

# PATIENT DIRECTED ENHANCED SERVICE REPORT

## ST CLEMENTS PRACTICE



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## 1. INTRODUCTION

### 1.1. OVERVIEW

St Clements Practice has set up the process for the Patient Participation Directed Enhanced Service (DES) with the aim to get patient feedback about the quality and range of services provided by the Surgery. There are different stages to this process which are outlined below.

1. Patients were invited to sign up for a Patient Reference Group (PRG) via an online registration link on the Surgery website or paper forms available at the Surgery.
2. A group of 8 patients volunteered to take part in an online forum to express their views which lasted for one week. St Clements Practice also holds a face to face Patient Forum, quarterly, which has also contributed to the feedback, gathered in the online forum.
3. Patients' feedback from the online forum and quarterly Patient Forum were analysed and they both formed a basis for further investigation. A patient feedback survey was designed based on the issues raised in both PRG forums.
4. The survey was released on 6th February 2012 and 547 patients responded to the survey using either online or paper versions of the survey.

This report details the findings from the feedback survey and from this actions were agreed with the Patient Reference Group with timescales for implementation.

### 1.2. OPENING AND EXTENDED HOURS

St Clements Practice has a practice population of 17,010 patients (March 2012). Its core hours are Monday - Friday 8.00a.m to 6.30p.m. Extended appointment hours are as follows:

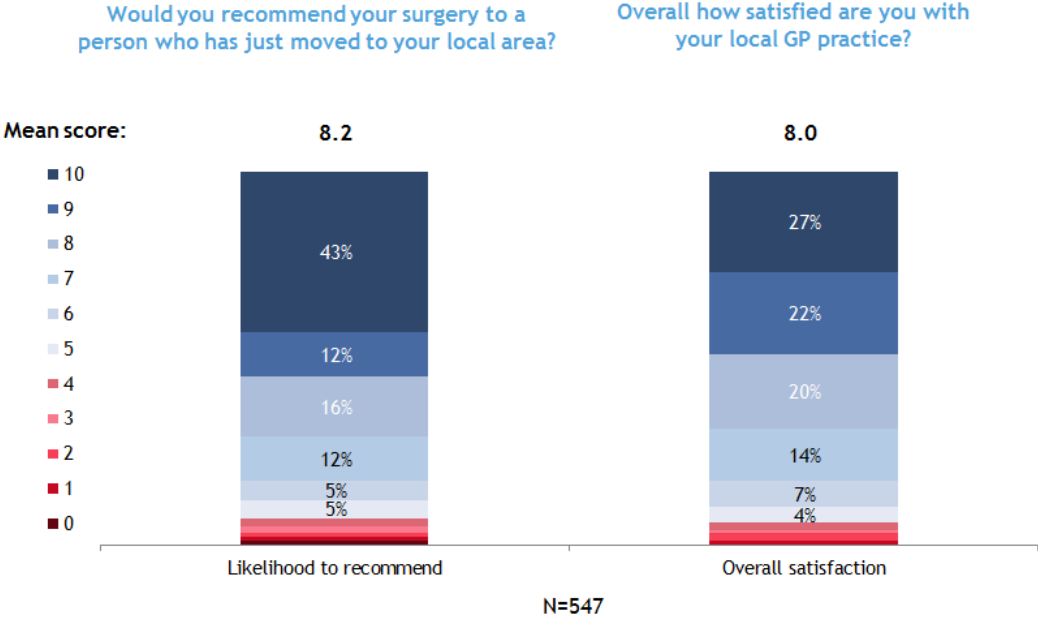
- Doctor Nandy offers an early morning, pre-booked clinic (7.30 -8.00a.m.) on Tuesdays and Dr. Harlow on Fridays. Other doctors are in practice from 8.00a.m and at varying start times such as Monday, Wed & Thurs 8.00a.m. - 7.00p.m.
- Late evening pre-booked appointments (6.30 - 7.00p.m.) are available as follows:
  - Mondays - Drs Vincent and Nandy
  - Tuesdays - Drs. Foster and Harlow
  - Wednesdays - Drs. Roberts and Fitzgerald-Barron
  - Thursdays - Drs. Burns and Chapman

However, these are subject to change throughout the year as a consequence of holidays and moving commitments. Other GPs are in the practice with earlier finishing clinics.

Saturday openings are from 9.00am-12.15, alternate weeks. All doctors offer a Saturday morning clinic on a rota basis throughout the year. The Doctors' Personal Receptionists are available to advise patients of their individual doctor's availability on a daily basis.

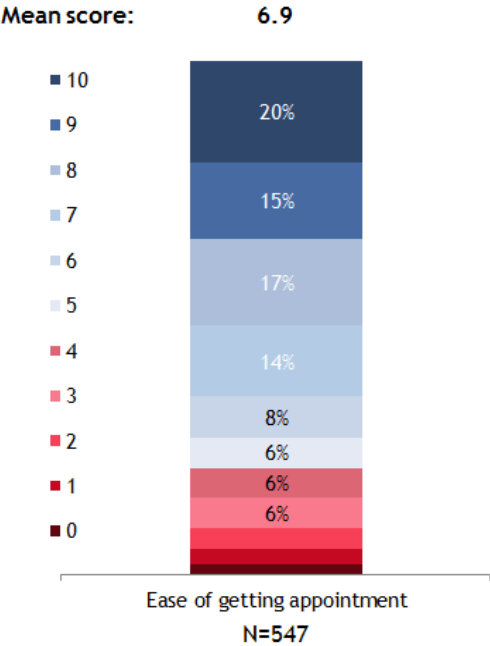
Appointments for both regular and extended hours at the Surgery can be booked either by phone or in person at the surgery.

2. OVERALL VIEW OF THE SURGERY



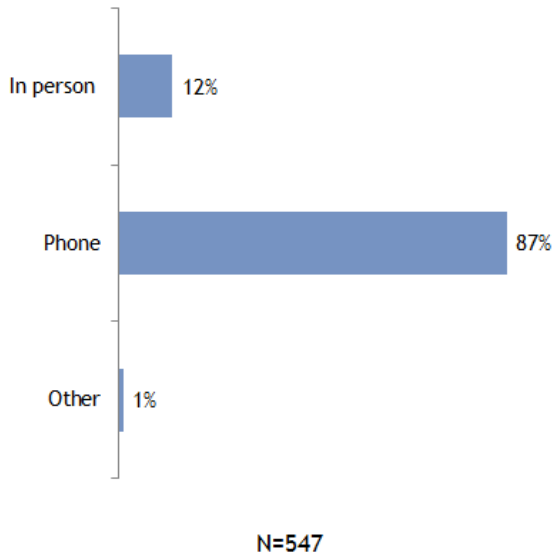
Most patients were satisfied with the practice with 83% of patients scoring satisfaction between 7 and 10. 83% would recommend it to a person who had just moved to their local area (83% 7-10). Overall levels of dissatisfaction are low, suggesting that only minor changes in the service provided to patients are likely to be needed.

