

# South Molton Health Centre - Patient Participation (P3) Report 2013/14

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## Introduction

South Molton Health Centre is a rural practice with a patient population profile very similar to that of the NHS Devon average. We have over 5500 patients and a higher percentage of older patients than the England average.

The patient population is fairly evenly split male and female. We have a larger number of teenage boys than average due to the independent school that we cover.

There are no large minority groups. Just 73 (1.3%) of our patients are not white British and of those 73, 53 are Chinese mostly students at the local Independent School.

## 1. The South Molton Health Centre Patient Reference Group. P3

Our patients group is called the Patient Practice Partnership Group and the patients decided to call it **P3**. The practice has a good history of engagement with patients through the practice group, previously known as the critical friends group and also through the South Molton Patient Voice, then the South Molton Health Forum. The group has a core membership of 23 patients, membership has been mainly older, retired people, and an equal balance of men and women. We are pleased to have a couple of parents with young families involved and we rotate our meeting times to accommodate different needs. We have been meeting face to face quarterly, but we have an active communication with members by email inbetween meetings. Members of our group attend other patient participation events, such as NEW Devon CCG patient group, or Healthwatch events and feed back to the P3.

The group has an open and transparent culture and the Practice shares with patients the challenges they are facing as well as listening to and acting on patients concerns. Two members were able to respond at short notice to attend a Care Quality Commission inspection in January 2014 and gave feedback to the inspectors.

Six actions were agreed with the P3 in 2012/13 and the progress this year is outlined below.

- A. Holding on to the positives, Patients were very positive about our services and wanted us to keep doing what we do well!
  - We have tried to keep up the good work and have received an encouraging range of compliments during the year. We have put up a tree to show the 'Fruits of our Labours' highlighting the lovely comments we receive.
- B. Ensure more patients are aware of Surgery opening times – particularly evening surgeries.

- New signage has been installed at the front of the building with more detail on flexible opening times, and patient information has been updated to give clear information about evening surgeries.
- C. Address problems with phones
- Call queuing has been brought in and appears to be working, i.e. people should not have to phone back umpteen times to get through, but patients are saying it is frustrating because they do not know how long to hold on. 77% of patients are happy with being able to contact the surgery by phone, but patients are still saying in the comments that it is difficult to get through first thing.
- D. Continue to work on waiting times in the surgery
- The practice has been working on the issue of waiting times for the last two years. Waiting times vary for the individual GPs as they all work differently. This year we have done some consultation skills training in practice and come up with our own top tips for reducing waiting times. The subject has been discussed several times with the patient group and they are very supportive of what the practice has tried to do.
- E. Continue to try to smooth out problems with repeat prescribing and local pharmacies.
- The practice has continued to work with East St Surgery, NEW Devon CCG, Boots and Day Lewis to try and get beyond the recent problems with electronic prescribing. We have had a hugely frustrating time and patients have been understandably fed up.

## 2. Agree new areas of Priority with P3 and prepare local survey

At the P3 meeting in September 2013 it was decided that the priorities for the patient survey would be similar to previous years to allow comparison with previous years plus the addition of two new priorities.

### Ongoing priority areas

- Length of time waiting in the surgery
- Opportunity of speaking to a clinician on the telephone when necessary
- Ease of contacting the practice on the telephone
- Chances of seeing a doctor within 24 hours with an urgent problem
- Ensuring patients have opportunities to be involved in decisions about their care
- Awareness of opening times, evening surgeries and minor injury services.

### New priority areas

- Efficiency of the repeat prescribing process
- 'Friends and Family test'

## 3. Collate patient views through use of a survey

In November 2013, over a two week period, all patients attending the practice were asked to complete a questionnaire and the same survey was available online. A link was emailed out to the patient group and made available on the website. They were asked to rate the following from poor to excellent:-

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**Length of time waiting in the practice**

**Chances of consulting with a clinician of your choice**

**Opportunity of speaking to a clinician on the telephone when necessary**

**Ease of contacting the practice on the telephone**

**Chances of seeing a doctor within 24 hours with an urgent problem**

**Opportunity to be involved in decisions about my care**

**Efficiency of the repeat prescribing process**

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They were also asked how aware they were of opening times, evening surgeries and minor injury services and whether they would recommend South Molton Health Centre to their friends and family.

There was also a section for free text comments and suggestions. As always, the survey provided some useful information which we discussed with the P3. The final report is published on the website, and hard copies available on request at the practice or from any P3 members.

#### **4. Provide P3 with opportunity to discuss survey findings and reach agreement with P3 on new priorities and changes to services**

The survey findings were circulated by email and discussed at P3 in March 2013. Also discussed was a report from the Primary Care Foundation (PCF) on how accessible we are for patients who need urgent appointments, the phone system and appointment availability. We undertook the PCF survey and data collection in January 2014. The discussions enabled us to agree priorities for 2014/15.

#### **5. Agree action plan with P3, setting out priorities and proposals and seek agreement to implementing changes**

The agenda for the P3 meetings has grown since the groups inception, leaving less time to discuss items. The group asked if we could meet more frequently and it has been agreed that we will try meeting every other month. The admin associated with the group has also grown enormously and patients agreed to trial making the notes of the meetings themselves. Patients preferred the Practice manager to continue as Chair as they felt this was an efficient way of working.

The priorities and action plan emerged through the CQC inspection report and action plan, Patient Survey, the Primary Care Foundation survey and in discussion with P3.

## 1 Telephone System

PCF data suggests we may not have enough people purely dedicated to answering the phone. The practice will review the phone system and try to find out how long people are waiting to get through. The practice will review the numbers of lines in, the queuing system and whether introduction of a touchscreen for arrivals would help free up staff to answer the phone. Patients have mixed views on the introduction of a touchscreen, so P3 will be involved in any decisions on this.

## 2 Appointments

The data suggests we may not have enough prebookable slots available for patients to book with their usual doctor. This might mean that patients are booking emergency appointments for routine matters because they think they can't get an appointment any other way. The practice will review the way appointments are distributed, the emergency doctor rota, consultation rates and continue to discuss with P3 ways of improving access. The data has shown that we have a good number of appointment slots but we have a high consultation rate (i.e. the average number of teams each patient is seen per year). Some of those consultations could be for unnecessary follow up, or for advice and treatment that could have been obtained elsewhere, i.e. a pharmacy. The practice will work on reducing consultation rates over the coming year.

## 3 Waiting Times

The practice has been working on the issue of waiting times for the last two years. No matter how good the time management is however, an emergency can create additional problems. Our data shows there is often a problem for those patients seeing the emergency doctor as the appointments are unpredictable and anything can happen. Patients sometimes insist on same day appointments for non-emergency situations and then get cross about having to wait. We have tried to inform people when they arrive if there is likely to be a wait. We also inform the waiting room if something crops up and a GP is delayed. The subject has been discussed several times with the patient group and they are very supportive of what the practice has tried to do.

In future, we will inform every patient booking an appointment with the emergency doctor that 'This is an emergency appointment. The appointment time is only a rough guide and there may be a long wait depending on what other emergencies arise'. We will also put a poster up giving the same message. The question will remain on our patient survey for next year and we hope to see an improvement in patients perception.

## **6. Publicise actions taken and subsequent achievement.**

The practice will publish this report on its website and hard copies will be freely available to patients visiting the practice. Updates will be made through the P3, and their notes are also published on the website.

Melanie Cullen, Practice Manager      26 March 2013