

THE SANDRINGHAM PRACTICE

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Report on the Sandringham Practice's 2013-2014 Patient Participation Group

Dated 27 March 2014

Background

The Practice initially invited patients to join a new Patient Group in 2012, though working with a virtual group via email combined with time constraints led to limited progress in 2012 and 2013.

The Group has been set up in line with NHS Guidelines for Practices and is designed to engage with initially a cohort of interested patients ('Patient Reference Group Members') and also the wider patient population in order to develop the Practice services to better meet the needs of patients.

This involves 6 key stages:

1. Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population;
2. Agree areas of priority with the PRG;
3. Collate patient views through the use of survey;
4. Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services;
5. Agree action plan with the PRG and seek PRG agreement to implementing changes;
6. Publicise actions taken and subsequent achievement

This report will outline the processes the Sandringham Practice underwent to deliver an effective Patient Group in this report which will make reference to some of the work and patient feedback and included within the report together with proposals agreed with the PRG.

Stage 1 - Establishing the Patient Group

In 2012 invitation notices and flyers were placed in the practice waiting room, on our website and on our TV information system asking for volunteer patients who could assist in developing practice services. Initial proposals were to run the group 'remotely' via email so as to best gain the views of a wider variety of patients for input in to setting the group up. A second invitation was placed in 2013 and having recognised the patient group was mainly over the 45s and generally retired, a specific request was made to target working patients and with young children. This was again by Notice, our TV monitor in the waiting room and by website as well as by personal invitation when discussing matters with patients.

This has been further supplemented in 2014 by further personal invitations.

The PRG group membership of the attendees is outlined in **Appendix A**.

Stage 2 - Agreeing Areas of Priority with the Patient Group

Having identified that effective two way dialogue with the group was difficult in 2013, we have held a meeting to discuss what the Patient Group representative members believed were the priorities in order to feed this is to a patient survey face to face.

Following consultation with group members by phone, this meeting was held Tuesday 4 March in order to set up the date for the maximum number of PRG attendees with 10 of the 17 Group members attending in addition to key representatives from the Practice team.

At this meeting, the PRG was provided with background information as to the purpose of the Group and meeting patient concerns, initially to identify key priorities for the Practice. Points were candidly raised and discussed by both PRG members and Practice representatives and some outline solutions were also suggested to issues raised. This mainly reflected issues raised by the PRG Members, though reference was made to issues or complaints discussed (for example patients lack of understanding as to some of the services available), though also included the introduction of Advanced Nurse Practitioner clinic appointments. At the time of the PRG meetings the Practice had not been visited by the Care Quality Commission inspectors so whilst referred to this was not a key driver at this stage. These 'concerns' were discussed further and agreement reached as to the key areas which were considered a priority for the Practice. From these seven key priority areas the Patient Questionnaire would be developed for use. The key areas of priority were identified as follows:

- **Communication to patient and other medical institutions (Including Summary Care Records)**
- **Continuity of Care/Stability**
- **DNAs of Patients & Repercussions**
- **Getting through on telephone & up to date messages on hold line**
- **Repeat Prescriptions & Times to order for working people**
- **Staff Training (continuity of information to patients)**

From these areas of priority, a patient questionnaire was developed by the Practice, which is available in **Appendix B and the meeting note can be found on our website.**

Stage 3 - Collating Patient views through a survey

The developed questionnaire was distributed made available to patients between 10th March 2014 to 21st March 2014 inclusive. The ten day time frame was used as patient uptake was quite slow in 2013 with the Patient survey advertised by several means including, paper copies, giant TV screen, personal approach by staff when patients collected prescriptions and all clinicians when consulting. This enabled us to gather 115 valid patient views over this period, which represents 1.3% of our patients which represents a statistically sound sample size.

The results have been collated and set out in a statistical format to allow simple identification of the responses, together with graphic information of some of the key areas such as demographics of contributors for discussion initially with the PRG. This information is available in **Appendix C.**

Stage 4 - Discussion of the Patient Questionnaire results with the Patient Group

A second meeting with the PPG was held on March 24th. This meeting allowed staff and patients to comment on and discuss the findings of the Patient Survey and contribute suggestions for changes to the Practice's provision and delivery of services. Hand outs used for discussion included; statistical responses from patient survey and some pictorial representations (e.g. demographics of

respondents) with some reference was also made to hand written comments during the meeting.

