

## TANFIELD VIEW MEDICAL GROUP

### LOCAL PATIENT PARTICIPATION REPORT – MARCH 2015

The practice has had a patient reference group for several years, as we have always felt it beneficial and important to give patients a voice on matters of importance to them within the practice, and to influence key decisions made by the practice.

Our patient groups have had some success in the past, but we used to find it difficult to recruit a representative number of patients. For example, in 2006 our patient group had only seven patients, and despite posters and newsletters this did not increase for a number of years.

In 2011 we began to look at other ways of involving our patients in our practice. We advertised for a *virtual* Patient Representation Group (vPRG) to open up communication to a wider representation of our patient population, and to accommodate our patients busy lives. This meant that we could use technology to communicate with patients, and harness their views and concerns. We initially recruited for our vPRG via posters, newsletters and the jayex board in the surgery. We also collected patient email addresses, and sent out an email asking if patients would be interested in joining the group. The initial group was not as representative of our practice population as we had hoped, but we have continued to collect emails, so that we can invite more patients to join the group. We continue to opportunistically invite patients to join, including those in the younger age brackets, those who access local services, and those who frequently attend the surgery because of their medical condition. All of our staff are aware of the vPRG, and are encouraged to promote it to potential new members.

In 2011/12 the group was set up with 38 members, with an age range of 21 to 80, and was made up of 12 males and 26 females.

Now, in 2015, the group has a further 23 patients. In total there are 61 patients made up of 42 females, and 19 males. Included in the group are young parents, patients with depression and mental health problems, various chronic diseases and cancer. Also included are patients who are working, unemployed and retired.

The practice has an awareness of the practice profile, including levels of unemployment, deprivation, life expectancy, crime rates and prevalence of chronic disease, and we will continue to encourage a wider representation of these groups.

The patient group is 100% White British. The overall practice profile shows less than 0.5% as **not** White British, but we will continue to encourage representation of other ethnic groups.

The information below shows the profile of the vPRG with a total of 61 patients.

<b>AGE</b>	<b>SEX</b>	<b>ETHNICITY</b>
37	F	WHITE BRITISH
65	F	WHITE BRITISH
39	F	WHITE BRITISH
45	F	WHITE BRITISH
65	F	WHITE BRITISH
60	M	WHITE BRITISH
74	F	WHITE BRITISH
73	M	WHITE BRITISH
75	F	WHITE BRITISH
74	F	WHITE BRITISH
31	F	WHITE BRITISH
60	F	WHITE BRITISH
42	M	WHITE BRITISH
85	M	WHITE BRITISH
42	F	WHITE BRITISH
56	F	WHITE BRITISH
63	M	WHITE BRITISH
75	M	WHITE BRITISH
55	F	WHITE BRITISH
48	F	WHITE BRITISH
55	M	WHITE BRITISH

43	F	WHITE BRITISH
60	F	WHITE BRITISH
52	F	WHITE BRITISH
54	M	WHITE BRITISH
65	M	WHITE BRITISH
55	F	WHITE BRITISH
69	F	WHITE BRITISH
39	F	WHITE BRITISH
45	F	WHITE BRITISH
83	M	WHITE BRITISH
80	F	WHITE BRITISH
31	M	WHITE BRITISH
75	F	WHITE BRITISH
28	M	WHITE BRITISH
44	F	WHITE BRITISH
68	F	WHITE BRITISH
21	F	WHITE BRITISH
47	F	WHITE BRITISH
53	F	WHITE BRITISH
53	F	WHITE BRITISH
46	F	WHITE BRITISH
56	M	WHITE BRITISH
60	F	WHITE BRITISH
29	F	WHITE BRITISH
40	F	WHITE BRITISH

76	F	WHITE BRITISH
34	M	WHITE BRITISH
72	M	WHITE BRITISH
65	M	WHITE BRITISH
49	F	WHITE BRITISH
35	F	WHITE BRITISH
46	F	WHITE BRITISH
67	M	WHITE BRITISH
58	M	WHITE BRITISH
75	M	WHITE BRITISH
37	F	WHITE BRITISH
80	F	WHITE BRITISH
63	F	WHITE BRITISH
64	F	WHITE BRITISH
67	F	WHITE BRITISH

We obtained the views of our vPRG on the CFEP patient satisfaction survey we hoped to use.

Taking these into account and given the time constraints we decided to use the CFEP UK Surveys IPQ (Improving Practice Questionnaire) as we have used this previously and feedback was given in a user-friendly format. We felt that the questions on the survey were suitable for what we required, and would give us benchmark information as well as past scores for comparison purposes.

IPQ is a reliable and sensitive tool which accurately measures patient satisfaction in designated areas and is sensitive to change.

In 2015, in total we submitted 249 completed questionnaires which had been given out to patients of both sexes and all ages. These patients were all attending the surgery, and we gave out the questionnaires at various times during the working day. This ensured that we captured the views of a wider section of the practice population.

