satisfaction with doctor's patience	85	87	84
10h	Satisfaction with doctor's caring and concern	85	89	84
11a	Ability to understand problem after visiting doctor	67	70	69
11b	Ability to cope with problem after visiting doctor	64	72	66
11c	Ability to keep healthy after visiting doctor	62	66	62

Table 2. Mean scores of evaluation questions (as percentages) comparing 2013 to 2012 and to the GPAQ benchmarks

### Discussion

The survey results were presented to the PRG at the Annual General Meeting on 6<sup>th</sup> March 2013. Although the practice felt disappointed with the results, the PRG felt that, given the increase in patient numbers, the practice was still performing well. Dr Horton also highlighted the fact that the Practice Manager had been on sick leave for over 5 months, which had had a considerable negative effect in many administrative areas. Two examples of this were the patient display screens in the waiting rooms (which had not been updated regularly), and lack of improvement in the management of the phone system.

### Action Plan

The practice is undertaking several actions to address the issues highlighted by the survey:-

- The practice has decided to employ an extra receptionist. The post was recently advertised , with a very strong response. Interviews are to commence shortly.
- The practice has increased the number of sessions undertaken by the salaried doctor, Dr Zilvetti, thereby increasing the number of available appointments for patients. It is likely that a further doctor will also be employed in the near future.
- Other staff members are being trained in areas such as the patient display system, so that changes can be made when designated staff members are sick. The practice also hopes to improve the call handling of the phone system in due course.
- At the suggestion of the PRG, the practice is going to investigate the use of text messaging, to try and reduce the number of appointments where patients do not attend (DNA). The practice is now sending letters to patients who DNA on the same day as they book an appointment, which was suggested by the PRG as a possible way of reducing this problem.
- The PRG is to commence with a regular presence at the surgery, with the first session being on 18<sup>th</sup> March. It is hoped that this will help to increase the membership of the PRG, and also help patients to understand its role. The PRG has a designated notice board at the practice in the main waiting area, and has recently set up a suggestion box at reception to receive patient's comments and suggestions. At the suggestion of the PRG a hand sanitiser gel dispenser has been provided by the patient check-in screen.

The practice is also improving the service to patients in a number of other ways. We have a new practice website, which should allow improvements to services by offering on-line booking of appointments and prescription requests in the future. We are about to commence the second stage in the electronic transfer of prescription programme, so that patient prescriptions can be sent electronically to the patient's pharmacy of choice. We have also just commenced providing an NHS hearing aid service at the practice, which will be run by an AQP (Any Qualified Provider) as part of the NHS Choices programme.

### Summary

Although it has been a difficult year in many ways for both the PRG and the practice, both parties are determined to build on the progress so far, and it is hoped that the relationship will continue to grow over the coming months, to the benefit of both patients and the practice alike.

## **COLLEGE ROAD SURGERY**

### **March 2013**

N.B. this report should be read in conjunction with last year's report, which gives a detailed background to the formation of the PRG.

Copies of this report are available at the surgery, and are on the practice website at [www.collegeroadsurgery.co.uk](http://www.collegeroadsurgery.co.uk)