

PATIENT PARTICIPATION GROUP 2012-13
SURVEY AND AGREED PRIORITY COMMENTS

Survey

The results of the previous survey undertaken in February 2012 are attached for comparison.

On the whole, the results are more favourable and in particular, Receptionists scored 100% in being rated as Very Helpful (highest rating) and 89% of patients rated how quickly they are usually get to see a GP as Excellent or Very Good. There has also been a favourable increase in the rating of how long patients waited for their consultation to start with 27% of patients surveyed being seen within less than 5 minutes of their appointment time, and 61% within 5-10 minutes.

22% of patients surveyed expressed a desire to see or speak with a Nurse or GP during lunchtime. There is usually a GP or a Nurse on the premises during part, if not all, of the lunchtime period and if there is an urgent problem, the Reception staff are trained to contact the GP on call should the need arise.

The responses to "How good was the last GP (and Nurse) you saw" and "About the care from your doctors and nurses" were also more favourable from last year, with a general trend to Excellent, Very Good and Good across the board.

"Ease of getting through to the GP Practice by 'phone" has also increased from 78% last year (very/fairly easy) to 82% this year. This is an encouraging increase as this is one of the most complained about areas by patients. However, Reception undertake a work study every year to illustrate to patients the number and type of telephone calls which are taken during a period from 08.30am to 0900am. This is a useful aid in disseminating information to patients.

PPG Comments on the Survey and Agreed Priorities (with agreed actions in bold)

"I have just read the results of the survey and thought it was all very positive.

As to the problem of "no shows" for appointments, having been a receptionist in a dental practice I understand the problems!! The system my dentist has at the moment is they text the day before to remind us of the appointment, which I have to say last time was very useful as I had written down the wrong time!! I know this is probably not always practical as some people don't have mobiles and I am not sure of the cost of this and also whether there is enough the time to do it. Do people actually make an appointment on the day and then not turn up??"

We are at present unable to use a text based service to remind patients of appointments due to cost implication. Patients do make same day appointments and fail to turn up and it tends to be the same patients who do this each time. Reception staff are aware of these patients and always try to ensure with them that they will definitely attend for the appointment. A poster in Reception advises patients of how many patients have failed to attend appointments each week.

Thanks for forwarding the attached onto me. The results look good. My thoughts are as shown below...

i) how do the findings for January compare to previous surveys. I'm not sure how often the surveys are conducted but can you compare for example, against the same period in 2012 and 2011 or against each quarter last year? Is such information readily available?

Surveys completed annually and also periodically throughout the year for specific GPs. A copy of last year's survey was available on our website up until recently when our most recent survey was published. Copies are available on request with the current survey's results are posted on the Patient Information Board within the Surgery waiting area with key areas highlighted for patients' attention.

ii) based upon the attached and reviewing this against prior surveys, how do the results compare what is improving, staying the same or has gone down this time?

As above.

iii) regarding the problem with late attenders:

_ Do you have details re the split by age/location/how they could be described? For example are they mainly pensioners who rely on catching a bus to get to the surgery? Or, mums with little ones?

No definitive demographic – patients are from all age ranges/locations etc, although there are patients who we know are persistent late attenders.

- Do you have a list of " late attenders " ? Do they continue to be late after receiving the letter from the surgery?

The lateness of the appointment is addressed when the patient attends as the receptionist then has to ask the Clinician if they are still able to see them. NO letter is sent to patients regarding this, unless they are frequent late attenders.

- Has the surgery spoken with other practices to establish what other practices do in these circumstances?

Most other surgeries will not see patients who attend late for appointments; patients at Snaefell Surgery are fortunate that the clinician is asked if they are able to see them and if a few minutes late only, they are usually able to accommodate patients. However, if a patient is more than 10 minutes late, especially for a longer appointment/procedure, it can have a negative effect on the remainder of the clinic and those patients who have arrived on time. After consulting with the Clinician, these patients are usually asked to rebook.

Just wondering if there is a standard approach that could be adopted if the late attender continues to do so after receiving one (or more) letters from yourselves?

We would rather speak with the patient face to face to address any problem which may cause their persistent lateness, however, if a patient is continually late for appointments, a letter is sent to them outlining clearly the effect it has on the clinic and other patients and are asked to contact the Surgery to discuss this.

