

The GP Direct Patient Participation Report

◆ 2013-14 ◆

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Foreword

The Practice has been actively involved in patient engagement in a formal manner since creating a Patient Reference Group in 2008. The Group has acted as a conduit between the Practice and its patients, creating an atmosphere whereby information is shared openly between the Practice and the Group thereby assisting the Practice in making effective decisions which are underpinned by the views of patients.

In 2011 the Practice set about making our Patient Reference Group (PRG) more representative of our Practice population. We paid attention to age, gender, ethnicity, special needs, those who care for others and inclusion of those with differing working patterns. The Group has continued to develop both in terms of membership but also confidence in being at the heart of consultation and decision making. The Group has grown in stature and is integral in helping the Practice shape its plans and communicating those plans to the wider Practice population.

The group has now entered its third year of developing an annual patient survey and in the subsequent development of an improvement plan based on the survey findings.

However the Practice has been fully aware of the need to make the group more inclusive of the population that it serves. We set out a clear plan to increase participation across our diverse patient base in 2011 and have built on that year after year.

Creating a more representative Patient Reference Group (PRG)

In an effort to make the PRG as representative as possible of our patient population we analysed the general trends of our patient base. At the time of publishing this report we have a population of approximately 16,000 patients, almost split equally in terms of females to males, the former being only marginally larger. The age distribution of our population is certainly heavier in the under 40's who make up around 60% of the total list size. The largest 10 year age banding are those in their 30's. The Practice population is very ethnically diverse with the largest groupings being White British, Indian or Indian British, Pakistani or British Pakistani, Black British, Somali, Tamil and Afghan, there is an increasing large Eastern European population (mainly Polish). The Practice also has very sizeable diabetic and asthmatic populations, each disease area accounts for over 1,000 patients, the prevalence for each disease register is higher than the local and national average, in the case of asthma it is around 1% higher than the local prevalence and 0.5 higher than the national prevalence, in terms of diabetes it is around a third of percent higher than the local average and almost a whole 2% higher than the national prevalence.

In the spring of 2013 the PRG had a good representation from the following ethnic categories; White British, Indian or Indian British, Black British and Pakistani or Pakistani British and Somali however we have no representation from Afghan or Tamil groups which are the next two largest ethnic groupings within the Practice. However with respect to the Tamil group we have a couple of representatives on the Virtual Patient Reference Group (vPRG).

We have been successful in engaging with patients with a variety of mental health needs, those with co-morbidities and disabilities in both the PRG and vPRG. The Practice for example has a very large diabetic and asthmatic population (over 1,000 patients in each disease registers) which are well represented in the PRG and vPRG.

We opted to create a vPRG in 2011 to ensure that we were able to seek the views of a wider mix of our patient base. We have been extremely successful in this regard and have a virtual group of around 40 members.

We were able to make the both the PRG and vPRG more representative of our population by undertaking the following steps:

- We maintained a section about the PRG on the notice board of the Practice's website: <http://www.gpdirect.co.uk/notice-board>
- We continued to ask clinicians to specifically target patients from different ethnic backgrounds including the ethnic groups who were less represented such as those from an Afghan or Eastern European (especially Polish) background as well as patients with learning disabilities and those who are carers
- The slide about the PRG was added to our TV information screens at Welbeck Road, Eastcote Lane and Butler Avenue (as below) and has remained on throughout the year

Would you like to help shape services at GP Direct?

We are looking for enthusiastic patients to join our Patient Reference Group. We need a mix of patients representing a cross section of our patient base. If you're interested request to speak to Omer Hussein.

Alternatively if you would like to be involved in giving feedback by email only please fill in the Virtual Patient Reference Group form which you can collect from reception.



We continued with all the aforementioned steps to ensure that membership of the groups remained representative and to ensure the opportunity to join remained open to all.

We received two new applications to join the PRG, firstly from a patient who has a strong track record of patient involvement. He was actively involved in the Harrow Link prior to its formation as HealthWatch Harrow. The second candidate who contacted us later in the year was a female patient from an Asian background which was certainly a grouping that could be better represented. We felt both candidates would be valuable members of the Group and therefore both were accepted onto the PRG.

The notice on our website and the Practice information screens are still on display in order that we can keep membership of the groups open to prospective members.

