

Moretonhampstead Health Centre Local Patient Participation Report 2012-13

A description of the practice profile:

List size 3057 Ethnicity: 93.5 % of those recorded are White British

Age/sex breakdown:

Age	male	female	approx % of practice population
0-4	45	41	3
5-14	131	144	9
15-44	435	411	28
45-64	488	525	33
65-74	245	229	15
75-84	119	142	9
85 & over	39	63	3

A description of the profile of the members of the PPG:

Female, age 51
 Female, age 53
 Male, age 74
 Male, age 71
 Female, age 65
 Female, age 44

A description of what steps the Practice has taken to ensure that the PPG is representative of its registered patients and where a category of patients is not represented then what steps have been taken by the Practice in an attempt to engage with those patients:

All current members are of white British ethnicity, but as that represents 93.5 % of the practice population we have not actively recruited members of other ethnic groups as yet. All patients are invited to give feedback and suggestions about our services at any time, and we also consult the "Friends of the Health Centre" and "Morecare" groups as well as the nominated patient representatives, who form a "virtual" group. The make up of this group has changed this year with 3 new volunteers and 2 people stepping down. The average age is now lower and includes someone with a young family, a sector of the population which was not represented before. The original group all responded to personal invitations to participate, but this year the 3 new members have come forward in response to articles in local village magazines asking for more volunteers. 2 of these members are also going to represent the practice on the Mid Devon Patient Forum.

A description to be entered in around how the Practice and the PPG determined and reached an agreement on the issues which had propriety within the Local Practice survey:

We consulted the PPG on what questions to include in a survey, giving some suggestions, and following their feedback on the most important areas, we decided to use the CFEP IPQ survey for an overall view of patient satisfaction, as the PPG felt that the range of questions included in this covered all the important areas. This survey was distributed to 160 patients who visited the practice during September 2012 . A report on this was then distributed to the PPG members, and also presented to the Morecare group, to discuss findings and work out an “action plan” based on results. The final report was then put up on the Health Centre noticeboard and circulated to local village magazines.

A description of how the Practice sought to obtain the views of its registered patients

The CFEP survey is an accredited patient survey which we have used in previous years, so this allows us to compare year on year results. We advertised that we were carrying out the survey with notices at the practice, on the website, and in the local village magazine. The survey was completed and returned to the practice by 160 people.

A description of how the Practice sought to discuss the outcomes of the local survey and the Practice’s action plan together

Following the survey we discussed the results with the various patient groups mentioned above, either face to face at a meeting or by email with those unable to attend, and then following these discussions we agreed with the PPG a plan of actions to follow up, as given below. A full report on the survey and actions to be taken was published on the website, and copies of this are available at the health centre by request. A summary was also circulated to local village magazines and put up in the surgery in poster form.

A summary of any evidence including statistical evidence relating to the findings or basis of proposals arising out of the local Practice survey:

The overall results of the survey showed very high levels of satisfaction, with 92% of all ratings being good, very good, or excellent. When compared with practices of the same size (i.e 2000 – 4000 patients), in which overall levels of satisfaction tend to be higher than in larger practices, 3 of the 28 areas showed lower scores compared with the national average for the size of practice – in the top 50% rather than top 25% nationally - so those were the ones we looked at, as well as individual patient comments.

Key findings

Overall high level of satisfaction – 92 % good, very good or excellent, giving an overall average score of 82% across all 28 areas surveyed.

Which responses were most positive?

The score which was highest above the national average was telephone access to the surgery, and also this score and the one for being able to speak to the GP on the phone have increased year on year, showing that our ongoing work to provide good telephone access has been effective. We believe (as was borne out by our questions in last year’s survey) that patients prefer our telephone system of having a real person answering the phone, and so have kept with this rather than an automated system.

Our “waiting time” score has also improved year on year, again showing that our efforts to reduce waiting time have been effective.

Which were least positive?

Seeing practitioner of choice

Information about self care and illness prevention

Complementary medicine

(These were all still above the national average, but in the top 50 % rather than top 25%)

Where deviated most from national benchmarks:

Deviations were all positive, i.e. were all above national benchmarks, with the highest being: ease of telephone access (15% above national average) and appointment satisfaction (12% above).

Closest to national benchmarks were the “least positive” points mentioned above –

See practitioner of choice (6 % above).