**How easy was it to get an appointment at the time you wanted on your last trip?**

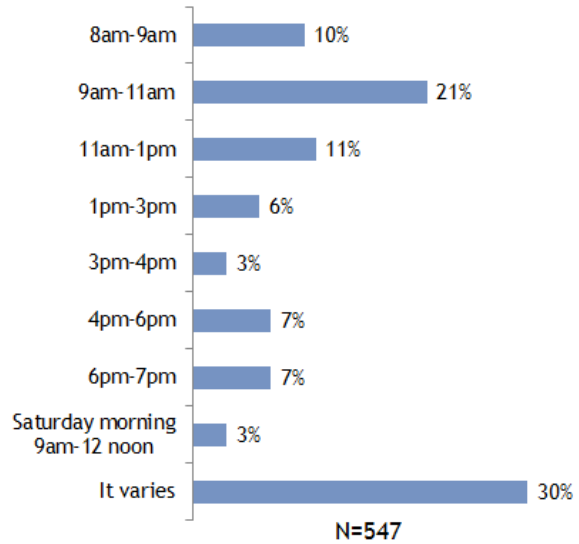


Views of patients were mixed with regards to making an appointment at the Surgery, meaning some patients found this aspect of the service difficult and improvements could be made. 64% scored between 7 and 10 versus 83% for overall satisfaction.

Which of the following methods did you use to book your appointment?

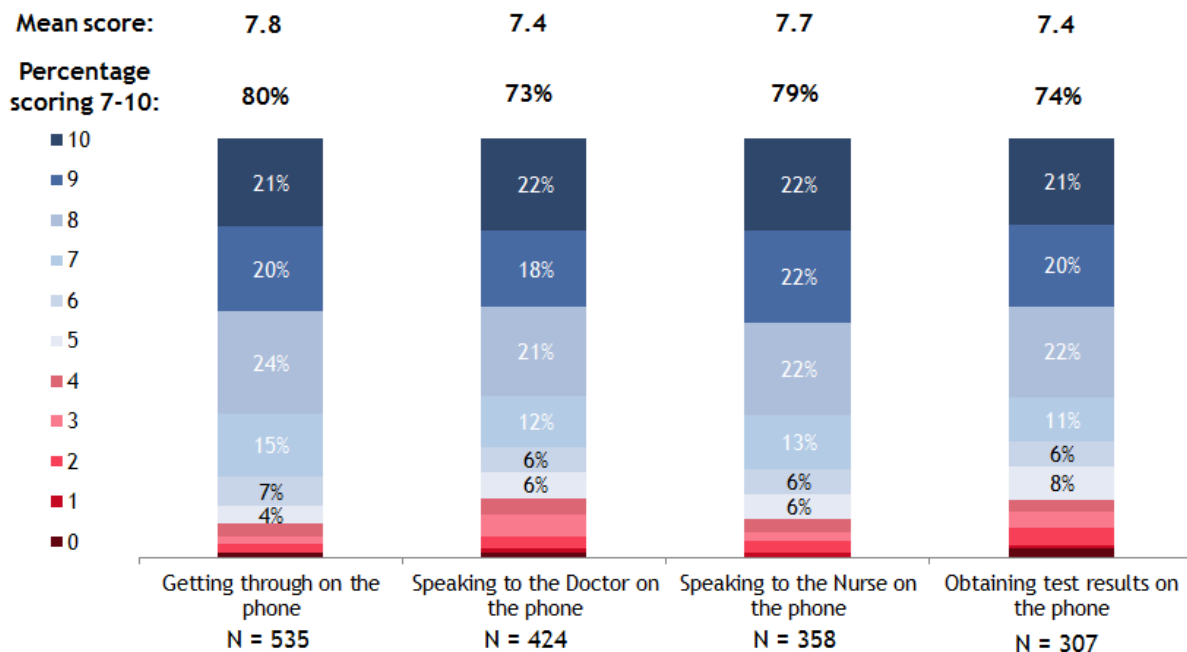


What would be the best time for you to visit the surgery, on most occasions?