The PRG comprises of eleven members, six female and five male. They come from a variety of ethnic backgrounds which cover White British, Indian British, Pakistani British, Black British, Indo-Caribbean and Somali. Their ages range from late 30's to late 70's. They have a variety of health needs, and bring a range of skills to the Group, which include involvement in the public and voluntary sectors. There is a mixture of those who are in work, not currently seeking work and those who are retired.

As with last year we did not receive much interest from younger, more occasional users of the Surgery to get involved in the PRG. Therefore we decided to maintain the Virtual Patient Reference Group (vPRG) which would continue to work in conjunction with the PRG. We

continued to use email as the medium by which to engage with this category of patient. The vPRG continued to be advertised to all our patients and we decided not to place a restriction on the number of members as we were not faced with a logistical difficulty in managing the virtual group compared to the PRG due to the fact email was essentially the mode of contact.

The vPRG's membership is very broad. The patients' ages range from their mid 20's to their mid 80's with an average mean age of 46. The gender profile is split around 60% female to 40% male. The ethnic backgrounds are very mixed, with representation from the African, Arab, Bangladeshi, Caribbean, Indian or British Indian, Farsi, White British, Other White Background, Tamil, Other Asian and Mixed backgrounds.

As for the working patterns of the PRG we have a mixture of employed (professionals and other job roles), unemployed and retired patients. There is a wide variety of social backgrounds and medical needs. For example we have a mixture of patients who are parents to those who are not, those who use the service frequently to those who are infrequent users.

Using the PRG to help us shape our services and communicate with our patients

The PRG and vPRG have both had a significant involvement in how we make changes to our services and the way in which those changes are communicated to the wider patient population.

They have been involved in a variety of decisions over the past few years which include the comfort of the waiting area, prescribing changes, appointment access, referrals, medication requests, and patients' suggestions among many other issues. They provide an invaluable insight into how the Practice's decisions may impact on them and their fellow patients and therefore guide us in making informed decisions which have patients at the very core.

Agreeing priorities for the local Practice Survey

As in previous year's we invited the PRG and vPRG to discuss the priorities they feel should be addressed in the local survey. We used last year's 12-13 patient survey, PRG identified priorities and practice priorities as the main basis for discussion and made a number of changes to the previous survey in line with feedback received from both reference groups.

The PRG and vPRG agreed that the questions in the last survey were all still relevant and covered a wide range of areas which impact on the patient journey. There was a suggestion by one of the group members to add a not applicable option with respect to the question about repeat prescriptions as many patients are not on repeat medication so are unable to comment. There was agreement that it would be useful to add this option.

The PRG and Practice proposed to add the following questions to the 2013-14 Survey:

- A question about missed appointments (a problem experienced by many practices and an area which the PRG and Practice agreed could be helpful in providing an insight into why it occurs and how it can be reduced)
- A question about cancelling appointments (linked to missed appointments this could build on ways of reducing this problem and improving the Practice systems)
- A question about which of our three branch surgeries patients consider as their main surgery (allowing us to understand our patients preferences in terms of site)

The questions related to access of appointments, comfort and cleanliness and accessibility into and around the building were deemed as very important especially in light of CQC (Care Quality Commission) requirements, therefore they all continued to feature in this year's survey.

It was also agreed to send housebound patients an appropriately worded survey that they can complete and send back in a pre-paid envelope to ensure we are able to gather the views of this small but more vulnerable grouping.

The Practice also engaged with the Harrow Association of Disabled people (HAD) and Harrow Mencap which supports people with learning disabilities and their families in order to better reach out to these specific care groups. They kindly agreed to assist any of our patients who would require support in completing the survey if we signposted patients or their carers to them. We had hoped they would be able to carryout our survey amongst their clients who were also our patients, unfortunately this was not possible.

As with last year in order to ensure the Survey was open to as many patients as possible we included a cover sheet listing the option to request the Survey in Arabic, Gujarati, Hindi, Tamil, Urdu, Farsi, Somali, Pashtu and Polish. These represent nine of the most commonly spoken languages by our Practice population after English. We also included an option to request the survey in any other language if any patient so wished.

