

HOLLOW WAY MEDICAL CENTRE

PATIENT PARTICIPATION SURVEY 2012/13

REPORT ON SURVEY RESULTS AND ACTION PLAN

Practice Profile

Hollow Way Medical Centre cares for 8195 patients. Age profile can be broken down as follows:

Age	Patient numbers
0-9	1076
10-19	896
20-39	3053
40-69	2501
70+	669

Our practice has been in existence for several decades and was originally predominantly used by workers from the nearby car factory, and local Irish Catholic families. In more recent years Cowley has seen an influx of people from overseas and we now have a more mixed population, with many patients from minority ethnic groups, refugees, and migrant workers. We also have many students and workers who have moved into the area to work in the local business parks.

Our practice has 6 GP partners and a GP Registrar. The practice became a training practice in 2011. We have two practice nurses, a health care assistant, six receptionists, one secretary and other supporting admin staff. Health visiting staff are based in our building and district nurse support is shared with Donnington Health Centre.

Our opening hours are 8.30 a.m. to 6.30 p.m. Monday to Friday. Once a week the practice is open until 8.30 p.m. for evening surgeries. We hold 41 GP surgery sessions per week and 17 practice nurse/health care assistant clinics per week, together with daily phlebotomy clinics. The practice also provides services from midwives, counsellors, and addictions nurse. Patients can access health care professionals via either face to face or telephone consultations. A Duty Doctor holds a clinic each morning for patients who request to see a GP the same day. Out of hours care is provided by Oxfordshire Health between 6.30 p.m. and 8.00 a.m. Monday to Friday and at weekends and bank holidays.

Agreeing priorities with the PRG

We already had in existence a virtual Patient Reference Group which we set up in 2011. We contacted the PRG by e-mail and asked them what specific areas they were interested in and would like us to pursue or improve, and what their priorities were. As a result of the replies we received, we designed a Patient Survey which we set up on SurveyMonkey.

Conducting the survey

We conducted the survey in February 2013. The survey was posted on our website and we also handed a survey form to all patients when they came to the surgery.

The survey was completed by 168 patients. The results were analysed through SurveyMonkey in March 2013. The full results are shown at Appendix A.

Consulting with the PRG and producing an Action Plan

We sent the full results to our PRG and asked for comments on the findings. A draft action plan was prepared by the practice and sent to PRG members asking for their comments and suggestions. Comments were received back and the Action Plan was finalised.

Survey Results and Action Plan main priorities

1. Phoning the practice

We asked patients about their experience of phoning the practice. We were reassured to note that 94.54% of respondents said either that “the telephone is usually answered quickly” or “the time to answer the telephone varies but is acceptable”. We recognise that answering the telephone is a very important receptionist function and receptionists know that this is a priority. We have noted that the number of telephone calls to the surgery has increased significantly over the past few years. We have six receptionists at the surgery – three in the morning and three in the afternoon. When one receptionist is on holiday or sick, we are reduced to two which obviously impacts on their ability to carry out all the necessary tasks, including answering the phone promptly. We try to ensure that at particularly busy times, such as Monday mornings, we have three receptionists on duty, by re-scheduling the rota to move one person from the afternoon to the morning where necessary.

Some survey comments have suggested that we should consider altering our telephone system, so that there is an automated queuing system. We have previously considered and rejected this as it would occupy one of our existing incoming lines for the automated message, and thus restrict the number of lines for patients to access.

Action

- We will reconsider the use of an automated message or filtering service
- We will consider advising patients about when to call in for non urgent matters thus spreading the load
- We will consider how the use of internet access can reduce the call load and inform patients of this

2. Waiting for a non-urgent GP or nurse appointment

We asked patients how many days they would usually wait to see a doctor or nurse of their choice, and another question asking what they felt was the maximum number of acceptable days to wait for a non-urgent appointment.

41.82% of patients said they usually wait between 1 and 3 days for a non-urgent appointment with a GP or nurse of their choice. 51.52% said that they usually waited between 4 and 7 days, 5.45% between 8 and 14 days and 1.21% more than two weeks.

This means that 93.34% of patients are able to get a routine GP appointment within 7 days with the GP or nurse of their choice.

When asked about the maximum number of days acceptable to wait for a non-urgent appointment, 5.45% said 1 day, 55.15% 2-3 days, 35.15% between 4 and 7 days and 4.24% 8-14 days. This means that 60.6% of patients felt that they should be able to get a routine appointment within 3 days, compared with 41.82% who said that they usually did achieve this. The length of waiting time may depend on which GP or nurse a patient prefers to see as some GPs and nurses are part time and therefore have fewer appointments available.

Action

- We will continue to offer increased numbers of appointments with GP registrars
- We will publicise to patients how to obtain advice over the internet and telephone to reduce the pressure on face to face appointments
- We will audit our clinical practice of reviewing patients to see if this can be streamlined and thus free up appointments

3. Automated booking system

We asked about the automated booking in system at reception. Over 70% of respondents said that they found it easy to use. 1.91% of respondents found it difficult to use. 23.56% said they either were not aware of it, or would never use it. Some patients commented that they prefer to check in with the receptionist.

Comments received included the difficulty of using the machine if a particular language is not available on it, e.g. Urdu. We have previously contacted the supplier to find out whether Urdu can be added to the languages available, but they had advised that they were unable to include Urdu.

Messages are shown on the checking in machine when checking in for GPs working upstairs telling patients to go to the upstairs waiting room.

There was a suggestion that a message should be put on the patient call system in the downstairs waiting room reminding patients of the facility to check in on the patient check-in machine in reception and to encourage patients to use it. This would also act as a reminder to book in the event that anyone has overlooked this which does occasionally happen.

