

# **THE KNARES MEDICAL PRACTICE**

Drs Degun & Macauley

93 The Knares, Lee Chapel South, Basildon, Essex, SS16 5SB  
[www.knaresmedicalpractice.nhs.uk](http://www.knaresmedicalpractice.nhs.uk)

## **PATIENT PARTICIPATION DES 2013 TO 2014**

This report summarises how The Knares Medical Practice ensures that patients are involved in decisions about the range and quality of services that we commission. We proactively engage patients through our patient group and have sought the views of all our Practice patients through a local survey.

**March 2014**

# THE KNARES MEDICAL PRACTICE

## PATIENT PARTICIPATION DES 2013 TO 2014

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## REPORT SUMMARY

This report details the work undertaken by the Practice to gather feedback from our patient population and to ensure that patients are involved in decisions about the range and quality of services we provide.

We believe we have achieved all the components of the Patient Participation DES:

**Component 1: Establish a PRG comprising only of registered patients and use best endeavours to ensure PRG is representative.** The Knares Medical Practice Patient Group is comprised only of registered patients. It has been running for several years and currently has 21 members, having recruited two new members in the last year. The group meets at least every three months.

**Component 2: Agree with the PRG which issues are a priority and include these in a local practice survey.** The patient group discussed the key issues of importance to patients at the Patient Group meeting held on 12<sup>th</sup> December 2013. Based on these issues questions were developed for inclusion in our patient survey.

**Component 3: Carry out the local practice survey and collate and inform the PRG of the findings.** We carried out the patient survey between 20<sup>th</sup> January and 2<sup>nd</sup> February 2014 and received a total of 108 responses. The results can be found in Appendix A.

**Component 4: Provide the PRG with an opportunity to comment and discuss findings of the local practice survey. Reach agreement with the PRG of changes in provision and manner of delivery of services. Where relevant, notify NHS England of the agreed changes.** The survey results were collated and a survey results report written (Appendix A). The patient group discussed the survey findings and reached agreement about any changes in provision and delivery of services on 12<sup>th</sup> March 2014. None of the changes required NHS England notification.

**Component 5: Agree with the PRG an action plan setting out the priorities and proposals arising out of the local practice survey. Seek PRG agreement to implement changes and where necessary inform NHS England.** The patient group agreed an action plan (Appendix C) and agreed any changes on 12<sup>th</sup> March 2014. None of the changes required NHS England notification.

**Component 6: Publicise the Local Patient Participation Report on the practice website and update the report on subsequent achievement.** The outcomes of the engagement and the views of patients are in this report, which was published on the Practice website before the end of March 2014: [www.knaresmedicalpractice.nhs.uk](http://www.knaresmedicalpractice.nhs.uk).

We participated in the Patient Participation DES during 2011/12 and 2012 /13.

## COMPONENT 1: ESTABLISH A PRG

The Knares Surgery Patient Group is comprised only of registered patients. It has been running for several years and the group were keen to be involved in the Patient Participation work when the DES began in 2011.

The Practice has worked hard to develop a Patient Group and have had a core group of members for a significant time. In recognition of the need to ensure this group was representative of the full practice list, a recruitment drive was implemented in 2011/12 to attract new members.

At a PRG meeting held on 2<sup>nd</sup> February 2012 the group recognised the need to attract a broader group of patients and discussed ways to encourage wider participation. The following actions were undertaken:

- Putting up posters in the practice
- Offered leaflets to patients attending practice
- Speaking to patients when they came into the Practice
- Telephoned patients who we had good communication with to personally invite them
- Placed messages on the bottom of our repeat prescriptions
- Placed a message on our website with a sign up form for patients to complete
- Publishing a monthly newsletter with information about how to join the PRG
- Leaflets were developed and faxed to other local services for them to give to patients e.g. District Nurses, Community Matron
- The local midwife was asked to give our PRG leaflet to expectant and new mums
- Asked our local pharmacist to place a poster in the store

Whilst the group are broadly representative of the wider patient group they continue to encourage participation from more patients and have added two new members in the last year. There are now 21 members and they meet at least every three months. Several members of our group also fall within minority categories including those with physical disabilities and long term conditions.

The following tables provide the demographic data of the full patient list and the members of the patient group.

### Patient and PRG group gender

| Patient list gender |       |     | PRG gender |     |
|---------------------|-------|-----|------------|-----|
| Gender              | Total | %   | Total      | %   |
| Male                | 2560  | 49% | 9          | 43% |
| Female              | 2693  | 51% | 12         | 57% |

## Patient and PRG group age

| Age Range   | Patient List age |     | PRG age |     |
|-------------|------------------|-----|---------|-----|
|             | Total            | %   | Total   | %   |
| 0 - 14      | 872              | 17% | 0       |     |
| 15 - 44     | 2193             | 42% | 2       | 10% |
| 45 - 64     | 1419             | 27% | 11      | 52% |
| 65 - 74     | 405              | 8%  | 4       | 19% |
| 75 to 84    | 292              | 6%  | 4       | 19% |
| 85 and over | 72               | 1%  | 0       |     |

## Patient and PRG group ethnicity

| Ethnic Group   | Patient list ethnicity |     | PRG ethnicity |     |
|--|------------------------|-----|---------------|-----|
|  | Total                  | %   | Total         | %   |
| White British  | 2528                   | 84% | 20            | 95% |
| Black British  | 4                      | <1% |               |     |
| White Irish  | 12                     | <1% |               |     |
| Mixed White & Black  | 14                     | <1% |               |     |
| Mixed White & Black Caribbean  | 19                     | <1% |               |     |
| Mixed White & Asian  | 12                     | <1% |               |     |
| Indian   | 155                    | 5%  |               |     |
| Pakistani  | 34                     | 1%  |               |     |
| Bangladeshi  | 3                      | <1% |               |     |
| Black African  | 97                     | 3%  | 1             | 5   |
| Black Caribbean  | 10                     | <1% |               |     |
| Chinese  | 11                     | <1% |               |     |
| Asian  | 101                    | 3%  |               |     |
| <b>Other.</b> Ethnic group not recorded on the system and excluded from these calculations | 2253                   |     |               |     |

## COMPONENT 2: AGREE WITH THE PRG WHICH ISSUES ARE A PRIORITY

At our Patient Group meeting on 12<sup>th</sup> December 2013 we reviewed the previous action plan and discussed progress against the key issues (see table in section 4). We then agreed the areas we would like the survey to focus on in this year's survey.

