

# Dalston Practice Patient Participation Report 2013/14

## Introduction

This is the third year the practice has participated in the PP DES, ensuring that our patients are involved in decisions about the range of services provided by the practice, and that feedback on existing services can be effectively conveyed. We continue to make efforts to increase patient satisfaction levels in response to suggestions made by the PPG.

The patient participation group has been running since 2009, with group meetings approximately every three months. The meetings provide an opportunity for patients to discuss current issues, bring ideas forward, and for the practice to receive feedback to make improvements. The membership profile of the PPG has remained relatively constant from the previous year, and the group continues to be fairly representative of the practice population. We do, of course, continue to encourage new members to join the PPG (from varying groups), through posters, the practice website, opportunistic invitations by staff for patients in hard-to-reach groups, etc. The PPG consists of patients male and female, of different ages, a wide variety of ethnic groups, and varying medical conditions (thus also differing frequency of use of the practice's services). For the purposes of the DES, our existing PPG functions as a PRG.

Our practice population, a snapshot:

### Sex

Male – 49.9% (Rounding error 0.1%)

Female – 50.0%

### Ethnicity

British/Mixed British – 29.68%

Irish – 2.32%

Other White background - 13.99%

Caribbean – 12.61%

African – 13.97%

Other black backgrounds – 13.13%

Indian/British Indian – 2.41%

Pakistani/British Pakistani – 1.03%

Bangladeshi – 4.97%

Chinese – 1.56%

All other – 4.33%

### Age

0-4 – 5.6%

5-14 – 8.5%

15-44 – 59.8%

45-64 – 19.8%

65-74 – 3.6%

75-84 – 2.2%

85+ – 0.6%

The practice's PPG has a similar demographic, with a current membership of 11 (attending meetings, with wider reference group of 41), females slightly

outnumbering males, inclusion of a wide age group (~25-70 years) and ethnicities (British/Mixed British, Other White, Caribbean, Black African, Chinese, and Asian). The patients involved with the group also have a wide range of medical conditions/needs; diabetes, COPD, hypertension, no chronic illnesses, etc. The members of the group use the practice to varying degrees, i.e. those without any chronic illness do not attend regular appointments – in contrast with members with, for example, COPD, who attend for regular review. The group also represents working patients, retired patients, and unemployed patients.

The current PPG is therefore fairly representative of the practice population, but we are always looking to involve more patients. Sometimes, despite our best efforts to involve an ever-wider demographic, this is not always possible - for example, housebound patients, or those in full time work/employment may not be able to offer their time to participate. Going forward, we are planning to implement a virtual PPG in an effort to involve these, and other hard-to-reach patient groups.

### **Design/Implementation (including areas of priority)**

As in previous years, we discussed with the PPG, over the course of two meetings (in September 2013 and December 2013), possible further improvements and priority areas that needed to be included in the survey for wider polling. The PPG identified waiting times and the comfort of the waiting room as their primary concerns, and noted the improvements arising from the previous year, including ease of telephone access. These matters were discussed with the PPG, and it was noted that the issue relating to waiting times was heightened slightly due to the introduction of a walk-in clinic every morning (where ~25+ patients can walk in within the space of an hour). The walk-in clinic itself arose from PPG and survey feedback in 2012/13, and there is very strong demand to keep this service. The practice will therefore need to explore other ways to reduce waiting times.

In previous years, the practice has used CFEP Surveys Ltd for surveying and analysis of feedback. However, we have found that quite often patients find this survey too long (CFEP Improving Practice Questionnaire consists of some 28 questions), and hence many are left incomplete – the ‘yet another survey’ outlook. In addition, the questions in national surveys such as the CFEP IPQ do not necessarily include questions on themes that the PPG have highlighted. Subsequently, as last year, we opted to design an in-house survey. This year’s survey consisted of 13 questions, covering both the issues highlighted by the PPG and other main areas of patient satisfaction (there were no relevant formal complaints for this year from which to derive further questions). Question 13 relates to the provision of new items to enhance the comfort of the waiting room, per PPG feedback.

The total number of surveys completed by patients during the survey period was 190. This fulfils the DOH criteria of 25 patients per 1000 to get a meaningful, representative result. The results of the survey can be found as a separate document on our surgery website ([www.dalstonpractice.co.uk](http://www.dalstonpractice.co.uk)).

## Survey findings and action plan

Demographics of survey respondents, including gender, age, and ethnicity along with full survey results and analysis for the questions asked can be found under 'Survey Results' on the PPG page of the practice website.

Key survey statistics:

- 95% of survey respondents answered 'good', 'very good', or 'excellent' for both the manner in which they are treated by clinicians and by reception staff
- 93% of survey respondents answered 'good', 'very good', or 'excellent' for respect shown for their privacy and confidentiality
- 88% of survey respondents answered 'good', 'very good', or 'excellent' for ease of contacting the practice by telephone
- 86% of survey respondents answered 'good', 'very good', or 'excellent' for satisfaction with the practice's opening hours

Areas requiring improvement:

- 41% of survey respondents answered 'fair' and 8% answered 'poor' for comfort level of waiting room
- 38% of survey respondents answered 'fair' and 9% answered 'poor' for length of time waiting in the practice to see the doctor
- 20% of survey respondents answered 'fair' and 13% answered 'poor' for ability to see a doctor within 48 hours

As suggested by the PPG prior to surveying, the main issues were the comfort level of the waiting room, waiting times, and also the ability to see a doctor within 48 hours.