Action

- Enquire again about the option of other languages on the automated check in system
- Add message to patient call system drawing attention to the automated check in option
- Consider sign to indicate where patients should wait for their turn to talk to the receptionist at the desk (see later) and this could indicate the option of automated booking

4. Upstairs waiting room

Because we have recently opened up GP consulting rooms upstairs, we asked patients about their experience of using the upstairs waiting room. Of 78.95% of patients who had used the upstairs waiting room, 69.08% felt that it worked well. We asked for comments from patients who felt that it could be improved, and suggestions included a patient call machine upstairs, water machine and better ventilation. There were also some concerns expressed about privacy in the consulting rooms and safety and security as the waiting room is unmanned. There was also a comment regarding the lift being out of order for two weeks, which caused some patients difficulty in getting upstairs.

Action

- Provision of water and cups all year round upstairs
- Regular updating of information boards
- Continued provision of magazines for patients
- Continued use of music for privacy
- We will hold a further meeting to consider options for improving sense of security upstairs
- We will look into a new contractor for lift maintenance

5. Music in the waiting rooms

We asked patients whether they are happy with the music in the waiting rooms. This had mainly been introduced to improve privacy. 91.78% of respondents were happy with the type of music and the volume. 7.53% said they would prefer different music.

Action

- We will continue to use music to enhance privacy and provide classical music at times to serve the tastes of a greater number of patients

6. Privacy at reception

We asked patients whether they feel they have enough privacy at the reception desk when speaking to the receptionist. 80% said they felt they had enough privacy, and 20% said they would like more privacy. Generally, patients did not feel that the music was particularly helpful with privacy at the desk, although it may aid privacy when patients are already sitting in the waiting room. Suggestions received were to put a door between the waiting room and reception desk, a booth for patients to talk to reception staff and a sign for patients to wait behind until called forward to the desk.

Action

- We will look into providing a shielded area at one end of the reception desk for more detailed discussions as needed
- We will consider how to help patients stand further away from reception when waiting.

7. How would patients like to receive information

We asked patients how they would like to be given information about problems which can be discussed over the phone with their GP or nurse, and information on how to book appointments or order repeat medication through our website.

The replies showed that patients would like information through a variety of sources – the most popular were leaflets handed out by the GP or nurse or by receptionists, posters in the waiting room, information on the practice website or by means of a leaflet given with a repeat prescription. Least popular were leaflets in the waiting room. Information on Facebook or Twitter was suggested by 10% of the respondents.

Action

- We will prepare information on which matters can be discussed over the phone/ how to book appointments via the internet/ how to order medication by the internet/ what times are best to call the practice and others – and disseminate them via-
- Poster/leaflet/website/repeat medication slip simultaneously.

8. Which parts of our service should we improve next?

This was a general question, and there were many free text comments on this.

For many of the particular issues raised there were only one or two people mentioning them so it is not feasible to address every topic (but we are happy to review this if some comments have struck a chord generally). There were a number of comments relating to problems with parking at the surgery, and about time spent waiting to go in for their appointment in the surgery.

With regard to parking, we recognise that parking is inadequate at the surgery. This is due to restrictions in the number of parking spaces permitted by the local Council. Unfortunately we are not able to provide any additional spaces. We will aim to actively manage the use of the spaces we have, and in particular, to ensure that the disabled spaces are used appropriately.

With regard to waiting times, we are very aware that patients sometimes wait in the waiting room for longer than we would like. We have reviewed this problem on a number of occasions and have put several procedures in place to try to improve the situation.

Other suggestions related to booking appointments and ordering prescriptions on line, including improving the instructions for registering and logging in to this service. It was also suggested allowing nurse appointments, phlebotomy appointments and children's appointments to be booked on line.

Some patients asked whether all the slots available are shown when viewing the Online booking system 'Patient Access'. The slots shown are not all of the appointments which may be available. The system does not allow the user to view all the appointment slots unless there are only a small number – this aspect of the system where a selection is given, is outside of our control. Therefore if an appointment is not available on 'Patient Access' on the date and time you need, there may be more appointments free if you telephone the receptionist.

There were also some suggestions relating to improving our website. We are currently in the process of upgrading our website to include improvements such as the ability to increase the size of the fonts for people with sight problems, to translate content into different languages, and the ability to access the website through mobile phones and I-pads.

There was a suggestion about text message reminders. This service is already available, and patients tell us they find it very helpful. It obviously relies on us having up to date mobile phone numbers on our system and we are continuing to collect these from patients.

There were also some requests for repeat prescriptions over the telephone. We do not accept these, apart from in exceptional circumstances, due to the potential for errors and the volume of phone traffic this would generate, which would have a detrimental effect on the receptionists' ability to book appointments and answer other queries.

Actions

- We will hold a further meeting about how to minimise waiting times in the surgery and how to inform patients of the current likely waiting time.
- We will look into extending on line booking to nurses and phlebotomy and children
- We will overhaul our information pack on how to use on line booking and ordering services and include information about when it might be better to call for an appointment and how to find out when a doctor is away.
- We are continually updating our website and currently are working on different language translation and font sizes and connectivity to mobile devices. We will look into options for a QR code.

We will be discussing the findings of the survey at our Large Team Meeting on 25th March, and at a number of smaller focussed subgroups depending on issues discussed.

Acknowledgements

We are grateful to our patients for completing our patient survey and for all their comments and suggestions. We would also like to thank our Patient Representation Group for agreeing to be part of the Group and for all their help with the survey and action plan. We look forward to further working with the PRG to ensure that we provide the best services we can to all our patients.

Dr. Alison Maycock
GP

Christine Robinson
Practice Manager

March 2013

Appendices:

1. Full survey results – [CLICK HERE](#)