The key issues covered in our Year 3 survey were agreed as:

- GP Access
- Access to alternative clinical advice
- Patient Confidentiality
- General Patient Satisfaction

### Extract from Patient Group meeting minutes 12<sup>th</sup> December 2013

*“Dr Degun approached the new appointment system that we have in place. On the last action log appointments (not enough of them) were brought up by patients, so we have adjusted the way in which we work.*

*A new system is in place where as the patient rings in the morning and it is triaged by the actual GP. This stops unnecessary making of emergency appointments. If it is for a certificate of prescription, on the old system the patient would say they needed an emergency or personal appointment therefore the receptionist would have no choice but to give an appointment. This way the appointment is only made at the doctor's discretion and only by the doctor. This seems to be working well.*

*The practice nurse spoke about the new shingles vaccination and that the uptake of this was not good. But, there would be a “catch up” programme later on. The patients asked about exceptions. This was explained by way of it being a live vaccine and that exceptions would be in place. We spoke about a shortage of vaccines this year and that a number of practices could not get these vaccines.*

*The flu vaccination was mentioned and again we have not had the uptake as in previous years. The group could not understand this and thought people were leaving themselves at risk.*

*The previous issue of parking was briefly mentioned but was not to be an issue this year. We now let patients park in the surgery although this was only previously for disabled drivers. The surrounding area is vast for parking at this time.*

*Dr Degun brought up the issue of Saturday appointments and that we have numerous DNA's. This has been spoken about previously and our action has been to write a letter at the end of every day to the patients who have not arrived for a booked appointment during the week and Saturday. This issue will be continuing.*

*Just for the Saturday appointments we have decided to keep them blocked until around 2 weeks prior as at the moment these are booked so far in advance we felt this may be some of the problem with people forgetting or in fact getting better and not cancelling the appointment for another patient to use.*

*We do display this in the practice and advise the patients of the amount of DNA's that we have each week. It is usually around 8 per day.*

*The group suggested starting the poster off with....."Are you one of these".....*

*Home visits were discussed. The group were unaware that this still took place. But Dr Degun explained yes it did and we had around 2 to 3 home visits per day.*

*The opening of the 7 day week and working 8 till 8 was mentioned. It was explained that this at the moment is not compulsory.*

*The issue of Counselling was brought up as a concern for Mental Health patients. We advised that it is a concern and we have 3 counsellors working in the practice each week, although it is hard to be seen, as a form completing system is in place and we have to follow their guidelines of who is actually seen and when.*

*We mentioned that indeed we would bring this concern up with our Counsellor's.*

*Lastly the survey questions from last year were given to the group to see if they wanted any changes to these questions and if they needed any additional questions.*

*The general outcome was that the survey questions were still all a priority but it was mentioned that why is the ethnicity question on there and what does it have to do with a doctors surgery. Also one patient wanted some sort of mental health question put on, asking are you happy with mental health issues.*

*We did inform the group that we would add the friends and family question to the survey."*

## **COMPONENT 3: CARRY OUT THE LOCAL PRACTICE SURVEY**

Paper survey forms were available at reception for patients to complete when they visited the surgery

### **We reminded our patients to complete the survey by**

- Advertising in the surgery using posters
- Our PRG members encouraged their friends and relatives who are our patients to complete our survey
- Placing a reminder on the bottom of our repeat prescriptions
- Speaking to individual patients as they attended the surgery

We carried out the Year 3 survey between 20<sup>th</sup> January and 2<sup>nd</sup> February 2014 and received a total of 108 responses. The results of our survey can be found in Appendix A.

## **COMPONENT 4: REACH AGREEMENT WITH THE PRG OF CHANGES IN PROVISION AND MANNER OF DELIVERY OF SERVICES**

The results of this year's survey were reviewed and discussed by our Patient Group members at a PRG meeting held on 12<sup>th</sup> March 2014. Members were asked to consider what actions should be included in the improvement plan in response to this year's survey results.

### **Extract from Patient Group meeting minutes 12<sup>th</sup> March 2014**

#### *“Discussed significant number of requests for evening appointment*

*Patients at PPG are quite happy with the appointments as they stand at the present time. As the area and our patient base are quite elderly they felt they would not come out during the winter months to an evening appointment. They were all in favour of this and would not change what is working well.*

*It was mentioned that the Saturday appointment system could be changed to evening and lose the Saturday. The PPG group did not use the Saturday slots but their family had used the Saturday slots and would equally use the evenings. They did not mind however this was disseminated.*

#### *Generally getting an appointment*

*The PPG felt this was to be left at the present time but did mention that sometimes it is hard to obtain a nurses appointment. We have two nurses at the practice on various days. It has been found that patients would ask for a certain nurse which delays the appointment time.*

#### *Triage appointment system*

*This was well received with a realistic amount of appointments. They like that you can speak to a doctor without needing to come to the surgery unless on doctors discretion and they request seeing the patient. We also felt that these calls are helping the influx of A&E patients who now don't need to go to the hospital for immediate treatment.*

#### *48 hour appointments*

*These are very limited and we are looking into increasing these over the next couple of months. Maybe a separate surgery altogether, with only 48 hour appointment slots. This will increase the appointments by 32 over the month.*

### Did not attend (DNAs)

*This is always well received with the group saying charge the patient etc.....The group were surprised at the answers in the survey as to why patients fail to attend their appointment. We will continue to advertise the fact in the increase in DNAs by poster in the surgery.*

*This is not a preventative but at least patients will be informed. We do already offer a text messaging service. To continue with the good work we are doing.*

### Confidentiality at reception

*Did not affect the patients in our group today but it was made clear that more knowledge of a private room could be displayed. Maybe on our display board or continue with laminated posters in the waiting area.*

*It was mentioned that the receptionists talk loud to the patients but this is because the glass makes it hard to hear. For some reason the patient can hear the receptionist better than the other way around.*

*The receptionist no longer asks the patient what the problem is and why they want to see the doctor. With the introduction of the triage appointments this is not requested as the GP is calling the patient on the telephone and will obtain the details at that stage.*

### Advertise the website

*The surgery advertises the website on all the literature we use together with NHS Choices and in the building and outside.*

*We generally covered lots of issues. The PP Group were happy with the survey and questions and had nothing detrimental to say.”*