The PPG were invited for discussion on the survey findings, including agreement on any changes/improvements in March 2014. Nine members attended this meeting, with all the clinicians (all GPs and the nurse) and the practice manager also attending. The PPG and the practice staff agreed the following changes/action plan after discussion:

- 1) The difficulties patients have with the ability to see GPs within a 48 hour period will be further investigated. This was an issue brought up last year, and the practice took significant steps in line with PPG feedback to remedy this; an additional female GP is now working with the practice - thus providing extra sessions for patients, more appointment slots are available for patients, and steps have been taken to reduce the number of DNAs to free up these slots for other patients. The practice is confident that patients are able to see a GP within 48 hours, but this will sometimes mean that patients need to walk-in instead of book an appointment. The practice is to explore further possibilities for improving 48 hour appointments access and discuss this with the PPG before implementation (Autumn 2014).

- 2) Waiting times – the PPG are aware that longer waiting times are a natural consequence of the walk-in clinic, but have offered strong support in favour of the walk-in clinic. This was also reflected in the previous years' survey results, with over 75% of respondents to the question stating that they considered the walk-in clinic an improvement, and less than 2% answering 'worse than before'. The practice will therefore continue to offer walk-in clinics, and explore other ways in which waiting times can be reduced. This will include further insertion of blank slots, so that GPs have more flexibility in managing their time.
- 3) There was considerable discussion surrounding the comfort level of the waiting room. This was the area which required the most improvement according to the survey results, with only 50% answering 'good', 'very good', or 'excellent'. Comments on some of the survey forms suggested that the seating should be improved (one comment specifically asked for soft, upholstered chairs). This was discussed with the PPG, and the practice expressed concerns over infection control/the level of sanitation that can be maintained with fabric chairs. The group agreed with this, and proposed that there were other, more effective and safe ways to improve comfort.

Survey question 13 specifically asked respondents what, in their opinion, would improve the comfort of the waiting room most. Although the question asked that respondents only circle one option, many circled two. For those who circled two options, their answer was divided and equally weighted for both of their chosen options. Over 40% who answered this question favoured the introduction of free Wi-Fi access, 35% a large TV screen, and 15% more magazines/newspapers. The PPG considered this feedback, and decided that whilst Wi-Fi was a popular option, it would mean that patients without their Wi-Fi enabled device (e.g. an iPad, iPhone, laptop, etc) would receive no benefit. The PPG thus suggested that the second most popular response be considered for implementation (with Wi-Fi being re-considered at a later date). It was agreed that a TV screen could display content for all ages, including health promotion information, and did not exclude patients without a tablet or laptop. The content could be adapted for different times of the day, e.g. baby clinics, and would considerably improve the waiting area and reduce the dullness of waiting. The practice is to arrange for installation of a TV screen (incl health promotion display system) to improve the waiting area (Autumn 2014).

#### Miscellaneous;

- 4) The practice will continue to ensure that telephone calls are answered in a timely manner and that patient satisfaction in this area is maintained.

- 5) Where the surgery is running late, signs will be put up on the LED display to indicate average current waiting times.
- 6) The practice will advertise further the online appointments/repeat prescription request system so that more patients are aware of this service.
- 7) The practice will consider ways in which to ensure queues during busy times are orderly (e.g. use of 'wait here' signs).

These changes/improvements are in line with the general feedback from the survey and discussion with our PPG. We will continue to maintain standards on high scoring areas of the survey, and make general improvements in low-scoring areas.

Copies of this report are available at the reception, and on our website ([www.dalstonpractice.co.uk](http://www.dalstonpractice.co.uk)). This report will also be available at future PPG meetings.

## Note on access

### Opening hours:

#### Our doors are open from:

Monday	09:00 - 18:30
Tuesday	09:00 - 18:30
Wednesday	09:00 - 15:00
Thursday	09:00 - 18:30
Friday	09:00 - 18:30
Saturday	Closed
Sunday	Closed

#### Surgery/appointment hours:

Monday	09:00 - 12:30, 14:30 - 18:10
Tuesday	09:00 - 12:30, 14:30 - 18:10
Wednesday	09:00 - 12:30
Thursday	09:00 - 12:30, 14:30 - 18:10
Friday	09:00 - 12:30, 14:30 - 18:10
Saturday	09:00 - 13:00 (appointments only)
Sunday	Closed

Our reception is open every weekday from 09:00 AM and closes at 6:30 PM on Monday, Tuesday, Thursday and Friday, and at 3:00 PM on Wednesday. The **telephone** lines are **open at 8:30AM** for appointments and enquiries.

- The practice has an open list
- The practice provides patients the ability to book ahead (up to four weeks)
- The practice provides access to a wide variety of services through both practice staff and allied hospital staff – full details available at reception/on the practice leaflet
- When the practice is closed, patients may call our telephone number to be re-directed to our out of hours service provider CHUHSE or call them directly on 020 8185 0545