We also asked Antonetta Fernandes, HealthWatch Harrow's Information and Communication Officer to review our Survey. Overall she stated that the Survey was well written and covers the key requirements. Antonetta did provide us with a suggested question to gauge more of an insight about patients seeing their preferred doctor(s). This was also area where the Practice scored below average in the national IPSOS MORI survey in the past year therefore the suggested expansion of finding out if patients were happy to wait would allow us to better understand the importance of continuity of care versus the time of waiting to be seen by their preferred doctor(s).

We were later asked by HealthWatch Harrow whether they could use our Survey to gauge patient views when conducting their own events. We happily agreed for them to do so.

Publishing a local Practice Survey

The final copy of the survey was published both in print and electronic form to increase the circulation of the Survey. The Survey was available to pick from the reception desks of all of our sites from late November to late December 2013. We used the internet marketing company *Survey Monkey* to develop and distribute the Survey online.

The PRG was satisfied with the way in which the survey was published, namely the availability to collect it from all our sites for almost a month, emailed to all our patients with a registered email address and the posting of the survey to housebound patients.

A summary of The Local Survey results

Summary of responses

The number of completed responses and their breakdown was discussed with the PRG, the large number of responses was seen as very positive and would add weight to the survey findings. The question of the large number of email responses was a point of discussion.

We received 439 responses in total. This represented an increase of around an additional 50 responses from last year. The results of both the online and paper responses were

amalgamated to produce the final survey results. We received two completed surveys from our housebound list despite sending the survey to around a dozen patients.

The respondents were made up from a variety of ethnic backgrounds covering White British, Indian or Indian British, Black or Black British, Sri Lankan or British Sri Lankan, African, Arab or British Arab, White Irish, Pakistani or British Pakistani, Bangladeshi or British Bangladeshi, Chinese or British Chinese, other Asian, White European and other ethnic groupings. There was roughly a 53/47 split of female to male respondents. The ages of respondents ranged from 16 or under to 89.

We have all the survey responses available at the Surgery in the eventuality that the PRG would like to scrutinise these.

A presentation of the Survey results was prepared along with graphical charts, which was presented and discussed at the PRG meeting which was held on 29th January 2014.

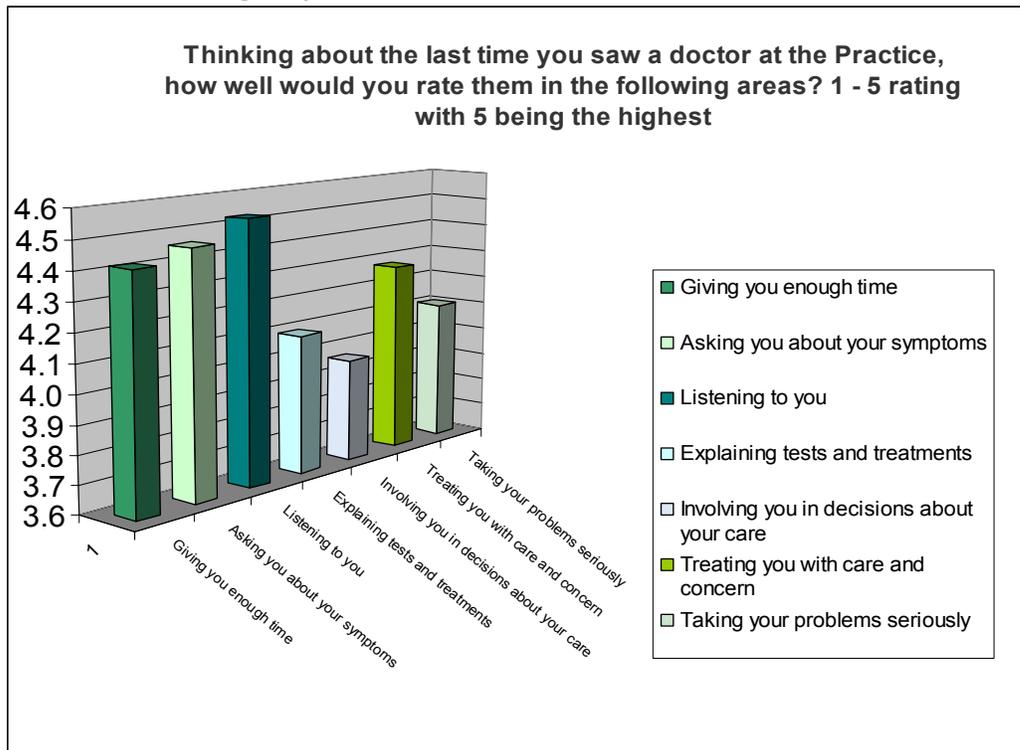
About the doctor

This area continued to attract very positive responses to the seven questions about the doctor. 85% of respondents graded the doctor as good or very good as an average across all the questions. This was marginally down on last year.