The patient group and virtual group members were also asked to consider the previous improvement plans that had been developed and how patients had responded to these improvements. The outcome of these discussions can be seen in the table on the next page, along with the Year 3 position.

| You said   | We did  | The Year 1 and 2 result was ...  | The Year 3 update is ....   | Our conclusion is ...   |
|--|---|--|---|---|
| <b>You sometimes do not like to be overheard at reception</b>                | We have discussed this with PPG and noted that patients are not aware that we have microphones at reception so patients do not need to talk loudly; also patients do not know they can ask to speak with our receptionists more confidentially if they wish | We have improved our signage in reception to clarify our arrangements regarding patient confidentiality<br><br>We will include this issue in our next newsletter | There were fewer comments regarding this although a significant number of patients remain dissatisfied with confidentiality at the reception desk | This issue has improved with the introduction of GP triage as patients are no longer asked for the reason why they want an appointment<br><br>We will continue to advertise the availability of our quiet room for confidential discussions |
| <b>Many of you did not know you could speak to a doctor on the telephone</b> | Our PRG confirmed this is the case  | We will promote this service to our patients with posters, information on our website and an article in our next newsletter                                      | We have recently introduced telephone triage and so all patients now talk to a doctor on the telephone  | This issue is resolved  |
| <b>You sometimes feel rushed when in a GP appointment</b>                    | Double appointments can be booked if required<br><br>We try to offer a nurse appointment if appropriate   | We will promote this option in our next newsletter and on our website  | There were no comments regarding this issue this year   | This issue is resolved  |

| <b>You said</b>  | <b>We did</b>  | <b>The Year 1 and 2 result was ...</b>  | <b>The Year 3 update is ....</b>   | <b>Our conclusion is ...</b>   |
|--|--|---|--|--|
| <b>You do not want us to stop offering Minor Surgery at the Practice</b> | We discussed this with the PCT   | We will keep you informed of the outcome of this issue  | We have continued to offer minor surgery services to our patients  | This issue is resolved   |
| <b>We need to improve patient communication</b>                          | We have reviewed our website and have found it is not well utilised<br><br>We have installed a comments box in reception to capture patient feedback on a continuous basis | We are going to work with our PRG members to improve the information on our website<br><br>We review patient comments at each PRG meeting and will publish comments in our newsletter | We have encouraged our patients to use our website through posters and our newsletter<br><br>We continue to monitor patient comments with our patient group members and to address any issues of concern | We will continue to populate our website with helpful patient information to encourage patients to use it as an information source |
| <b>Referrals to secondary care are often delayed</b>                     | We have discussed this with our PRG members  | We considered withdrawing from our contract with a company who manages our referrals  | No comments were received regarding this issue   | We are continuing to use the referral management centre and the performance is being closely monitored with the CCG                |

## **COMPONENT 5: AGREE WITH THE PRG AN ACTION PLAN**

It was agreed that the following issues would be addressed by the Practice in the coming year:

- Access – Managing DNAs
- Access – Triage for urgent appointment requests
- Patient confidentiality
- Communication – encourage use of website

These issues were formulated into an improvement plan that can be found in Appendix C.

## **COMPONENT 6: PUBLICISE THE REPORT ON THE PRACTICE WEBSITE**

The Patient Participation DES report has been publicised within the Practice and added to our Practice Website: [www.knaresmedicalpractice.nhs.uk](http://www.knaresmedicalpractice.nhs.uk)

The report includes a review of previous improvement plans and an update on the progress made.

## **CONFIRMATION OF OUR OPENING TIMES**

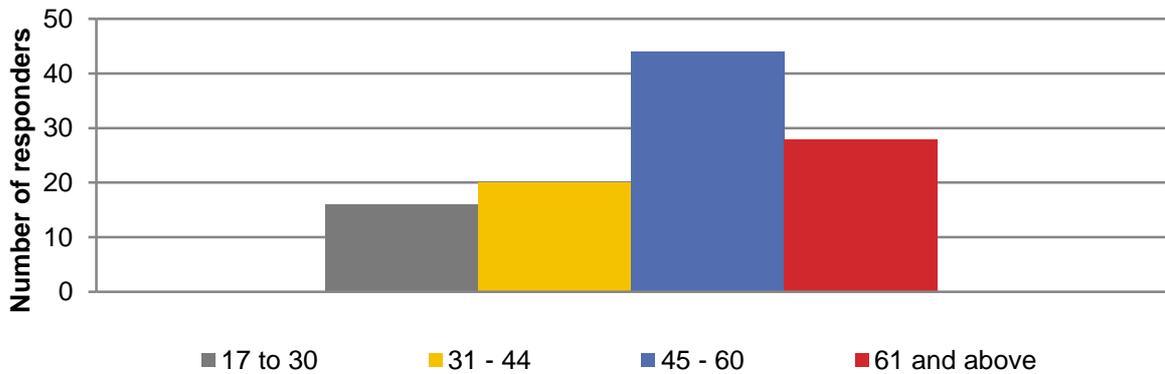
As a result of the survey we have not changed our opening times. They are:

- The surgery reception is open from 8 am to 6.45 pm every weekday
- The telephone lines are open from 8 am to 6.30 pm every weekday
- We offer additional hours on Saturday mornings from 8.00 am to 10.30am
- Outside of our opening hours patients should call the usual Practice number on 01268 542866 and they will be automatically directed to the South Essex Emergency Doctors service

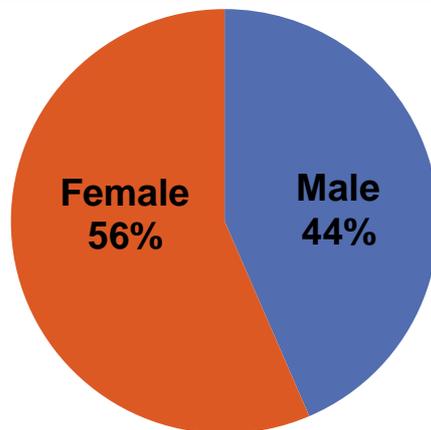
# APPENDIX A: SURVEY RESULTS REPORT

108 patients responded to our 2014 Patient Survey. These are the results of our survey.