The meeting note can be found on our Website.

Each of the areas of priority provided learning points and the key points discussed together with action points to be taken forward by the Practice are outlined below. Action points were agreed during discussion if each key area.

Communication to patient and other medical institutions (Including Summary Care Records)

- The PRG members agreed that a lot of the systems the Practice employs are suitable, but a significant number of patients do not realise they exist, such as the text appointment reminder system. Personal contact with patients, comments made in the survey and from the PRG members demonstrates that patient understanding on Practice systems needs enhancing. The patient survey raised no concerns over Summary Care Records or similar issue. The three broad areas agreed were:

- To develop clear information for patients for systems and procedures such as appointments, doctor availability, sick notes, prescription ordering and test results.
- To deliver the above information primarily by more regular Practice Newsletter but assisted by prompts from website, TV screen and Prescription advices.
- To install a new ' News-board' for patient information allied to de-cluttering the existing notice boards.

Continuity of Care/Stability - this was an area which was recognised as being an issue though there was very little to come out of the patient survey feedback by way of suggestions. Whilst there was an acceptance by the Patient Group, Patients and Practice that Continuity of Care was important, a significant minority of those commenting did not perceive seeing the same clinician was that important (29%). Updated information as to individual clinician availability should help in this area. Whilst acknowledging that three long serving partners had retired over the last 18 months it was fully expected that the practice would see a sustained period of clinical stability.

DNAs of Patients & Repercussions - This was an area of concern for PRG members and questionnaire respondents. 58% of respondents supported the current practice policy of issuing warning letters prior to deregistration for repeat non-attenders. The introduction of a texting reminder system in 2013 was discussed which appeared to have had a direct impact on not attenders; though the Practice was still losing in the region of 100 appointments each month. Information as to methods of cancellation for patients is to be more widely advertised and a campaign for updating mobile phone numbers is planned for the early summer.

Getting through on telephone & up to date messages on hold line - Whilst 47% of patients advised they found contacting the Practice appointment line by telephone either easy or very easy, this does leave a significant number who found this difficult from time to time. It was agreed that the telephone system providers would be contacted to confirm the feasibility for providing patient queuing numbers and a menu option (the menu option was subject to a patient survey in 2005/6 which was not favoured at that time). The survey responses indicated that a number of patients believed the Practice only had a single line and sole receptionist which is not the case and the Practice will provide further information to patients. Whilst the Practice had implemented a new staffing rota in October 2013 to increase staffing numbers throughout the day and extend the telephone availability, it was further agreed to review staffing numbers again in conjunction with the telecom system.

Changes were discussed and advised to the routine appointment booking system which is intended to change in May, and the Patient Group was updated as to the implementation of our new

Advanced Nurse Practitioner Appointments starting in April which will create additional daily capacity, well over 100 each week.

The triage system for acute conditions has been in place for 12 months and a recent review indicates this has attended to 15,000 patients and was broadly welcomed by PRG members.

It was recognised that patients were perhaps not always as aware of the details of the appointment system, including for sick notes as they could be and agreed that factual information is made available in a suitable format on a regular basis. Work will also be put in over the coming months to try and develop improved systems for working patients who find access perhaps the most difficult. This will involve on-line appointment booking later in the year.

Repeat Prescriptions & times to order for working people - The survey results were inconclusive as to patients preferred methods for obtaining their medication; 45% of the Practice population being on repeat medication. The results showed that 20% preferred one of the following methods; in person, on-line, through their pharmacy and by phone. Discussed the reintroduction of the voicemail line for prescriptions, though this was advised to be clinically less safe and resulted in additional delays from time to time. The availability of 'batch prescribing' and shortly Electronic Prescription System were outlined which should improve the despatch times to pharmacies and reduce the need to call in for collections. More information will be provided to Patients when available.

Staff Training (continuity of information to patients) - The overwhelming majority of respondents did not identify any specific training needs though understanding and delivery of test results and appointments for working people was highlighted. This is to be addressed by changes to the appointment system, the setting up of clearer information for patients and in house staff training.