The highest score was with respect to the doctor 'listening to you' with 91% rating the doctor as good or very good. Involving you in decisions about your care scored the lowest at 79%.

The average rating was 4.3 across the seven areas (the rating scale is 1 to 5, 5 being the highest and representing a rating of very good).

Approximately 80% of respondents stated they highly or completely trust the doctor, with less than 4% stating they did not trust the doctor much.

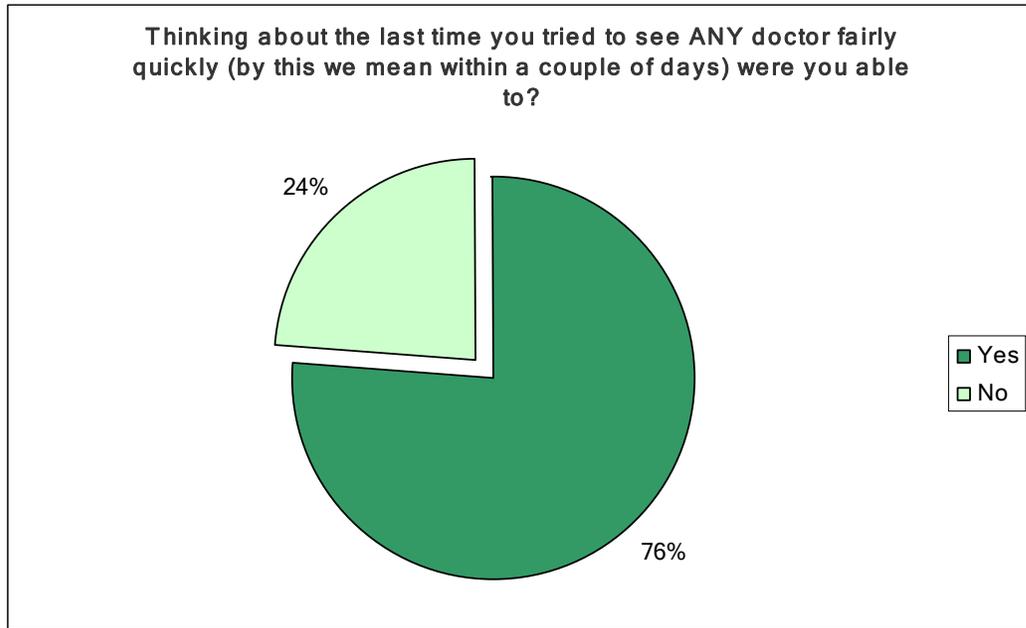


Getting an appointment

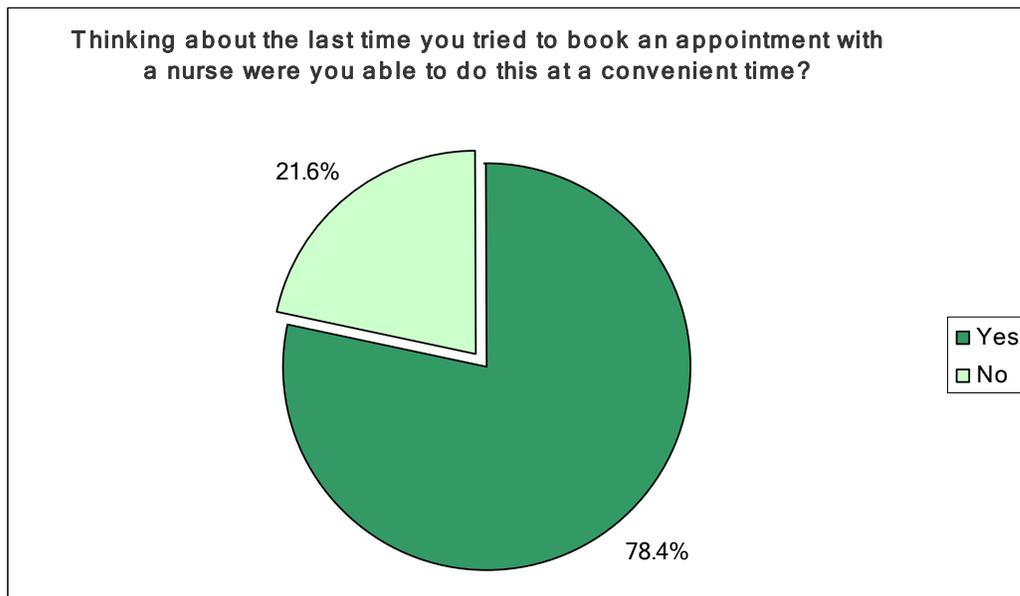
Around 64% of respondents have a preferred doctor, of whom 59% said they were able to see them always, almost always or a lot of the time which is up by 3% from last year, while around 37% said they were able to see them some of the time. Approximately 4% of respondents stated they were never or almost never able to see their preferred doctor.