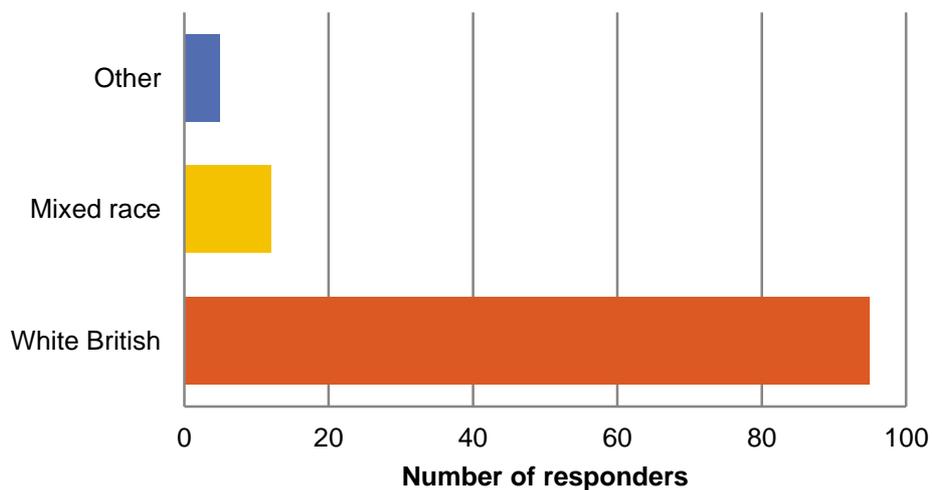
## Age of survey responders



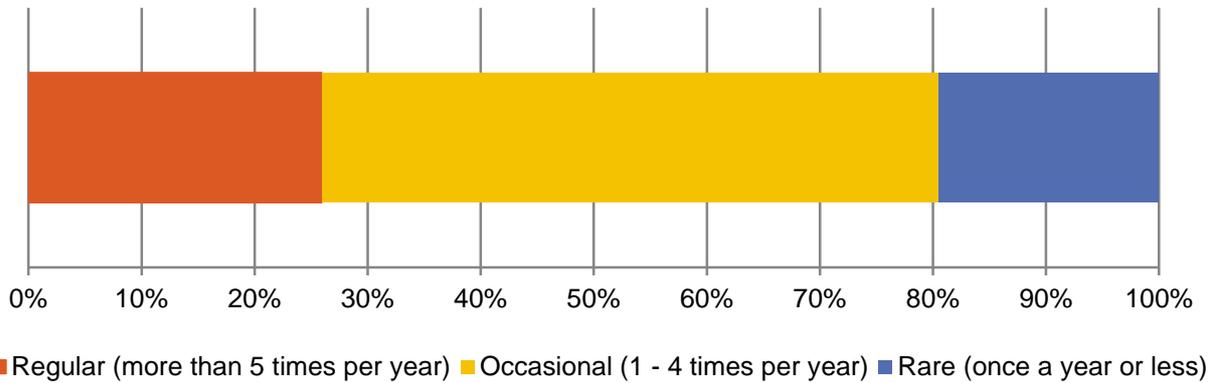
## Gender of survey responders



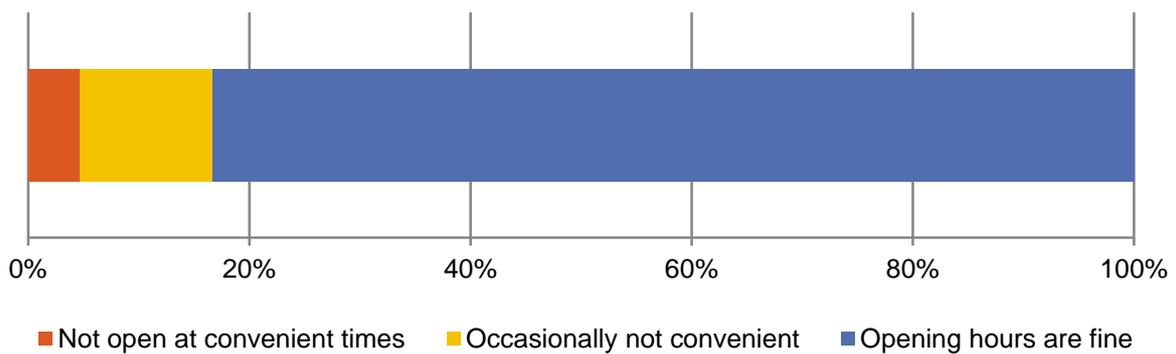
## Ethnicity of survey responders



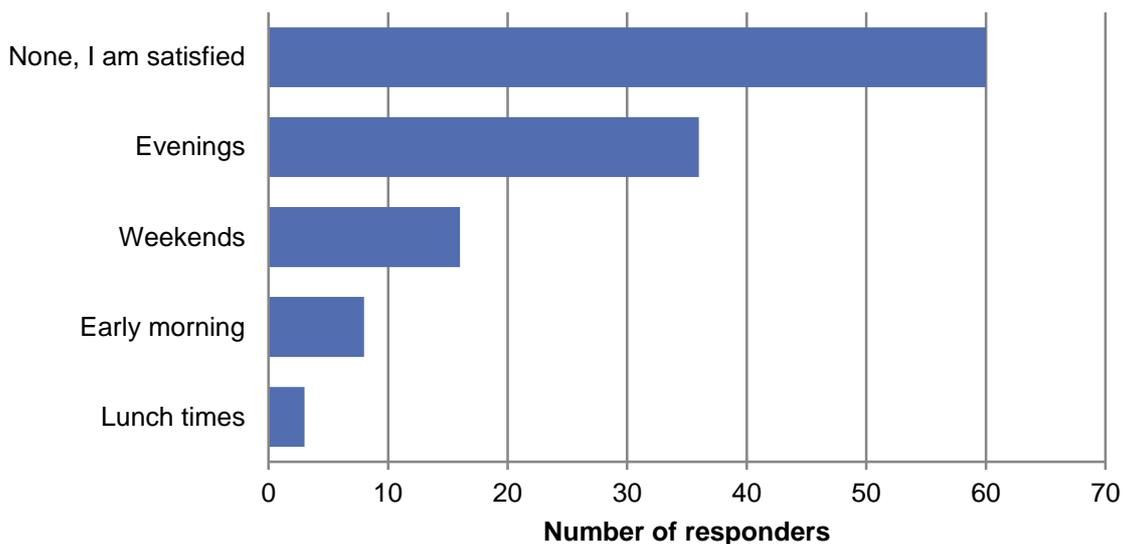
## I consider my attendance at the surgery ...