Stage 5 - Agreeing action plan with the Patient Group and seek their agreement to making the proposed changes

The proposals for change were discussed and agreed before the close of the meeting 24 March, with confirmation sent out to all group members by email. There were no areas of discussion which failed to obtain agreement on. A small number of the actions will may be outside the hands of the Practice; such as the technical issues with the telecom system and the 'landlords willingness to allow a new patient 'News Board'. This action plan will be implemented over the course of the next three months and any issues arising will be fed back to the PRG members for further consultation. At this stage there are no matters arising which will need the approval or guidance of NHS England. The action plan agreed with the patient is set out in **Appendix D**.

Stage 6 - Publication of the report and proposed actions

This report will initially be published in PDF format on the Practice website www.thesandringhampractice.co.uk with further printed copies being made available within the Practice and widely advertised through Newsletter, TV screens and directly to PRG members.

The Sandringham Practice is committed to improving patient care and communication will look to expand PRG membership over the coming months, particularly any perceived under-represented groups.

Whilst the PRG were consulted in 2013 the progress of the 'virtual on-line' group was insufficient to allow meaningful discussions or agreement as to the patient survey. Since no specific actions were agreed with the PRG there is no specific update or follow up to provide from the limited work which took place 12 months ago.

Appendix E - Information is provided as to the opening hours of the Practice, including Extended Hours of opening.

Finally, a big thank you for all those contributors from the Patient Group members who have given up their free time, those who have completed the Patient Questionnaires and the staff at the Practice who have made this exercise possible for the benefit of all of our patients.

Richard Langthorp

Practice Manager

Appendix A - Patient Group Demographics March 2014

The demographic profile of the Sandringham Practice is predominantly white English speaking; with 85% of those declaring being white/white British with 5.7% Asian and 5.2% other White. Only a very small proportion of patients have declared their first language as non-English; with 1% Polish and 1% Nepalese.

The Patient Group membership does not diverge significantly from the above profile with a 50/50 male/female split. The Group are all long standing patients and in general quite frequent attendees and predominantly retired/not working. A full summary of the contributors to the PRG meeting 4/3/14 is as follows:

Gender	
Female	5
Male	5
Total	10

Age	
<16	0
17-34	0
35-44	0
45-54	1
55-64	5
65-74	3
75-84	1
>85	0
Total	10

Employment Status

Full Time	
Part Time	1
Retired	7
Full Time Education	
Not working	1
Not answered	1
Total	10

Length of Time with Practice

<1 year	
between 1 and 3 years	
between 3 and 5 years	
between 5 and 10 years	
>10 years	10
Total	10

How often are you at the practice?	
Regularly	6
Occasionally	3
Very Rarely	1
Total	10

Disability	
Yes	4
No	6
Total	10

Ethnic Background	
White British	9
White Irish	
Mixed Caribbean	
Mixed African	
Mixed Asian	
Asian Indian	
Asian Pakistani	1
Asian Bangladeshi	
Black Caribbean	
Black African	
Chinese	
Other	
Not disclosed	
Total	10

The details of the non-contributors is not included in this summary and continued efforts will be made to attract attendance from non-attendees and new members, particularly, employed patients under the age of 45; our next proposal will be to target by personal invitation.

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Patient Questionnaire

Following a recent meeting with our Patient Group, we have developed a short survey. We would be grateful if you could complete and return it by Friday 21 March please.

1. How easy do you feel it is to contact the practice on the appointment line (01302 321521)?

Very Easy	Easy	Difficult	Very Difficult

2. If you answered Difficult or Very Difficult, please explain what we could do to improve the appointments line.

3. Do you feel the messages played while waiting to be connected to a receptionist are suitable? If not, please explain below. Would you like to hear different information?

4. Are there any changes to our current appointments phone line system that you would recommend?

5. In which areas do you feel our reception staff need further training?

	Triage system	App'ts for working people	Nurses app'ts	Test results	Prescriptions	Sick notes	Other; please specify
Satisfactory							
Training needed							
Other; please specify:							

6. If you ticked 'Training needed', what do you feel is the problem and how do you feel we could improve our training to reflect this?

7. From time to time, patients do not attend appointments for various reasons. Currently, we send patients a letter warning if appointments are missed to advise they risk being deregistered.

How do you feel we should respond to patients who fail to turn up to appointments?