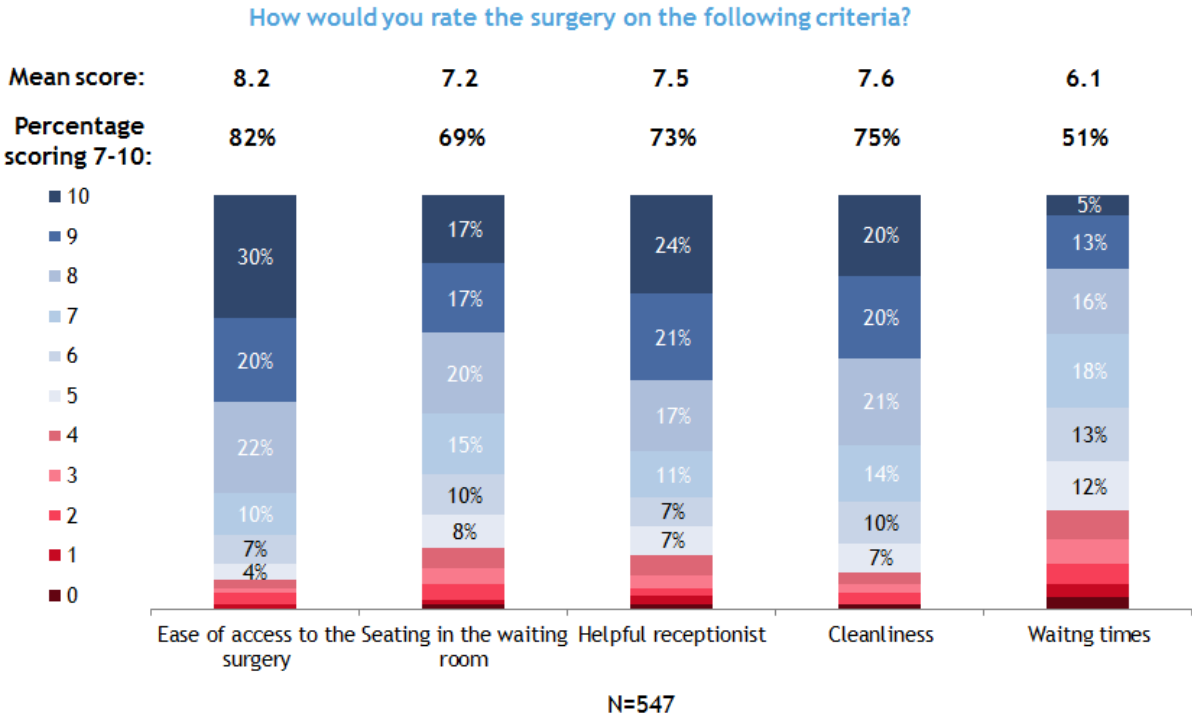


Most appointments (87%) are booked over the phone and the ‘preferred time for an appointment’ varies from patient to patient, although there is a preference for the morning appointments (42% between 8am-1pm) rather than afternoon appointments.

How would you rate the surgery on the following criteria?

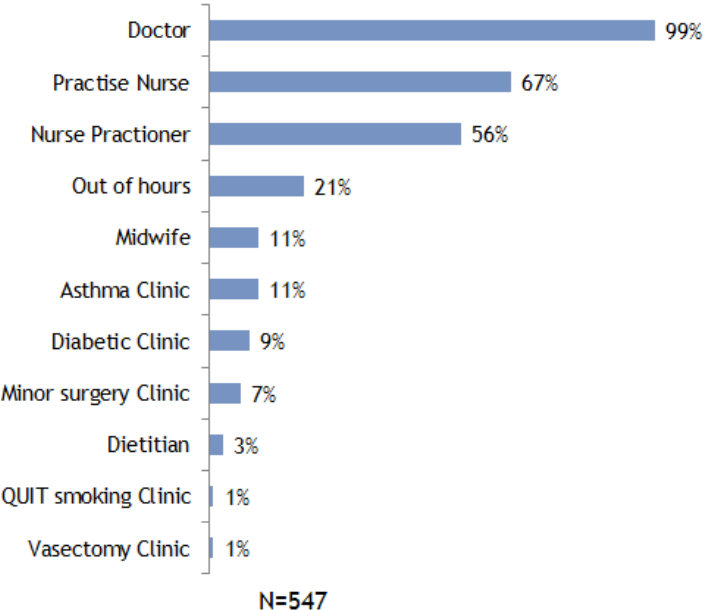


Overall, satisfaction with communication via the telephone has an average mean of 7.6 (79% scoring 7 - 10) across all scores, meaning there is room for improvement here, with a particular focus on speaking to a Doctor or obtaining results over the phone.



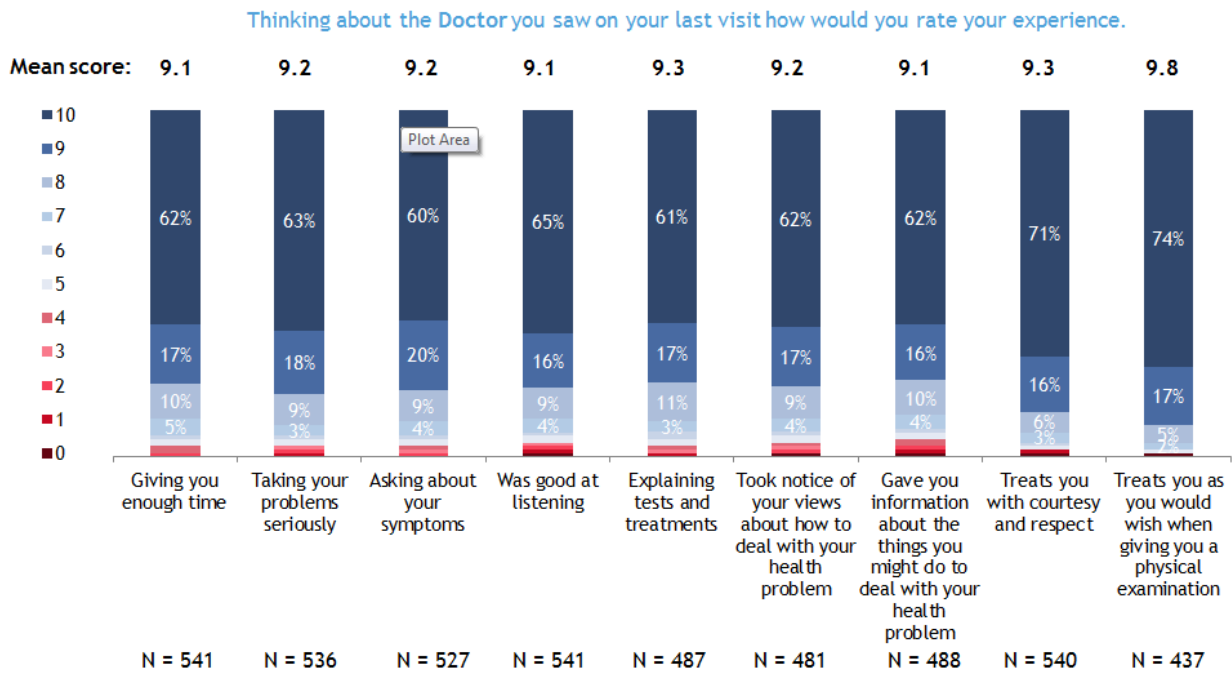
Patients gave some good scores for the ease of access to the Surgery, cleanliness and helpfulness of the receptionists. However, the length of time spent in the practice waiting for their appointment to start showed clear levels of dissatisfaction (mean score 6.1) and may be an area for improvement.