## I think the opening hours are ...

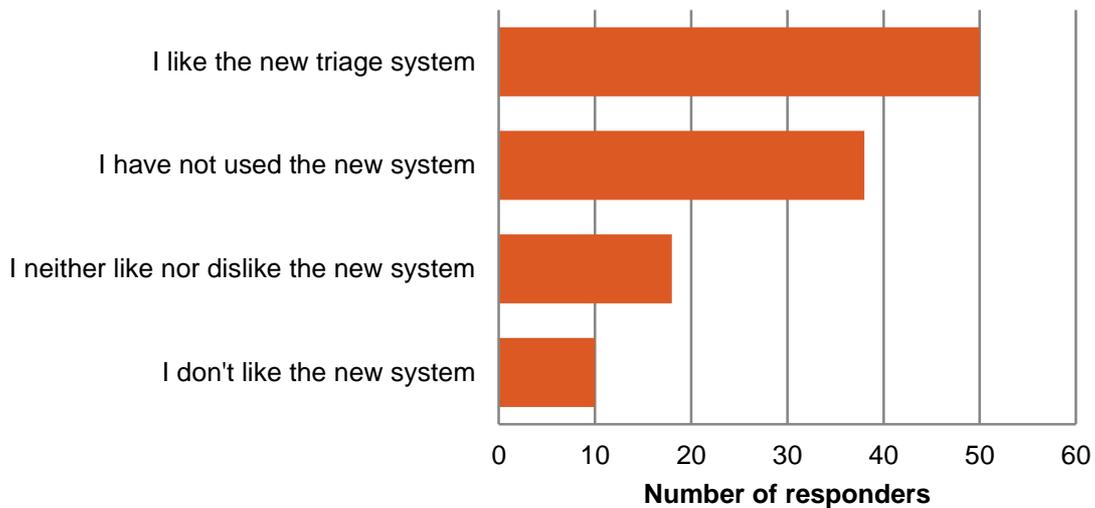


## I would like changes to the Practice opening hours, with openings in ...



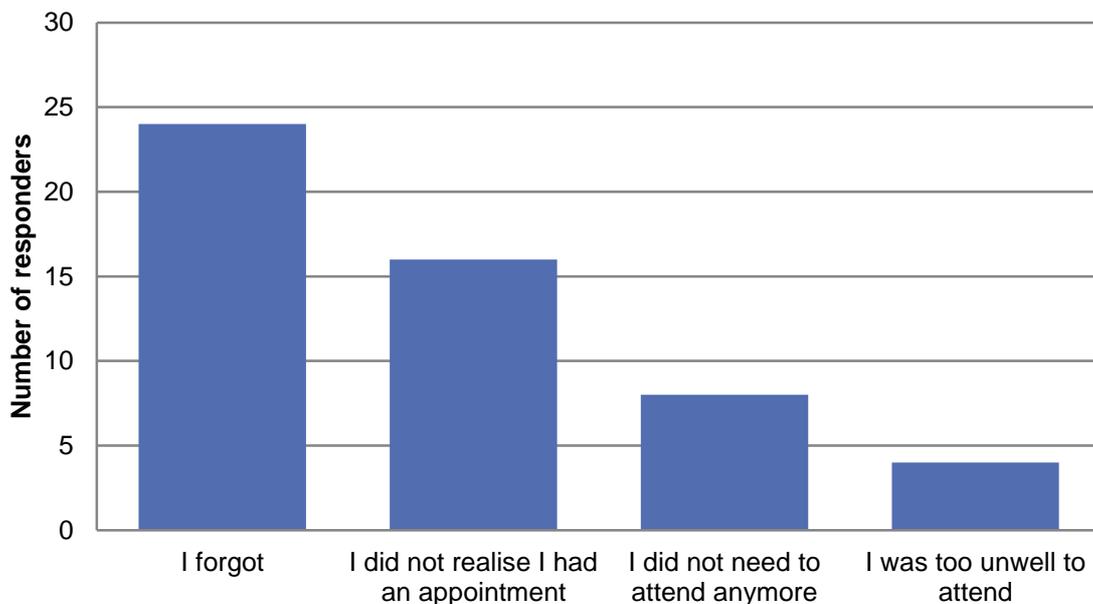
## What do you think about the new triage system?

In response to previous patient feedback, we have introduced a new triage system where the GP speaks to patients when they call to book an appointment.



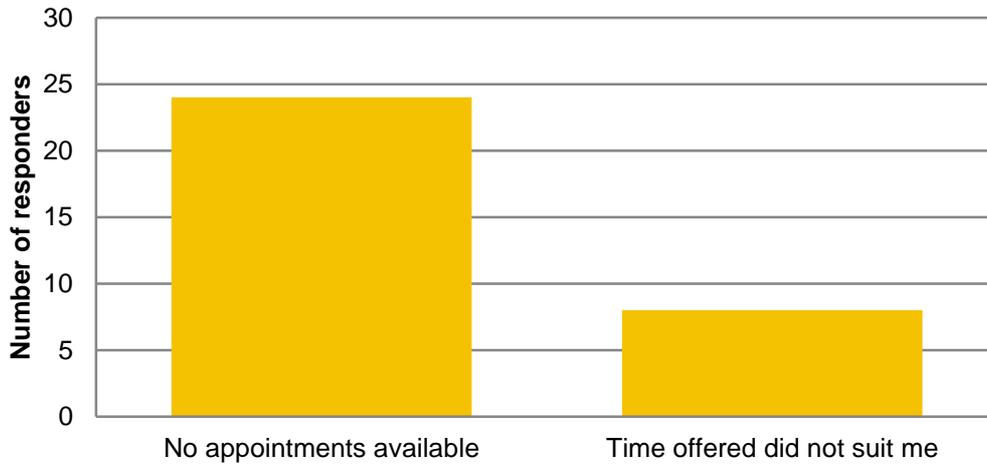
## Why did you not attend your appointment?

The Practice experiences a significant number of patients who do not attend their appointment (DNA).

