

# APCT's Patient Participation Report 2011-12

## Preamble

The Department of Health has commissioned a Patient Participation enhanced service from NHS GP Practices over two years - 2011-12 and 2012-13.

APCT has contracted to deliver this service. We have followed the process set out in the DoH's commissioning document. This involved the following steps:

- Setting up a Patient Participation Group (PPG).
- Seeking the views of a sample of the Practice's patients through a questionnaire survey.
- Discussing the findings of this survey with the PPG.
- Drawing up and implementing an action plan to address an important priority for improvement from the perspective of our patients.

This document reports on the way in which the process worked, how a PPG was formed, the ways in which the views of our patients were sought, the priorities for improvement chosen by our PPG and the action plan we formulated. We will be implementing this action plan over the three month period 1<sup>st</sup> January to 31<sup>st</sup> March 2012 and a further short report on changes made to the manner in which the Practice delivers its services to patients will be published on April 2012.

## History of Patient Participation at APCT

APCT first set up a patient involvement process in 1996 when we were we had responsibility for commissioning secondary care services for our patients through GP Fundholding. At that time, the focus of patient participation work was to seek our patient's views on their experience of secondary care services, such as seeing a specialist in out-patients or during an in-patient stay.

These patients' views informed and guided the Practice's commissioning decisions on which services to purchase and on choosing hospitals to provide these services.

GP Fundholding was abolished in 1999 and replaced with PCTs. Our patient involvement work came to an end at this point, except for the occasional meeting. APCT welcomes this fresh opportunity to involve patients in the important decisions that we make.

The focus of patient involvement now, is to seek our patient's views on Practice services and to identify and address themes which patients are dissatisfied about or feel could be improved.

## **Setting up the new PPG**

Clinicians and practice staff were asked to tell patients about the creation of the new PPG and to invite them to the first meeting at every interaction or consultation they had with a patient in the two week period between 30<sup>th</sup> May and June 14<sup>th</sup>. In addition an invitation letter was sent out to all patients attending the Practice premises in this period including carers and key workers. This invitation letter is referenced as Doc 1 in Appendix 1. An invitation letter was also attached to repeat prescriptions issued during this period and a batch of 50 invitations were sent out to each of the managers of the two care homes we provide GP services to, to hand out to the relatives of their residents. Care home residents themselves are too old, frail and immobile to attend a PPG meeting. In total about 700 invitation letters were handed out over this two week period. This invitation letter was enlarged to poster size and displayed in each of the three patient waiting areas that the Practice has.

When patients were invited to join the PPG, they were asked to name an aspect of the Practice's service which they would like to see improved. A list of themes was collected for discussion at the first meeting.

### **First PPG Meeting - 14<sup>th</sup> June 2011**

Of the 700 or so invitation letters handed out, we received 11 acceptances of which 6 patients attended. Four of the six members are women, three are from minority ethnic communities and all are above the age of 50 years. All members live in the Upper Holloway area. Four out of six members are in employment whilst the other two are retired.

The group was welcomed by Dr. Milan Koya and Chas Rawlings of APCT and light refreshments were offered. Dr. Koya then gave an account of the history of patient participation at the Practice and the reasons for setting up this new group. He explained the potential benefits of this work, to both the Practice's patients and to the Practice itself, and the group's purpose as we had anticipated it to be.

Dr. Koya then invited attendees to give their views on the Practice's services and put forward the themes given by other patients to Practice staff when they were being invited to attend the meeting.

The groups discussion narrowed down to the following nine themes which it was agreed would be included in the survey questionnaire.

1. Longer appointments with doctors and nurses
2. Being asked questions by receptionists when you book an appt
3. Developing the surgery website
4. Booking appointments a few weeks ahead of time
5. Opening hours for working people
6. Getting an appointment with a doctor or nurse

7. The surgery building
8. Customer service at Reception
9. Being able to see a doctor of your choice
10. Any other issues

The group was then invited to choose a chair person. After a short discussion in which three members said they would be willing to chair, the group decided to name Sharon Silvester as chair.

The group agreed that patients were to be surveyed about their priority from the list of themes chosen and that the group would reconvene at a second meeting to discuss the results of the questionnaire survey. The minutes of this first meeting are referenced as Doc 2 in Appendix 1.

### **Patient Survey**

The survey was carried out over a two week period by asking patients attending the Practice to complete a short questionnaire. The questionnaire was handed out on every working day of that two week period, at all times of the day and to patients seeing any clinician or attending the Practice for any reason. The questionnaire was also attached to repeat prescriptions issued in that period.

We did not survey the patients and carers of the two residential care homes we cover. The reason for this is that there are special arrangements in place for the patients of care homes. The Practice provides two GP sessions a week at the homes, in which residents and their carers are seen. They do not attend the Practice and, since all nine themes relate to attendance at the Practice, we did not feel it was appropriate to ask them to complete the survey questionnaire.