**Which of the following services have you used at our surgery?**



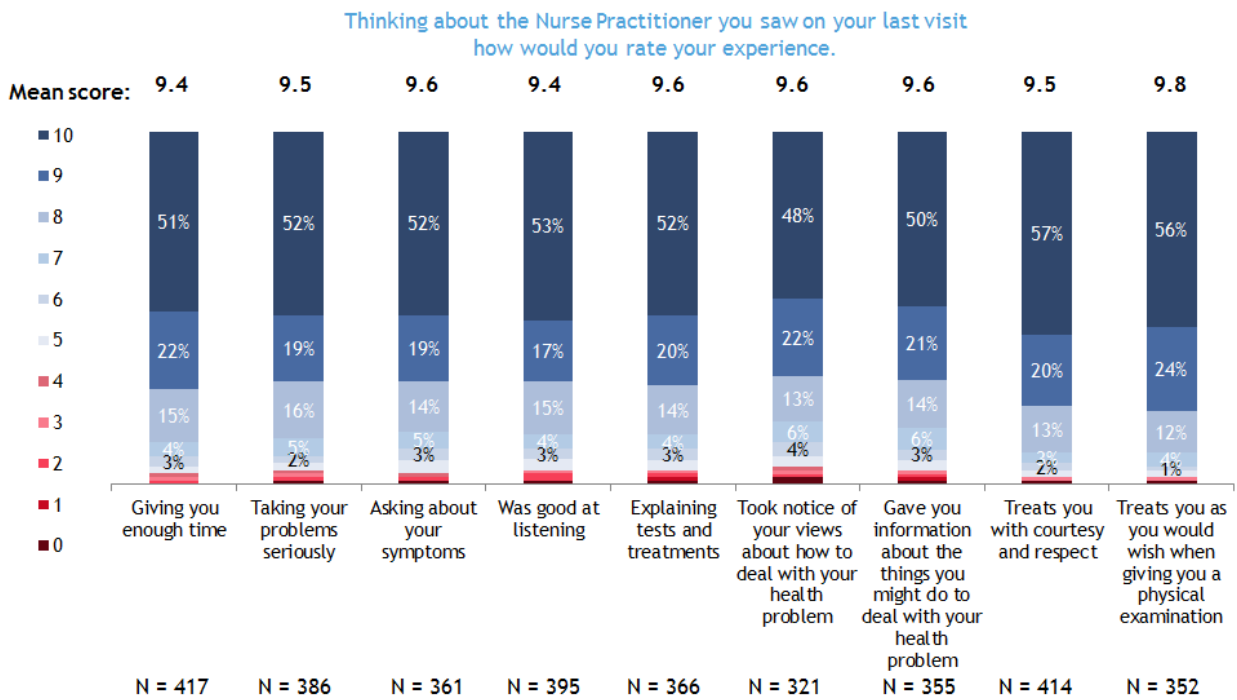
Patients primarily access the practice for an appointment with their Doctor (99%), followed by appointments with either the Practice Nurses (67%) or Nurse Practitioners (56%), with other Nurse led services being used by specific patient groups. The Out of Hours service has been used by 21% of the responding patients.

2.1. VIEWS ABOUT DOCTORS AT THE SURGERY

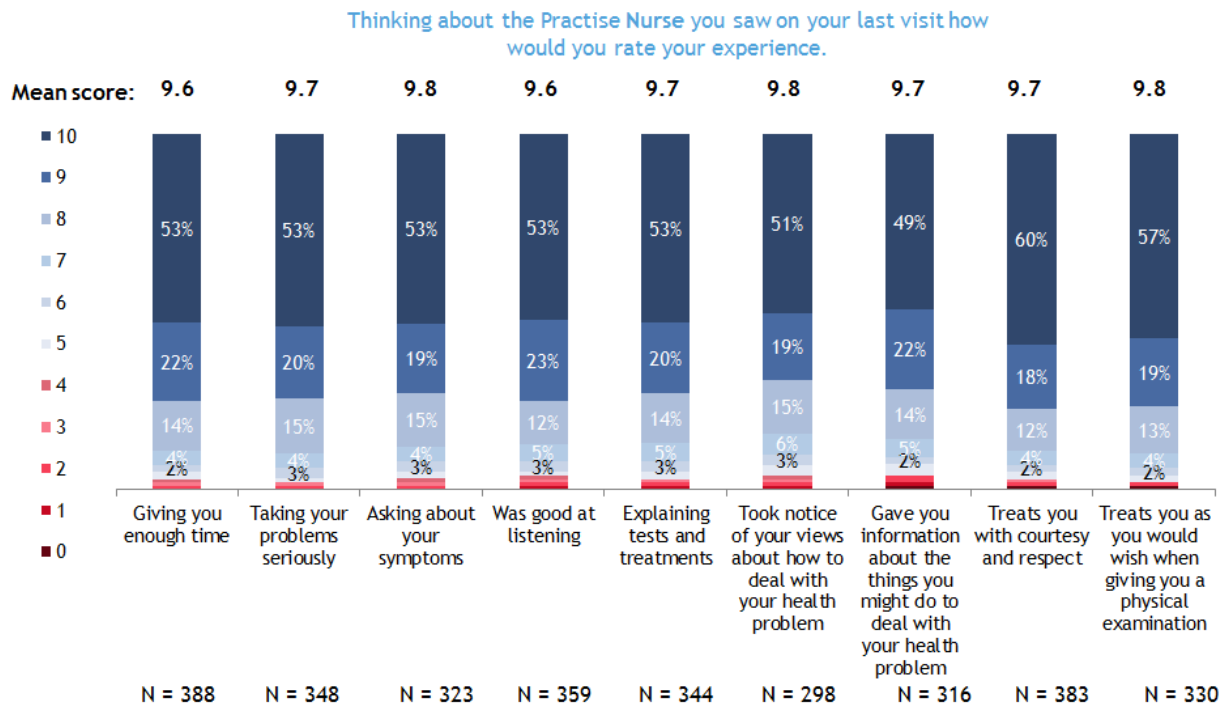


Services provided by Doctors in the Surgery are excellent, with an average mean of 9.3 across all the criteria. Patients are particularly happy with treatment during a physical examination (mean score 9.8).

2.2. VIEWS ABOUT NURSES AT THE SURGERY



As with the service provided by the Doctors at St Clements, that provided by the Nurse Practitioners is also excellent (mean of 9.5 across all scores), patients are extremely happy with the service they receive.

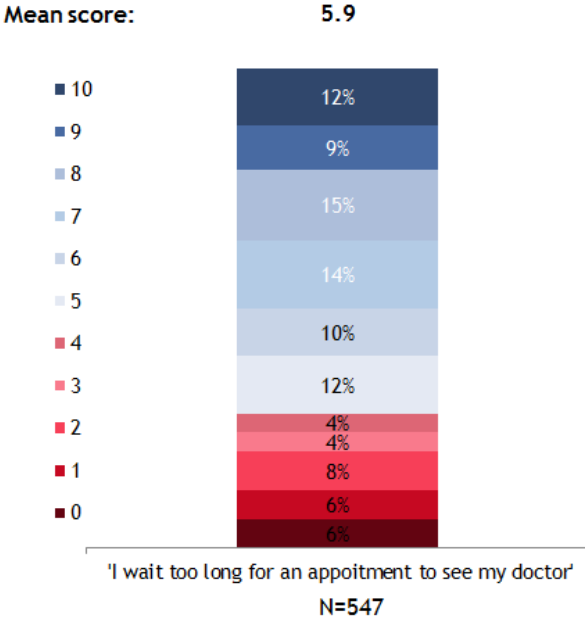


Patients are also happy with the service from the Practise Nurses, with an average mean across all criteria of 9.7.