8. How many missed appointments do you feel should trigger action over what period?:
 e.g. 5 missed appointments per 3 months

- Before being warned? (number of appointments) over (amount of time)
- Before being deregistered?..... (number of appointments) over (amount of time)

9. How easy do you feel it is to contact the practice on the prescription line (01302 738111)?

Very Easy	Easy	Difficult	Very Difficult

10. If you answered Difficult or Very Difficult, please explain what we could do to improve the prescription line.

11. Which way(s) would you prefer to order repeat prescriptions (please tick up to 2)?

Telephone Line from 9am - 11.30am	
Pharmacy to order from practice for patient to pick up at pharmacy	
Online via the website/email	
Leaving white side of prescription paper /note at the practice	
In Person	
Other, please specify below	
Further comments:	

12. Some patients like to see the same GP or nurse or healthcare assistant about a particular medical issue, but that clinician may not be available. How do you feel we can improve this issue of continuity of care?

13. In which areas do you feel we could improve our communication with patients?

	Website	Newsletter	Posters/notices	Ways patients can contact the Practice	Distribution of Newsletters and other information	Other; please specify below
Satisfactory						
Changes requested						
Other please specify:						

14. If you ticked 'Change needed', how do you feel we could improve our communication in this area?

Patient Questionnaire Demographics

Please tick all that apply.

In Full Time Work	In Part Time Work	In Full Time Education	Retired	Not currently working	Parents with under 16s	Long standing illness	Female	Male	Internet Access

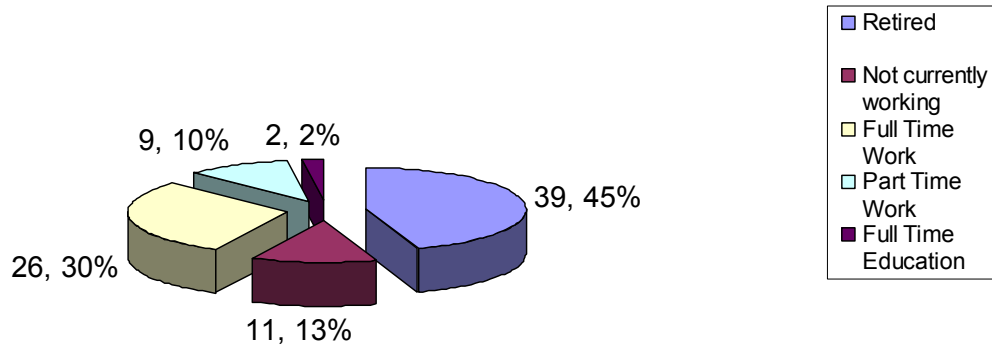
Thank you,

Richard Langthorp and the Sandringham Practice

Appendix C -Demographics

Demographics

Employment Status. 87 Patients Answered.

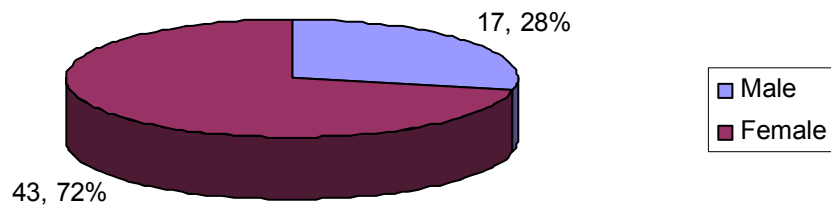


10 Patients told us they were parents with under 16s. (8.6%)

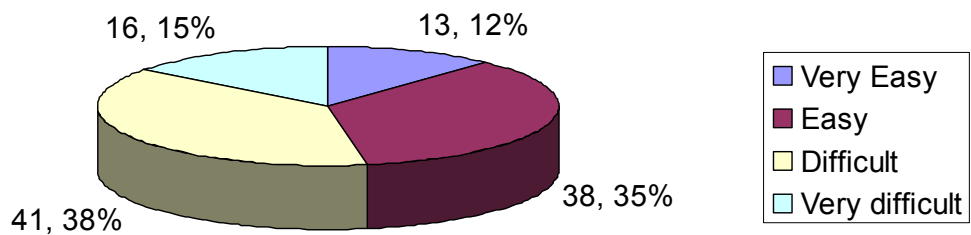
23 Patients told us they have long term illnesses. (20%)