About 500 questionnaires were handed out and patients were asked to rank their priorities from 1 to 9 in order of importance. 49 completed questionnaires were received and scored and the following results were obtained:

#### **Weighting Ranked Themes:**

Total no of votes scored in three most important topics	No of patients
Getting an appointment with a doctor or nurse	34
Being able to see a doctor of your choice	25
Opening hours for working people	23
Booking appointments a few weeks ahead of time	14
Customer service at Reception	14
Longer appointments with doctors and nurses	14

## First Ranked Themes:

Marked with a 1 - most important	No of patients
Getting an appointment with a doctor or nurse	18
Opening hours for working people	11
Longer appointments with doctors and nurses	6
Customer service at Reception	4
Being able to see a doctor of your choice	4

*A table of all results is given in Doc 3 in Appendix 1.*

## Second PPG Meeting - 27<sup>th</sup> September 2011

Sharon Silvester chaired the meeting and welcomed attendees. 5 patients attended and Dr. Koya and Chas Rawlings represented APCT. Sharon presented the results of the survey and opened a discussion about them. The group took note of the results of the questionnaire but noted that it was a relatively small sample. Group members, after a lengthy discussion, felt that the two themes they would like the Practice to address were customer service at reception and getting an appointment to see a doctor or nurse.

Dr Koya explained that while he would take back the chosen themes to the Practice's management, both themes would involve a considerable amount of training for reception staff and the way in which they worked. He noted that the group felt that the two themes had an overlap but felt that it would not be reasonable to ask reception staff to undergo two substantial pieces of training and change during the usually busy winter months. He accepted that both themes would need to be addressed in due course and he asked the group to choose one to begin with. The minutes of this second meeting are referenced as Doc. 4 in Appendix 1.

## APCT's Order of Priorities

The PPG's wish that the Practice address two themes concurrently were discussed extensively amongst receptionists, clinicians and managers, all of whom felt that the improvement programme should be carried out in two stages, with one theme preceding the other.

Clinicians commented that the number of informal critical comments they were receiving about the customer experience at reception had gone up sharply in the last 12 months.

Dr. Barnes, a GP partner, pointed out the considerable number of critical comments made about our reception on the website NHS Choices. It was felt strongly, and corroborated by recent satisfaction surveys, that patient satisfaction with doctors and nurses was high. Dr. Barnes' view, along with the view of other Practice members, was that we should address customer experience at reception first. This decision was verified at a Practice meeting on 21<sup>st</sup> October.

## **Action Plan**

The Practice, at a practice meeting on 17<sup>th</sup> November has undertaken to implement the following action points between 1<sup>st</sup> January and 31<sup>st</sup> March 2012.

In addition to addressing the inter-personal and customer service skills of reception staff, it also aims to improve the overall customer experience at reception and in waiting rooms.

- Commission and deliver customer training to our reception staff.
- Run weekly meetings with reception staff, the Practice Manager and senior clinicians to review comments on NHS Choices and any informal comments received by the Practice about reception. These will be run in a manner which facilitates reception staff understanding and learning from comments rather than in a threatening or critical manner. A log and brief minutes of the meetings will be kept.
- The following suggestions have been made by Sharon Silvester in an email to Dr. Koya referenced as Doc 5 in Appendix 1:
  - An aquarium.
  - Book shelves for books and magazines on each floor with waiting space.
  - Plants.
  - Art work or photographs on the walls.
  - A toy net.
  - Water cooler machine.

Practice management will consider these carefully and adopt them if practicable. There may be space and cost constraints which mean that the Practice cannot adopt these suggestions. Where these apply, specific details on space and cost will be given in the April 2012 report.

- The Practice will publish a bi-annual newsletter in conjunction with the PPG on changes and developments and to give health tips and advice to our patients.
- The Practice will explore the possibility of installing piped music or a plasma screen in the waiting room areas. Healthy living programmes could be shown at periodic intervals on the plasma screen.
- The Practice will explore the possibility of displaying waiting times or receptionists making patients aware of the waiting time when they are checked in.
- The Practice will explore the possibility of offering routine health testing to patients experiencing a long wait.

## **Third PPG Meeting 13 December 2011**

This action plan was presented to this meeting and unanimously approved. The Practice was congratulated by the PPG chair on this action plan and wished the Practice success in its implementation. A final report on the outcome of implementation will be published in April 2012.

**For information current APCT Opening Hours are:**

Monday 9.00am - 8.00pm

Tuesday 9.00am - 6.00pm

Wednesday 7.00am to 4.00pm

Thursday 9.00am - 6.00pm