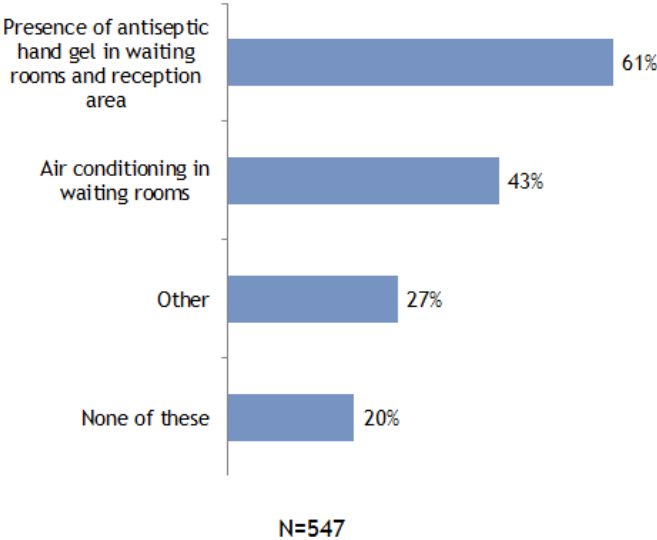
2.3. IMPROVEMENTS TO THE SURGERY

How much do you agree with the following statement?



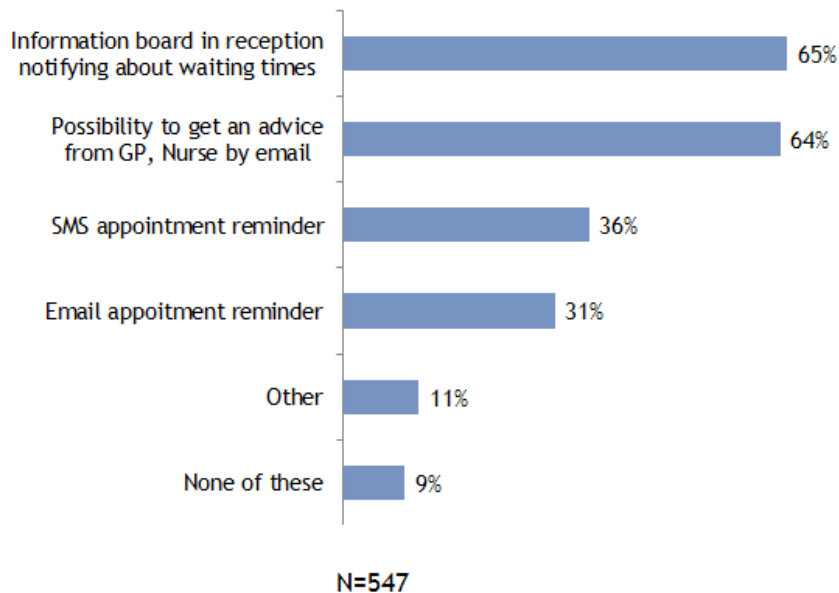
Patients show the least satisfaction with the length of time they have to wait to see their Doctor (mean score 5.9; 51%), with half of patients agreeing that they wait too long for an appointment to see their Doctor.

Which of the following improvements would you like for the waiting room and surgery?



Patients show a strong desire to have the introduction of anticeptic hand gel in the waiting room and reception areas (61%) and some patients (43%) also thought that air conditioning would be an appealing introduction to the practice.

Thinking about communication outside and inside the surgery, which of the following means of communication would you like to be deployed by the surgery?



To improve levels of dissatisfaction with the length of time patients have to wait in the practice, patients would like to see the introduction of an information board in reception to inform them about waiting times or delays to their appointment (65%). The possibility to receive advice via email from a GP or Nurse is also appealing (64%).

### 3. ACTIONS FOR DISCUSSION WITH THE PRG

#### Action 1: Appointments

- To look into improving the ease of getting an appointment (Mean score 6.9)

#### Action 2: Waiting Times in the Practice

- Try to inform patients if their appointment is running late through an information board in reception but also try to reduce the waiting times. (Mean score 5.9)

#### Action 3: Antiseptic Gel

- Introduce antiseptic gel in the waiting room (61%)

#### Action 4: Advice through email

- Look into patients being able to receive advice through email from their GP or Nurse (64%)

## 4. FINALISED ACTIONS AFTER PRG DISCUSSION AND TIMELINES

**Action 1:** **To look into improving the ease of getting an appointment:** 64% of patients who had responded to the question regarding ease of getting an appointment at the desired time had selected 7-10 in satisfaction levels.

The meeting discussed the analysis of this response and the subsequent questions which aimed to understand what the preferred appointment times were and also the methods used for booking an appointment.

The practice had extended its appointment availability across a wider spread of hours in recent years. Appointments were now available on two mornings a week at 7.30 & 7.45 am; on four evenings a week at 6.30 pm and 6.45 pm and on alternate Saturday mornings. The Practice also provides a daily Duty Team who triage and treat patients, on that day, when clinically urgent. Patients may also book a telephone consultation with their own Doctor or book to see another Doctor.

However, the practice recognises that appointments for face to face appointments with one's own Doctor may incur a wait, particularly before or after holidays, and it will continue to keep this under regular review.

**Timescale: On going**

**Action 2:** **Try to inform patients if their appointment is running late:** 65% of patients who replied indicated that they would like an information board in reception notifying patients about waiting times.

Patients will be aware that the practice has been under threat of compulsory purchase order and, ultimately, demolition for a number of years. The City Council's plans to regenerate the lower part of the city are now progressing; a Developer has been appointed and new plans for practice premises are at the approval stage.

Patients at the Forum agreed that this was not the time to invest in new technology with the hope of new premises in 18 months' time. The Practice will certainly review improved means of communicating with patients on 2 or more floors with Architects and Planners for the new premises and will, in the meantime, include the importance of communicating any delays with patients at receptionist training events.