29 Patients told us they have internet Access. (25.2%)

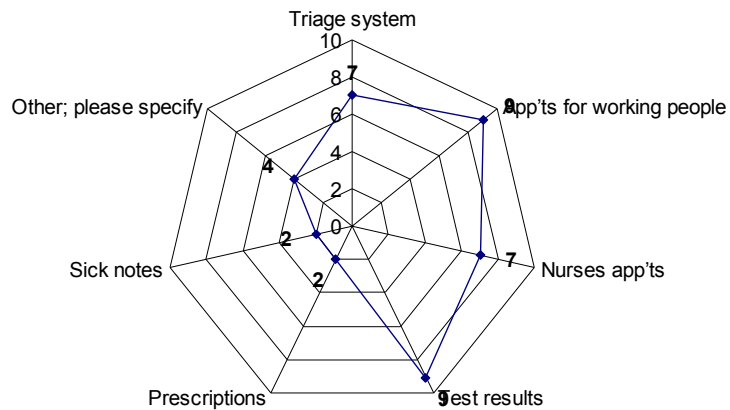
Gender. 60 Patients answered.



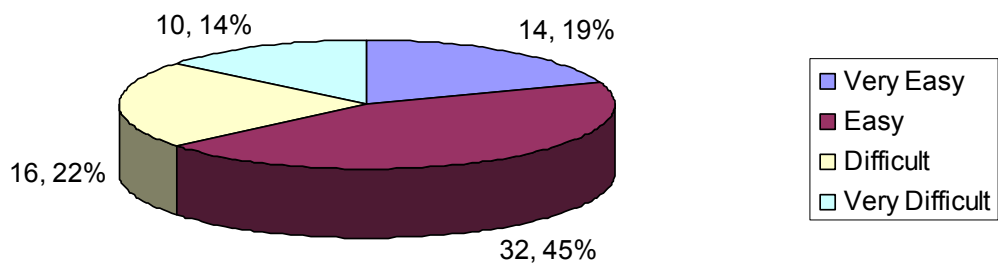
Q1: How easy is it to contact the appointment line?



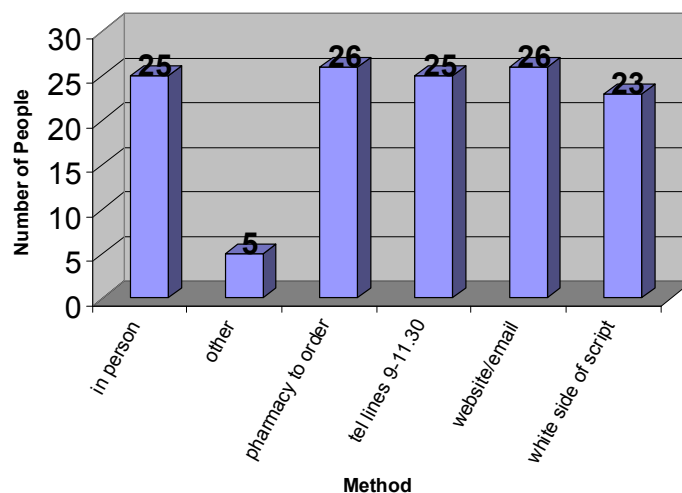
Q5 In which areas do you feel our reception staff need further training?



Q9 How easy do you feel it is to contact the prescription line?



Q11 Which ways would you prefer to order your repeat prescriptions



Patients Survey March 2014

Reponse count	115
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Q1	How easy do you feel it is to contact the practice on the appointment line (01302 321521)?											
	Very Easy	Easy	Difficult	Very difficult								Total
Survey responses	13	38	41	16								108
	12.04%	35.19%	37.96%	14.81%								

Q2	If you answered Difficult or Very Difficult, please explain what we could do to improve the appointments line?												
	Call backs with appointments	Have addition lines/People answering	Lack of appointments available	Menu choices focussed towards clinical grouping	More experienced staff	Music annoying	Not used	Online appointments	Queueing system	Told by clinician to book appt in a month, no appointments	Waiting/Busy/Queueing time/No appointments left		Total
Survey responses	1	17	1	2	1	1	3	2	1	1	25		55
	1.82%	30.91%	1.82%	3.64%	1.82%	1.82%	5.45%	3.64%	1.82%	1.82%	45.45%		

Q3	Do you feel the messages played while waiting to be connected to a receptionist are suitable? If not, please explain below. Would you like to hear different information?											
	queue/number system	annoying music/repetitive	can't get through	other	suitable							Total
Survey responses	9	8	3	5	5							30
	30.00%	26.67%	10.00%	16.67%	16.67%							