Self care (4%)

Second opinion/complementary medicine (4%)

A description of the findings or proposals that arose from the local Practice survey and what can be implemented and if appropriate reasons why any such findings or proposals should not be implemented

Regarding the lower scoring points above, we discussed possible actions to improve these:

- 1) Seeing practitioner of choice: This score had increased significantly since last year, which bears out our comments last year that this was due to 2 of the regular GPs being away on sabbatical. It is possible that this score, although high, is lower than some practices', because our GPs are part time, and so are not always available on the particular day a patient needs an appointment. As we have also had a change of GPs this year, we do not think it appropriate to take any particular action on this one this year, as some patients will be seeing a new GP and getting used to slightly different surgery times.
- 2) Self care and illness prevention were mentioned last year and we achieved the same score – 85% - so still relatively high. We are trying to make more people aware of the fact that we offer preventative health checks and screening, and are also putting up information displays at the Health Centre about self care.
- 3) This year the desire to access complementary medicine was mentioned by more people. There are many private services locally offering many different forms of complementary medicine, but these are not available on the NHS locally, and so are not services to which the GPs can refer patients. We generally do not publicise these within the practice as this could be seen as giving a recommendation for a particular service, which the GPs are not able to provide.
- 4) 2 specific requests were made which have been acted on – one to make sure the radio is properly tuned in and at an appropriate volume, and one to reply routinely to emails about prescriptions. Previously these were only replied to when there was a problem, but we now acknowledge receipt of all emails. The radio has always caused comments – either by its absence, when it was requested by many people, or conversely by those who do not like having it on! Its main purpose is to aid confidentiality at reception.

A Description of the action which the Practice, the PCT intend to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising out of the local Practice survey. If this is the second year of the scheme detail here any changes and issues since the 31st march 2012 local patient participation report was completed.

Action taken since last year:

- 1) Self care and illness prevention: we have publicised the availability of screening tests, well man/well woman checks, lifestyle advice from practice nurses, stop smoking services etc, with notices at health centre and in village magazines. We have put up more displays about illness prevention and self care. As this was still one of our lower scoring areas (receiving the same score as last year – 85%) we will continue to do this to increase public awareness of services available
- 2) Waiting room: The only specific comment received about the waiting room was a request for a larger choice of magazines. We have tried to vary the selection and make sure they are more up to date, and we will continue to ask for donations of interesting magazines. We received a higher score on “comfort of waiting room” this year than last (76% up from 74%).
- 3) Reminder systems: the score had increased this year from 74 to 77% so we hope some of the action we took last year was effective (trying to streamline recalls so that patients are not called too many times for different reasons, and using telephone/text reminders for appointments).

Another area we discussed, resulting from some responses from patients in the survey, was confidentiality in the waiting room, where people sometimes feel than can be overheard at the reception desk. This issue is raised regularly at staff meetings to maintain awareness, and to remind staff to offer patients privacy when needed. We also introduced appointment slips for the GPs to use at consultations, so that when a

patient needs to return to reception to book further treatment, they are given a printed slip to hand in, rather than having to explain to the receptionist what is needed.

Discussions with the patient groups this year have not resulted in any specific requests or plans for improvement to services, the general feeling expressed is one of satisfaction, and wanting to maintain the existing level of service. In particular we try to provide very good access to GPs, and aim to maintain this existing level of patient satisfaction, although there are challenges in the face of ever increasing demand.

A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:

The Practice is open and reception staff are available on the premises 8.30 am – 6pm, for appointment bookings, prescription requests etc. The telephones are diverted from 12.45 – 2pm, taking emergency calls only.

Repeat prescription requests are not taken by telephone but can be requested either via the secure form on the website or by email, as well as by handing in the repeat slip to the surgery or pharmacy, or by fax. Full details of all services and GP surgery times are available on our website, or in the practice leaflets, which may be requested from reception.

A description of any extended opening hours that the Practice has entered into and which health care professionals are accessible to registered patients.

In addition to the hours given above, the practice opens at 8am on a Monday, when a GP and a healthcare assistant are available (for prebooked appointments only) for consultations and blood tests, and on a Tuesday evening we are open until 8 pm, when a GP and a practice nurse are available for consultations – again by prebooking.