**Target Timescale: Immediate in respect of Receptionists and to review**

**Action 3:** **Introduce antiseptic gel in the waiting room:** 61% of patients who took part in the survey replied that they would like to have antiseptic hand gel in waiting rooms and reception area.

The practice had previously installed wall dispensers during the swine flu epidemic but these had now been removed. A free standing dispenser is in place on the ground floor front desk for use by patients and this would remain.

Whilst the use of antiseptic hand gel has been a major tool in limiting the introduction of community based infections into hospitals where patients may be recovering from Surgery and would be highly susceptible to infection. The risks are not quite the same in

a G.P. Surgery but the practice will review at times of local and national epidemic, for the benefit of managing cross infection.

**Target Timescale: Immediate and regular review**

**Action 4:** Look into patients being able to receive advice through email from their GP or Nurse: 64% of patients who responded indicated that they would like the possibility of getting advice from a G.P. or Nurse via e-mail.

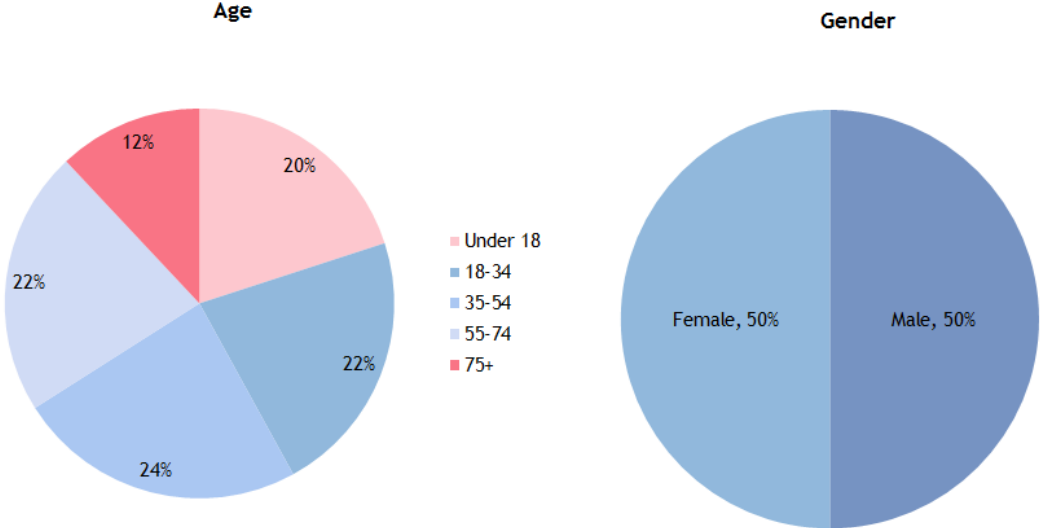
Both the Patients Forum and the G.P. Partnership discussed this. Concerns were focussed on internet security and confidentiality and the ability to manage e-mail traffic. At present patients may contact their Doctor by telephone, by fax, by post or in person via an appointment. The impact of access by e-mail would run the risk of increasing GPs administrative time and reducing their clinic time.

**Target Timescale: It is not intended to make access to GPs or nurses via e-mail available at this time.**

5. PROFILES

5.1. SURGERY PROFILE

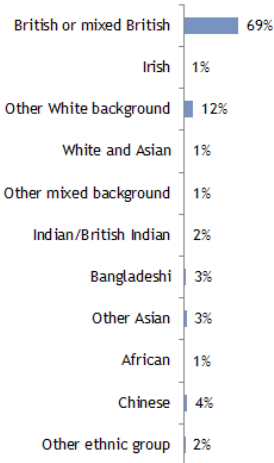
Demographic breakdown



**N = 17,010**

The Surgery profile is broadly represented in both the survey and online forum profile; the only group of patients that were not represented fully were younger patients under 30.

Ethnicity

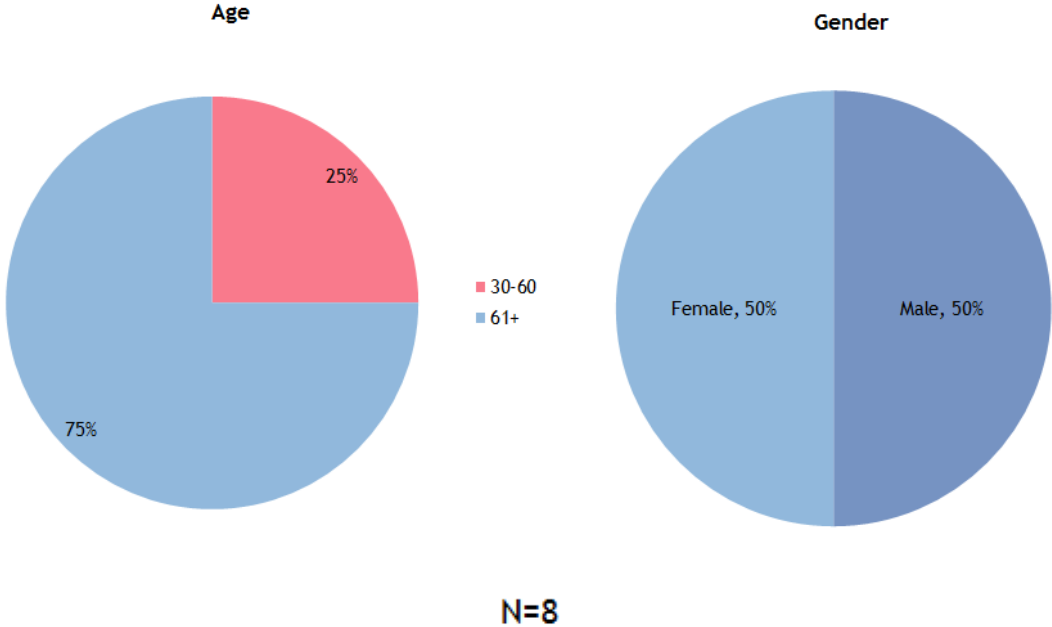


Ethnic background details are available for 5,447 patients in the practice and are split as above

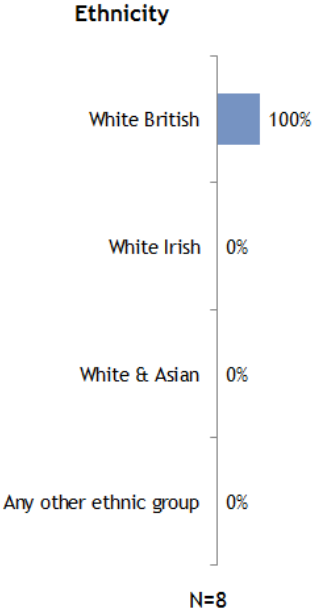
The majority of patients at St Clements Practice are British or mixed British (69%). These patients are represented in both the online forum and online survey.