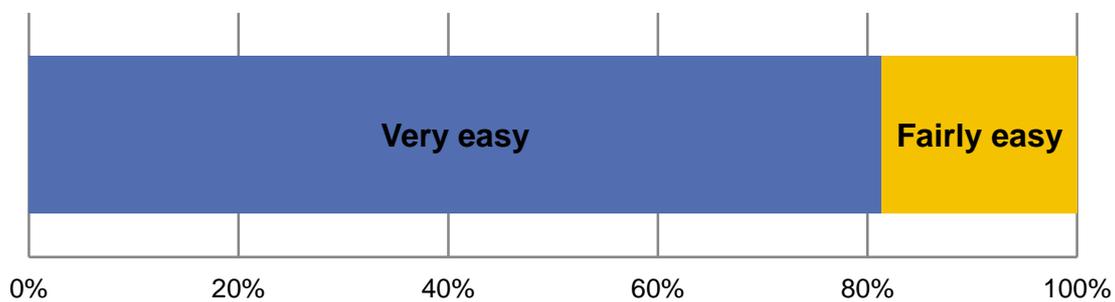


## Urgent appointments

60 patients had tried to see a doctor on the same day or within the next 2 days the surgery was open. 80% (48) of these recalled that they had been able to get an appointment. For those who could not see a doctor on the same day, the reasons for this were:

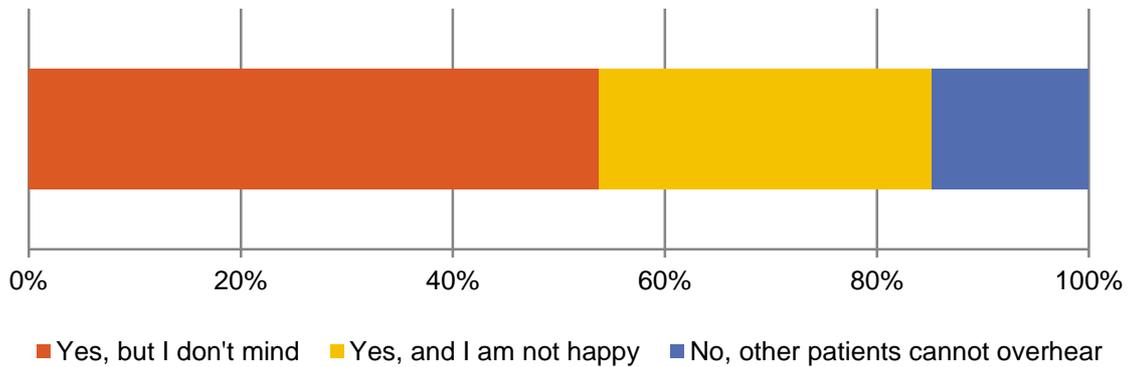


## How easy is it to get into the surgery building?



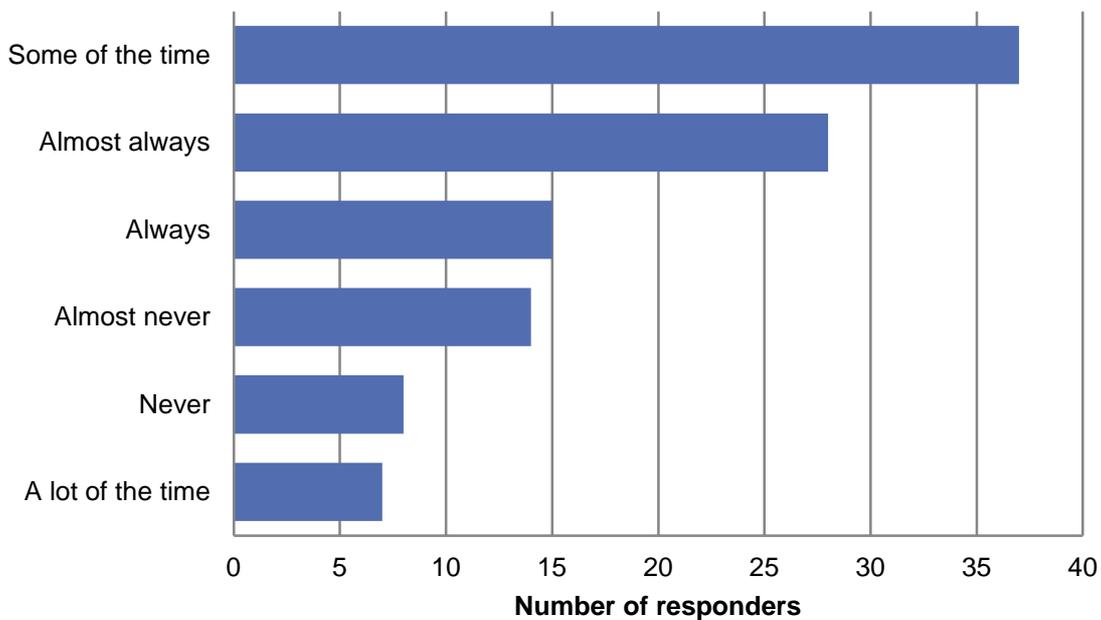
None of the patients considered it 'not easy' or 'very difficult' to get into the building. However there were some comments about occasional parking difficulties, particularly at school times.

## Patient confidentiality – can you be overheard at reception?



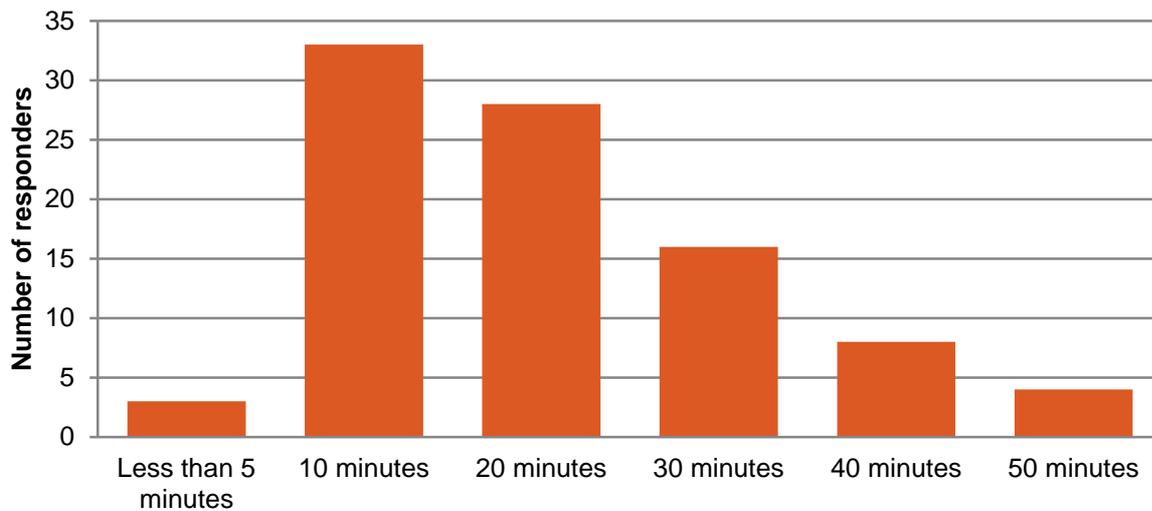
- 48 patients thought the receptionists were 'very helpful'
- 40 patients thought the receptionists were 'fairly helpful'
- None of the responders found the receptionists 'not very helpful' or 'not at all helpful'