Q4	Are there any changes to our current appointments line system that you would recommend?											
	Nothing	appointments	other	more lines/extra staff	emergency							Total
Survey responses	12	3	6	13	1							35
	34.29%	8.57%	17.14%	37.14%	2.86%							

Q5	In which areas do you feel our reception staff need further training?											
	Triage system	App'ts for working people	Nurses app'ts	Test results	Prescriptions	Sick notes	Other; please specify					Total
Satisfactory	67	50	65	54	62	46	25					369
	18.16%	13.55%	17.62%	14.63%	16.80%	12.47%	6.78%					369

	Triage system	App'ts for working people	Nurses app'ts	Test results	Prescriptions	Sick notes	Other; please specify					Total
Training	7	9	7	9	2	2	4					40
	17.50%	22.50%	17.50%	22.50%	5.00%	5.00%	10.00%					40

	Appointments	Customer care	Good Job	Management	Medical Knowledge	Scripts	Test Results	Triage	Working Appts			Total
Survey responses	2	5	1	1	1	2	1	2	2			17
	11.76%	29.41%	5.88%	5.88%	5.88%	11.76%	5.88%	11.76%	11.76%			

Q6	If you ticked 'Training needed', what do you feel is the problem and how do you feel we could improve our training to reflect this?													
	Advance Appts	Appts for working people	Customer Care	Don't know	Emergency	Good Job	Management Problem	Nurse's Appts	Other	Prescriptions	Sick Note	System Problem, Not Receptionists	Test Results	Total
Survey responses	4	5	2	1	1	2	3	3	3	1	1	1	3	30
	13.33%	16.67%	6.67%	3.33%	3.33%	6.67%	10.00%	10.00%	10.00%	3.33%	3.33%	3.33%	10.00%	

Q7	7. From time to time, patients do not attend appointments for various reasons. Currently, if a certain number of appointments are missed over a period of time, we send patients a letter warning they must attend appointments or risk being deregistered. How do you feel we should respond to patients who fail to turn up to appointments?										
	Contacting Practice	Current System	fee	Message	other	Phone					Total
Survey responses	1	49	11	3	16	4					84
	1.19%	58.33%	13.10%	3.57%	19.05%	4.76%					

Q9	How easy do you feel it is to contact the practice on the prescription line (01302 738111)?										
	Very Easy	Easy	Difficult	Very Difficult							Total
Survey responses	14	32	16	10							72
	19.44%	44.44%	22.22%	13.89%							

Q10	If you answered Difficult or Very Difficult, please explain what we could do to improve the prescription line.										
	Answering	Extend Phone line times	More Lines/Staff	Online	Voicemail						Total
Survey responses	3	6	3	1	6						19
	15.79%	31.58%	15.79%	5.26%	31.58%						

Q11 Which way(s) would you prefer to order repeat prescriptions?													
	in person	other	pharmacy to order	tel lines 9-11.30	website/email	white side of script							Total
Survey responses	25	5	26	25	26	23							130
	19.23%	3.85%	20.00%	19.23%	20.00%	17.69%							

Extend Line Hours													
	Extend Line Hours	Other	Voicemail										Total
Survey responses	2	2	3										7
	28.57%	28.57%	42.86%										

Q12 Some patients like to see the same G.P., nurse or healthcare assistant about a particular medical issue, but that clinician may not be available. How do you feel we can improve this issue of continuity of care?													
	Appointments	Clinician to make	Female Drs	Flexibility	Information	Not an issue	Other						Total
Survey responses	5	3	1	5	1	14	18						47
	10.64%	6.38%	2.13%	10.64%	2.13%	29.79%	38.30%						

Q13 In which areas do you feel we could improve our communication with patients?													
	Website	Newsletter	Posters	Ways patients can contact us	Distribution of newsletters or other information	Other; please specify below							Total
Satisfactory	45	57	54	43	45	5							249
	18.07%	22.89%	21.69%	17.27%	18.07%	2.01%							249

	Website	Newsletter	Posters	Ways patients can contact us	Distribution of newsletters or other information	Other; please specify below							Total
Training	5	4	2	10	4	18							43
	11.63%	9.30%	4.65%	23.26%	9.30%	41.86%							43

	Email	Newsletter Availability	Other	Text	TV Screen								Total
Survey responses	2	2	4	1	1								10
	20.00%	20.00%	40.00%	10.00%	10.00%								