5.2. ONLINE FORUM PROFILE

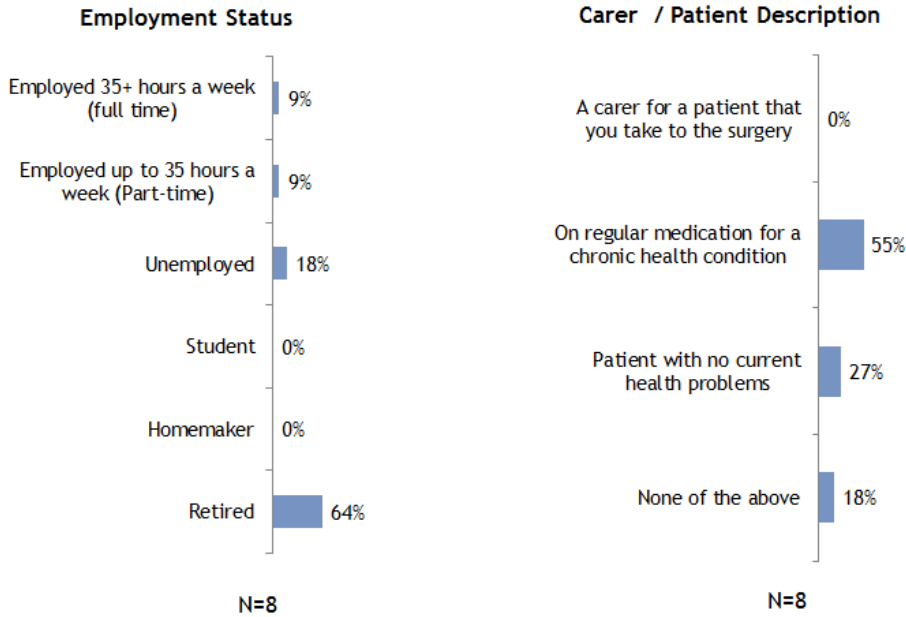
Demographic breakdown



The online forum comprised by 8 patients. The profile broadly represents the Surgery profile, however, patients under 30 are not represented. Participants were all White British.

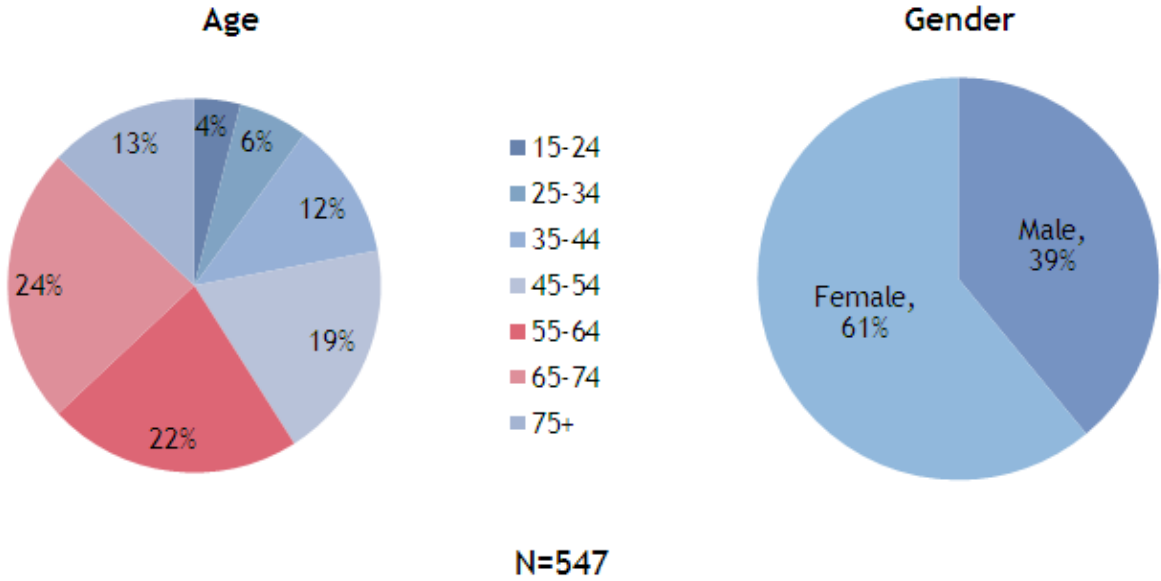


All of the patients who took part in the online forum were White British which is broadly in line with the Practice profile.

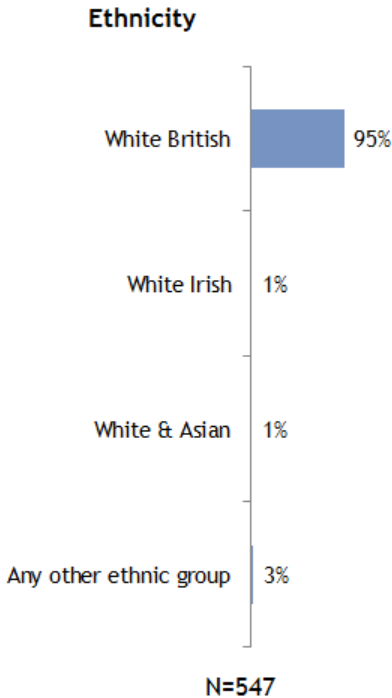


The majority of the patients who took part in the online forum were retired (64%) and over half of them are on regular medication (55%).