- Could a late attender be given a "dummy " appointment time. So if the appointment is really for 11am could you tell them their appointment is at 10.40am to ensure they arrive on time?

We have indeed done this in the past and advised the patient of a time , say 20 mins, before their actual appointment time. This is, however, inconsistent as more often than not, the patient will still be late.

iv) regarding the text message re cancelled appointments. I guess this depends on the recipient. You could have patients receive this and worry if for example they are due results. For me it would be fine but I am just wondering if it needs to be softened. Or, could the patient be rang instead?

The text messaging system is ONLY used if we have been unable to get in contact with a patient through the normal means of landline and mobile. The message states "Please contact the Surgery on 696960 regarding your appointment today." We do not use the text messaging service for any other means. The message has to be kept quite short in case the 'phone number we are sending it to is no longer used by the particular patient so no personal details or more complex messages are included in the message template.

v) regarding rudeness to staff:

-personally I would tell the person who is being rude that the manner in which they are addressing the staff is totally unacceptable and that if they continue in such a manner they will be asked to leave the surgery.
Again are they known "repeat offenders"?

We do have repeat offenders regarding rude and unacceptable behaviour both in person and on the telephone; they are warned verbally that the behaviour will not be tolerated at the time of the incident. It is a lengthy and complicated procedure in order to remove a patient from the Surgery list, where certain criteria have to be adhered to (this would come under "a breakdown in patient/Doctor relationship". However, it can be very upsetting for staff to have to deal with verbal abuse and it should not occur. There is a notice at Reception which is displayed regarding this.

-as a final measure if someone was continually rude even after being spoken to, can they be told in writing/by person that due to their conduct they are no longer able to attend the surgery and that they will need to find an alternative surgery?

If there is good cause to remove a patient from our list, they are advised of this by letter and they are then asked to find another GP willing to take them on as a patient; if this proves difficult, Family Practitioner Services will assign them to a GP.

vi) Q13 interested to know how this compares to prior surveys. Do you know how much of the 61% is nearer 10mins rather than 5mins?

27% of patients waited less than 5 minutes before being seen and 61% 5-10 minutes. No further breakdown available as to the exact time within the 5-10 minute waiting time.

vii) Q16 22% of those surveyed said the additional hours would not be of benefit. Did they elaborate on what they would find helpful?

Patients who answered this question did not elaborate further.

“Late attenders

I think the current policy is correct, in that it should be up to the Doctor in question if they have the time / are willing to see late attendees. I note that you have a surgery mobile. There is an online service available from various vendors which will allow a text to be sent to patients either on the day, or the day before, reminding them of their appointment date and time. I'm sure there will still be some who will have excuses as to why they are late. I do appreciate how busy you already are and this would obviously add to the workload somewhat. I'm not sure if the Emis system you use has this capability built in, if not, perhaps you could suggest it to the developers, it would save time if this facility was already integrated into your Practice Management System.

EMIS does not have this facility built in at present. Patients are always given an appointment card when booking personally and if on the telephone, are given the appointment time more than once in order for them to write it down.

Non attenders

Again, I think the text message may help with a percentage of these. I wonder if it would be possible to offer an evening surgery one day per week, perhaps some people have difficulties leaving work to attend during working hours. Does anyone collect data from these patients to find out the reasons for their non-attendance? Perhaps if more were known about the reasons, you could work out further solutions? I'm not sure how intrusive some people might find this however.

No provision for an evening surgery as MEDS take over the care of patients from 6pm-8am. We do offer a variety of appointment times which suit the majority of patients (from early morning to the last appointment 5.30pm). The reasons for non-attendance are varied and can range from transport difficulties, to forgetting the time or simply no excuse at all.

Surgery Mobile 'Phone

I think it is ideal. Most people now have smart phones too. Again, not sure of the limitations of your system, but if you can add free note fields then perhaps you could start collecting information about how people prefer to be contacted. Most people who have smart phones have email on-the-go and it is just as effective as a text without the cost of a text. I appreciate that collection of the data would be a big task, but something that could be ongoing as and when you have contact with each patient.

On the registration screen of each patient, we have fields for landline, work, mobile and two email addresses. We try to have as many fields completed as possible which gives us more choice in contacting a patient by a particular means. We cannot be responsible however, for contact numbers/details which are no longer valid, hence the mobile template for contacting patients being quite short. Ensuring these fields are up to date and correct is something we could look towards completing when patients attend the surgery.