Q14 If you ticked 'Change needed', how do you feel we could improve our communication in this area?													
	Appointments	Email	General	Newsletter Availability	Other	Phone Lines	Text	Website					Total
Survey responses	3	1	3	7	2	3	2	2					23
	13.04%	4.35%	13.04%	30.43%	8.70%	13.04%	8.70%	8.70%					

Demographics Employment													
	Retired	Not currently working	Full Time Work	Part Time Work	Full Time Education								Total
Survey responses	39	11	26	9	2								87
	44.83%	12.64%	29.89%	10.34%	2.30%								

Demographics Patients with under 16's													
													Total
Survey responses	1												10
	100.00%												

Demographics Patients with long term illnesses													
													Total
Survey responses	1												23
	100.00%												

Demographics Gender													
	Male	Female											Total
Survey responses	17	43											60
	28.33%	71.67%											

Demographics Patients with internet access													
													Total
Survey responses	1												29
	100.00%												

Appendix D - Summary of Patient Group Action points 2013-14

<u>Appointments</u>	<u>Action by</u>	<u>Responsible Officer</u>
1. Telephone system - Feasibility review on providing automated message and queue system for phone system.	end June 2014	Practice Performance Officer
2. Release of appointments - 14 Day release of routine appointments - 3 month trial proposed	end May 14	Dr Strachan/Vicary
3. Release of appointments for working people - For consideration with above trial.	end May 14	Dr Strachan/Vicary
4. Sick Note system - to be re-advised to patients	end May 14	Dr Vicary
5. Text service - Campaign for obtaining up to date text numbers.	end June 2014	Office Manager
6. Text Service to land lines - to be checked by practice.	end April.	Office Manager
<u>Staff Training</u>		
1. Test results - Clarification of systems to be advised to patients (website, newsletter, TV Screen & Prescription forms)	end May 14	Practice Manager
2. Appts for working people - Patient information to be provided on appointment release and working days agreed using bulletin board, newsletter and Website.	end May 14	Practice Manager
<u>Communication</u>		
1. Newsletter - Bi-monthly Newsletter to be produced and advertised on website, bulletin board, TV screen and on prescriptions.	end May 14	Dr Vicary
2. Procedural information to be advised within newsletters on a regular basis - starting	end April 14	Dr Vicary
3. Newsletter – standing items initially to include: ordering prescriptions, sick note system, DNAs, mobile numbers and texting system.	end April 14	Dr Vicary
4. Patients advised that Newsletters can be posted with Stamped addressed envelope.	end April.	Dr Vicary
5. Notice boards de-cluttered.	end April.	Office Manager
6. Blue board for patients news	end April.	Approval sought from landlord
7. Methods of contacting practice	end May 14	Practice Manager
8. Better use of TV screens -	Ongoing	Practice Manager
9. Appointment and Newsletter availability	end May 14	Dr Vicary
<u>Prescriptions</u>		
1. Prescription ordering options - patient advice advertised	by end May 14	Office Manager
<u>DNAs</u>		
2. Review of DNA letter/removal policy.	end June14	Practice Manager
3. Cancelling appointments – reminder to patients over methods of cancelling appointments	end June14	Office Manager
4. Patient contract – Review of current patient contract/information provided when new patients join	end June14	Office Manager
<u>Continuity of care</u>		
1. Suggestion box – Re-mount in suitable location	end June14	Practice Manager

Appendix E - Hours of availability

The Sandringham Practice operates all of its clinical services from the ground floor of the Sandringham Centre.

We provide General Medical Services and provide routine appointments by phone or in person from 8.00am. Acute care is provided for appropriate conditions, though we do not offer a walk in service with all clinical appointments provided on a bookable basis.

The Sandringham Practice operates between **core opening hours** of:
8.00 - 18.00

During these hours we provide GP, Nurse, Advanced Nurse Practitioners and Health Care Assistant appointments.

Extended hours of opening are available each week:

7.30-8.00 Tuesday, Wednesday and Thursday

18.30-19.15 Wednesday

During these ours we provide GP (and supplemented by Nurse and Health Care Assistants appointments subject to availability and demand).

The Practice does not close on a lunchtime or for half days other than Wednesday afternoon training days, currently 14 proposed for 2014-15 closing at noon each day.