In a new question added to the 2013-14 patient survey approximately half of respondents stated that they did not mind waiting for their preferred doctor(s).

More than three quarters of patients said they were able to see a doctor fairly quickly; this is down slightly from last year. A little fewer than 75% of respondents stated they were able to book in advance which is down by around a percentage point from last year.

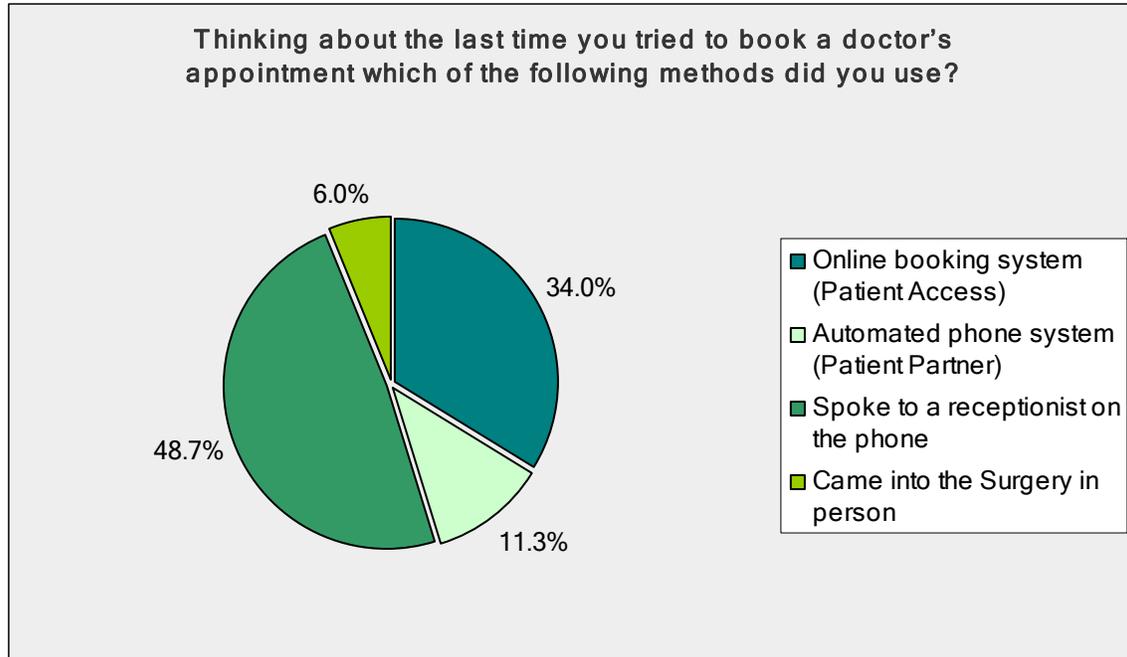


Just over 78% of respondents felt they were able to see a nurse at a convenient time, down by around 3% from last year.



Method of booking an appointment

Over 45% of patients said they booked their appointments online or via the automated telephone booking system, up by more than 5% from last year. The majority, 48.7%, still spoke to a receptionist over the phone, which is indicative of a shift in patients using the online or automated telephone service.



Overall appointment system satisfaction is high with more than 80% of patients stating they were satisfied or very satisfied, less than 7% stated they were dissatisfied.