Rudeness to Reception Staff

I think it is uncalled for and very unfair, you are only trying to do your job. I think the reception staff should be offered training in how to handle these types of situations which would increase your confidence in dealing with rude clients. You can't stop people being rude but you can better equip yourself in how to deal with it.

Three of the Reception staff have had training in dealing with situations such as these and attended courses run by sponsored companies some time ago. There has been no provision for these workshops/courses for some time. Each situation is different, and it has to be dealt with in a calm, measured fashion. However, it is very difficult to predict someone's behaviour and it is this unpredictability which can be stressful to deal with. The staff always try to remain calm without raising their voice, and advise the patient that their behaviour is not acceptable. If a problem escalates where the staff member feels threatened, the Police are summoned to the Surgery.

Thanks for the opportunity to comment. I would think that the problems you outline are common to all Practices and if this is the case then a solution encompassing all Practices should be considered. I think something along the lines of a "Terms of Business Agreement" or "Patients Contract" might be considered this would set out what the Practice aim to do for the patient and what the practice expects from the patient. For example the Practice would endeavour to arrange an appointment for the patient as quickly as possible but of course urgent cases and emergencies would take priority. At the same time the Patient would be expected to attend and attend on time. Also the Practice will deal with patients courteously and sympathetically and the patient would be expected to treat the staff courteously and with respect. In the event of non-compliance with appointment times repeat offenders may find themselves excluded from the Practice lists. This would also apply in cases of serious abuse of staff. There really is no excuse for rudeness and Practice staff should expect to be treated with respect. Offenders may be asked to leave the premises. The Terms of Business should be provided to all patients/clients on the Practice list and also supplied to new patients. There is also a political context to these problems and the relevant politicians and Department of Government may wish to carry out a campaign."

The Patient Charter outlines to aims and objectives of the Practice and is widely available.

"in answer to your first question, I think what you are doing at the moment is good, But if they keep on being late then they should be warned that they may be asked to find another surgery.

This also should apply to patients that do not attend at all.

The mobile phone is a great idea I don't think there is any hing else you can do.

As for Patients being rude to staff this is unacceptable and they should be reported to the surgery manager."

See previous comments above.

"Late attenders should not arise at all in an ideal world but alas there are probably some whom actually have valid excuses for being late. The existing arrangements seem in order in fact they seem more than generous and patients should be grateful that they are in place. In terms of reducing or removing entirely late offenders you could impose a fixed charge and tell patients until paid they don't see the doctor."

We are unable to charge for provision of service under the NHS.

"In terms of DNAs once again seems very kindly and tolerant in which they are currently treated and would suggest that the wording of the letter that goes out to them makes it clear

that such behaviour will not be tolerated and again would impose a fixed penalty charge to be paid before they get another appointment.”

Again, a letter is sent out to the patient outlining the loss of clinical time through their non-attendance.

“The mobile phone to contact patients in event of an appointment having to be cancelled is a good idea.”

This has worked very well and it has been agreed that it will continue to be used for this purpose.

“Finally there is simply no excuse for rudeness from either patients or surgery staff and funnily enough I was in the surgery a few weeks ago and witnessed a shaven headed tattooed gentleman being decidedly unpleasant to yourself and you handled him in a courteous and professional manner despite the fact he seemed high on drugs or low because of lack of same. Frankly if I had been you I would have told him to leave the surgery and his failure to do so would cause you to ring the police. Alas we live in unsavoury times.”

AGREED PRIORITIES

- *Continue with the use of the Surgery mobile ‘phone for texting patients regarding cancelled appointments should we not be able to contact them by the suing means of communication.*
- *Adapting the notice in Reception to reflect the number of late attenders and the number of non-attenders within a given week.*
- *Behaviour Agreement forms being brought back into use for patients whose behaviour has been unacceptable.*

ACTION PLAN

Use of mobile ‘phone to continue. Review in 6 months’ time to ascertain if it can be used for other means of contact with patient.

Late and non-attenders notice to be implemented with immediate effect and reviewed in 6 months as to whether it has had any effect (positive or negative) on the number of late and non-attenders.

Behaviour Agreement forms to be reviewed and revised and used for those patients whose behaviour has been unacceptable. Review in 6 months’ time with numbers of patients being issued with the form being noted in order to ascertain if any issues have arisen since signing.