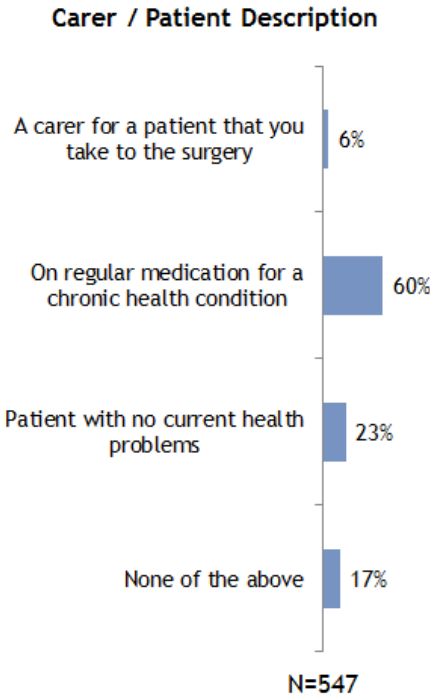
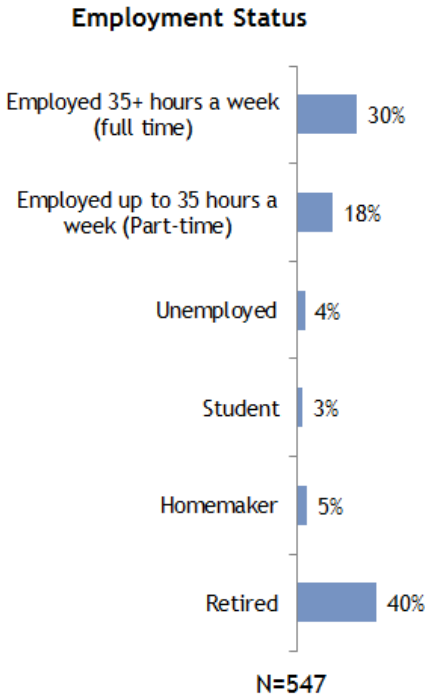
5.3. SURVEY PROFILE



The total sample surveyed was 547 patients out of a total of 17,000 registered at the St Clements Practice, making this a robust sample from which to analyse. The survey was completed by both men and women from a broad age range.



Out of the total sample survey the majority of patients were White British (95%) which is in line with the Practice profile.



60% of the patients who took part in the online survey are on regular medication. There is a mix of employment statuses with 40% retired, 30% full time and 18% part time.



## 6. METHOD AND PROCEDURES

St Clements Practice followed the following method and procedures in order to complete the Patient Participation Directed Enhanced Service (DES).

### 6.1. STEP 1 - DEVELOP A WAY OF GAINING THE VIEWS OF PATIENTS AND ENABLING FEEDBACK - PATIENT REFERENCE GROUP

St Clements Practice decided to gain the feedback of their patients through the Patient Reference Group in online and face to face forums as well as via an online survey which was started in early January 2012.

St Clements chose to gather patients' feedback through an online forum because of its flexibility, allowing patients to participate when it suited them and to allow all patients to have their say. An online forum was also more accessible as it could be accessed from anywhere that had an internet ready computer. Patients were able to remain anonymous and it allowed for patients who may be disabled or have mobility issues to complete the forum from a location that suited them.

Patients were informed about the online Patient Reference Group and survey through the following ways:

- Leaflets at the reception
- Personal requests from physicians
- A registration link was placed on the Surgery website and online repeat prescription ordering page
- Paper registration forms were available at the Surgery reception
- Information about registration was added in letters sent out to Surgery patients to try and engage the participation of the groups of patients underrepresented by the Patient Reference Group and online survey.

On 17th January 2012 a group of 8 patients who volunteered signed up and took part in the discussion which covered following areas:

- Overall views about the Surgery
- Booking appointments
- The Surgery environment
- The Doctor experience
- The Nurse experience
- Priorities for improvement

This group was open for the discussions for a week, until 23rd of January. The Practice Patient Forum also met on 3<sup>rd</sup> February to discuss the points identified online and agreed the focus of the patient questionnaire.

### 6.2. STEP 2: AGREE AREAS OF PRIORITY WITH PATIENT REFERENCE GROUP

Results from the online and face to face PRG discussions were analysed and formed the basis of the survey for the wider practice population.

### 6.3. STEP 3: COLLATE PATIENT VIEWS THROUGH THE USE OF A SURVEY

The Patient feedback survey was released on 6th February 2012 and was available until 29th February 2012. A total of 547 responses were collected using online and paper versions of the questionnaire.

Patients were encouraged to take part in the survey in the following ways:

- A registration link was placed on the Surgery website
- Paper copies of the survey were available in the waiting room
- Email invitations were sent to those patients whose email addresses were available to the Surgery
- Text messages with a survey link were sent to those patients whose mobile telephone numbers were available to the Surgery
- Patients in Residential Care Homes, where capable, were invited to complete the patient survey during GP visits on paper.
- Patients who were seen at or from local schools, colleges and universities were encouraged to complete either the paper or online both in person and at consultations, via the practice website or via an internal e-mail from their own institution.
- Where appropriate, patients who were visited at home were informed of the patient survey to complete and return via paper or online.

### 6.4. STEP 4: PROVIDE PRG WITH OPPORTUNITY TO DISCUSS SURVEY FINDINGS AND REACH AGREEMENT WITH THE PRG ON CHANGES TO SERVICES

The PRG forum was re-opened for Patients to discuss the findings and the proposed actions from the report. It was re-opened on the 13 March 2012 and closed on the 20 March 2012. St Clements Practice also met with the Patients' Forum on Friday 16<sup>th</sup> March 2012 to discuss the actions that had been proposed.

The discussion was organized around each of the proposed actions and forum members expressed their opinions with regards to implementing each one of them.

### 6.5. STEP 5: AGREE ACTION PLAN WITH THE PRG AND SEEK PRG AGREEMENT TO IMPLEMENTING CHANGES

Please refer to section 4 to see the agreed actions and planned timescales for implementation.

## 6.6. STEP 6: MEETING DES REQUIREMENTS

Please see below for the locations in the report of the specific DES requirements.

Actions Taken	Location of section in report
a. A description of the profile of the members of the PRG	5.2 & 6.1
b. The steps taken by the contractor to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the contractor took in an attempt to engage that category	6.1
c. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey	6.1
d. The manner in which the contractor sought to obtain the views of its registered patients	6.3
e. Details of the steps taken by the contractor to provide an opportunity for the PRG to discuss the contents of the action plan	6.4
f. Details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented	6.5 & 4.0
g. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey	2.0 - 2.3
h. Details of the action which the contractor:	
i. And, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local practice survey	4.0
ii. Where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2012, has taken on issues and priorities as set out in the Local Patient Participation Report	4.0
i. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours	1.2
j. Where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.	1.2

### 7. ABOUT TPOLL

St Clements Surgery has been supported in the process by Tpoll Market Intelligence Limited (Tpoll) a leader in online customer feedback, which was established in 1999. For more information about Tpoll please go to [www.tpoll.com](http://www.tpoll.com).

Tpoll has supported St Clements in the following ways:

- Setting up and managing the online PRG forum
- Questionnaire design
- Setting up and hosting the online survey
- Data collection via online and paper survey
- Chart and report production