## Are you able to speak to a doctor on the phone?

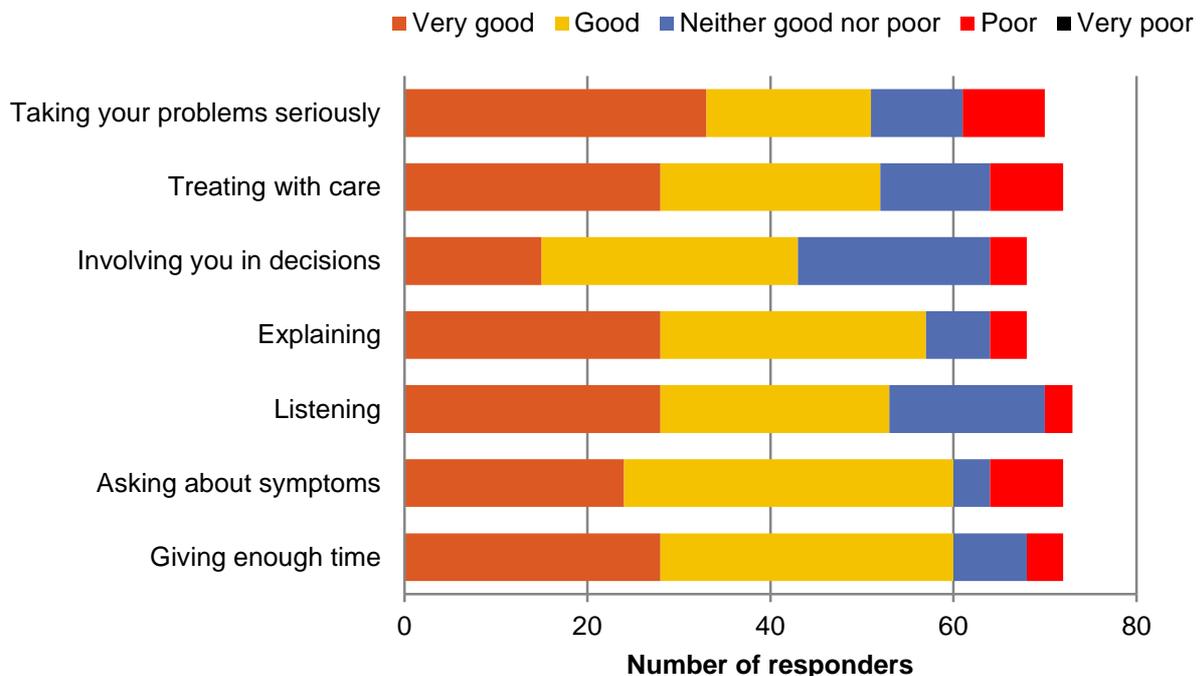


## How long after your pre-booked appointment do you normally wait to be seen?

92 patients had tried to see a doctor for a routine appointment in the last 6 months



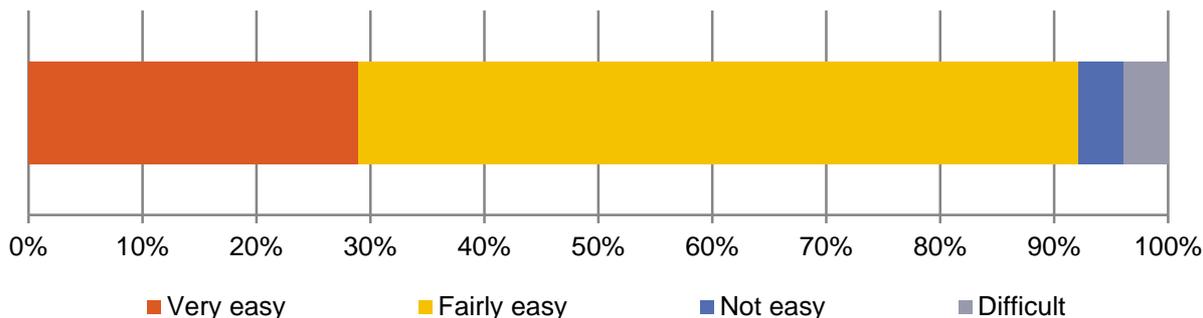
## How good was the doctor at ...



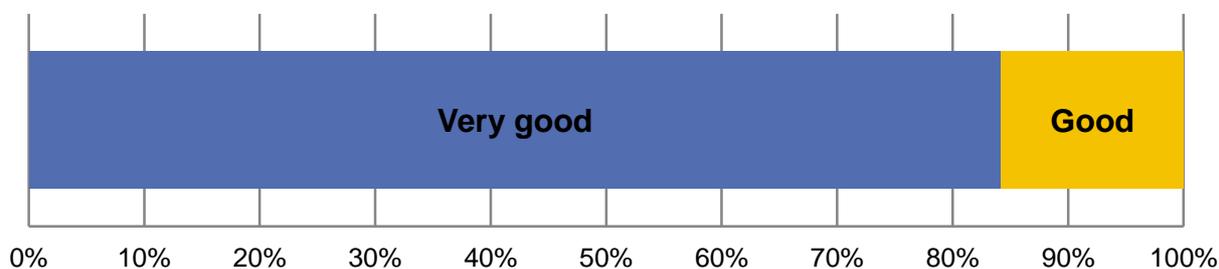
93% of responders (68 patients) had confidence and trust in the doctors at the surgery (35 definitely, 33 to some extent, 4 not at all).