Of the 249 patients who provided feedback 27 were aged under 25, 129 were aged between 25 and 59, and 67 were over 60. 26 did not say.

124 respondents were female, and 100 were male, with 25 not saying.

34 of the patients had been attending the practice for less than five years, 37 had been attending for between five and ten years, and **153** had been attending the practice for over ten years. 25 did not say.

Finally 82 patients said that they were seeing their usual practitioner, with 125 saying that they were not. 42 did not say.

The results of the survey, including patient demographics, and patient comments can be seen on the practice website ([www.tanfieldviewmedicalgroup.co.uk](http://www.tanfieldviewmedicalgroup.co.uk)) or by following these links:-

### [IPQ Report](#)

These results were sent out to the members of the vPRG. We asked patients to comment on these results and also to let us know their thoughts about the areas for improvement.

In 27 out of 28 areas the practice score had improved considerably. The only area which had dipped by one point was confidence in ability.

The three lowest scored areas were as follows, although all had considerably improved from previous years.

### **Telephone Access (54 from 33 last year, and 27 the year before)**

### **Seeing a practitioner of your choice (46, from 36 last year and 28 the year before)**

### **Seeing a practitioner within 48 hours (51, from 37 last year, and 34 the year before)**

All other results were scored at 60 or above, and 83% of patients surveyed scored the practice as good, very good or excellent.

### **Telephone Access**

Telephone access has improved this year, and we have worked hard to achieve this. During the last year we have installed a new telephone system to help us to monitor and control calls. We also listen to call recordings to help us to identify where calls are 'clogging' the system, and how they can be diverted. We have four staff on four dedicated incoming lines. We have also introduced regular staff training on handling calls which we hope will mean improvements for our patients. We have also installed a call management system, as this had been suggested by our patients.

Patients can now book appointments online, as well as requesting repeat prescriptions. Hopefully this has relieved some of the pressure on the telephones.

### **Waiting Times**

Sometimes running late is unavoidable due to complicated consultations, or patients presenting with more than one problem. However, we have looked at our appointment system during the last year, and have built in some 'catch up' slots, and altered start and finish times to alleviate these problems. We also inform patients of how late the doctor or nurse is running, both at check-in and by the jayex board in the waiting room to give updates. Patients are asked to only see the doctor for one problem, or to book a double appointment. We are continuing to work on our appointments system as part of the Productive General Practice programme.

### **Seeing a practitioner of choice**

The score in this area has also improved, but it is seen as a problem by patients particularly in a large practice like Tanfield View. Over the last two years we have seen the retirement of three senior partners. Due to a recruitment problem in 2013/14 the practice was working with two full time and two part time GPs. This meant that we had to employ a lot of locum doctors, which had an impact on continuity of care, and in seeing a doctor of choice.

Since then, in 2014/15, we have recruited three new GPs. We are also using regular locums (one of whom is an ex-partner). We have sent out a newsletter introducing our new doctors, and publicising the extra appointments we offer.

With regard to nursing staff, we have nine nurses all with different skills. So depending on why a patient needs to be seen they will be given an appointment with the most appropriate nurse for that reason. This may not always be the nurse of your choice.

We will continue to publicise on our website and in our practice booklets the different doctors we have available. If we do need to continue to use locums we will try to employ regular locums to encourage continuity. We will promote the fact that a patient's medical record is accessible by all clinicians, so there should still be a continuity of care even when seeing a different doctor. We will also publicise our nurse skill mix, and why different nurses offer different types of appointments.

### **Seeing a practitioner within 48 hours**

Our system does allow all patients for whom there is a clinical need to be seen on the same day, are seen that day. We can usually offer appointments within 48 hours, but it is not always with the practitioner of choice. Our receptionists are told to ask patients the reason why they need to be seen, so that they can be given the most appropriate type of appointment with the most suitable person. Comments on

the patient survey show that some patients do not like the receptionist to ask the reason for the appointment, so we do give them the option of the reason being private.

We have also added weekend opening to our working week to offer more appointments to be booked. We are hoping to continue to offer this service.

### **Questions 'About the Practitioner'**

Questions 9 – 21 are the questions about the practitioner.

All of our GP partners received individual feedback from the patient survey for their own development.

**OVERALL 83% OF ALL PATIENT RATINGS ABOUT THIS PRACTICE WERE GOOD, VERY GOOD OR EXCELLENT.**

### **Action Plan 2015/16**

- Continue staff development and training on telephone techniques and customer care skills.
- Increase use of new facilities on call management system to further inform us of areas for improvement.
- Increased involvement of our Patient Reference Group.
- Employ a further nurse practitioner for eight sessions, and endeavour to recruit a further GP.
- Improve all patient communication. In particular, explain about the medical record being accessible by all clinicians, the nurse skill mix and range of appointments available, and why the receptionists need to ask the reason for the appointment.

Tanfield View Medical Group – March 2015