## How easy is it to get an appointment with a Practice nurse?

76 patients recall seeing the practice nurse in the last six months

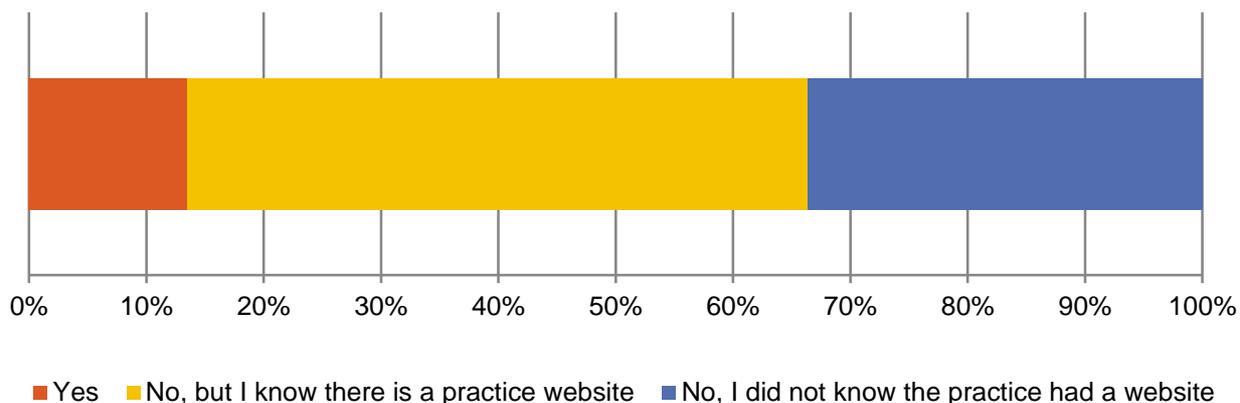


## How good was the Practice nurse at treating you with care & concern?



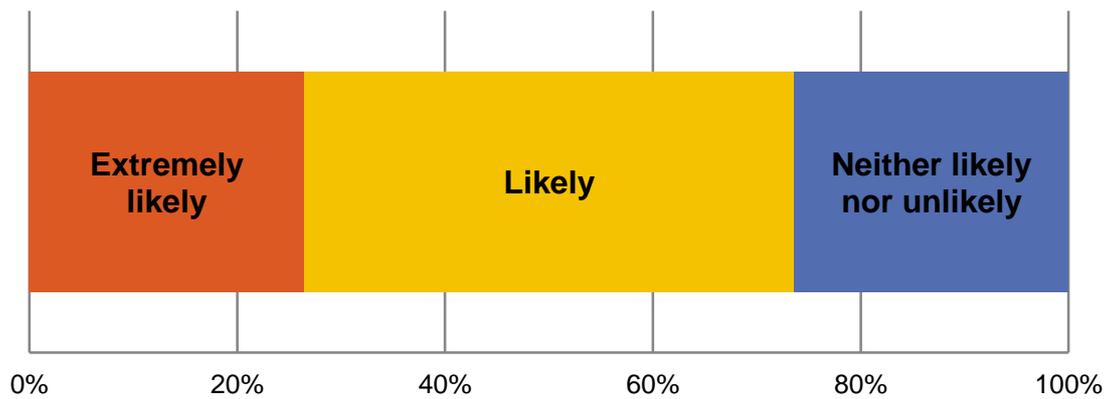
## Have you used our Practice website?

Website: [www.knaresmedicalpractice.nhs.uk](http://www.knaresmedicalpractice.nhs.uk)



## How likely are you to recommend this GP Practice to someone else?

There were too few responders for the Friends & Family Test to be statistically significant.<sup>1</sup>



None of the responders chose 'Unlikely' or 'Extremely unlikely'.

12 patients felt the mental health services at the Practice suited their needs.

<sup>1</sup> 106 respondents completed the Friends & Family Test (FFT). For more details about the FFT go to <http://www.england.nhs.uk/ourwork/pe/fft/>

## APPENDIX B: COMMENTS

Some general comments were made regarding wide ranging aspects of the Practice, some of which are noted below to give a flavour of the patient perception of the Knares Surgery

★ **Good service, friendly staff, clean environment** ★ **Please can we have more flexible appointments so I don't have to take time off work** ★ **Very professional treatment** ★ **A very good doctor's surgery** ★ **Some doctors are better than others** ★ **Can we have evening / weekend appointments for those who work** ★ **Very helpful and friendly** ★ **More bookable appointments are needed** ★ **I don't particularly like the booking system** ★ **I've had nothing but good experiences here** ★ **I have always had great treatment by all the staff at this Surgery. Thank you**

## APPENDIX C: IMPROVEMENT PLAN

| ISSUE TO BE ADDRESSED                                 | IMPROVEMENT GOAL  | KEY ACTIONS REQUIRED  | BY WHOM?   | BY WHEN?   |
|---|---|---|--|--|
| <i>Which specific area are you going to focus on?</i> | <i>What do you want to achieve?</i>                           | <i>What needs to be done to achieve the goal? There may be more than one action</i>                                   | <i>Who is responsible for ensuring it happens?</i> | <i>When do you think this will be completed?</i> |
| <b>Access</b>   | Improved urgent access  | Extend the current GP triage pilot to reduce number of patients needed to come into surgery for an urgent appointment | GPs / Practice Manager                             | With immediate effect                            |
|   | Improved urgent access for Saturday morning appointments      | Release the appointments two weeks prior to reduce likelihood of patient forgetting / no longer needing appointment   | Reception Team                                     | May 2014   |
|   | Reduce lost appointments through DNA (patient did not attend) | Continue to monitor DNA rates   | Practice Manager                                   | In place and ongoing                             |
|   |   | Advertise lost appointments each month in waiting area / website / newsletter   | Practice Manager / Patient Group                   | May 2014   |
|   |   | Write to patients who have missed appointments  | Practice Manager                                   | With immediate effect                            |

| ISSUE TO BE ADDRESSED        | IMPROVEMENT GOAL  | KEY ACTIONS REQUIRED   | BY WHOM?                         | BY WHEN?  |
|------------------------------|---|--|----------------------------------|-----------|
| <b>Confidentiality</b>       | Patients to feel more comfortable when talking to receptionists | Enhance advertising of quiet room for confidential conversations             | Reception Team                   | June 2014 |
| <b>Patient Communication</b> | Improve information available to patients                       | Encourage use of website through sustained advertising posters / newsletters | Patient Group / Practice Manager | June 2014 |