Missed and cancelled appointments

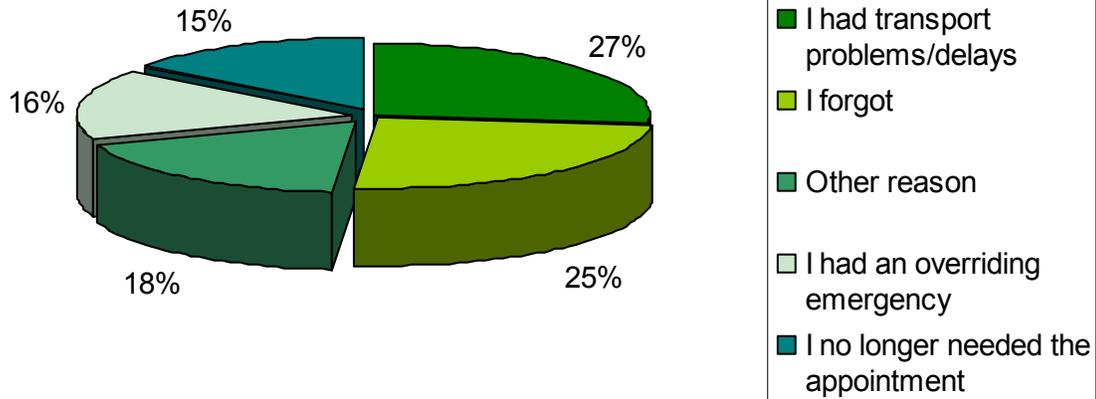
We added two new questions to the patient survey about missed appointments and how patients go about cancelling their booked appointments as the PRG felt this would provide us with a useful insight into why patients miss appointments and how this can be reduced in the future.

When asked if the respondents had missed an appointment in the past year 101 stated yes and the reasons they gave varied. We had four main options to choose from and an option to put in another reason. In order of the most common reasons they were:

Answer Options	Response Percent
I had transport problems/delays	27%
I forgot	25%
Other reason	18%
I had an overriding emergency	16%
I no longer needed the appointment	15%

The other reason category contained a wide variety of reasons which included going to the wrong site, oversleeping or turning up on the wrong day.

If you have missed a booked appointment at the Surgery in the past year, what was the reason for this?

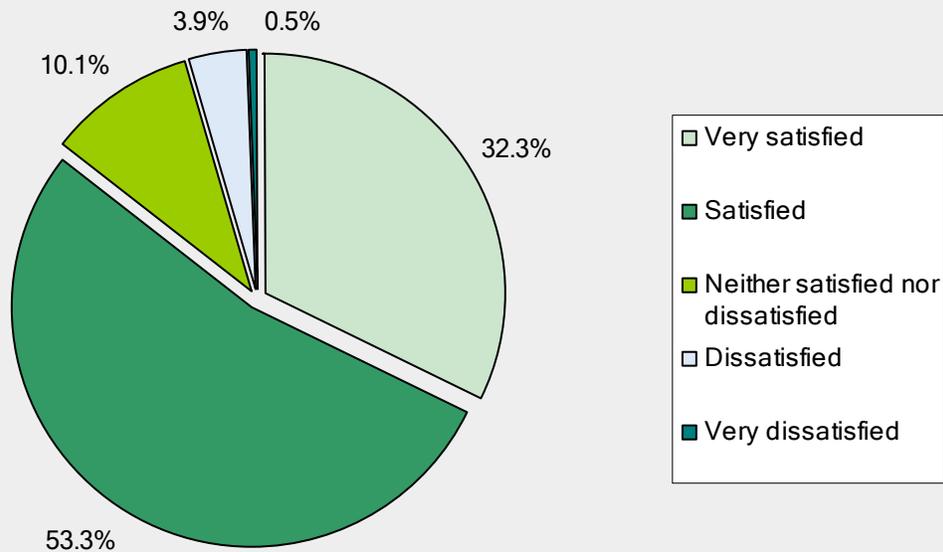


With respect to cancelling an appointment, approximately two thirds of patients had tried to do so in the past. The most common method was to speak to a receptionist, which accounted for over 50%. The next most common method was tied between Patient Access (the online system) and Patient Partner (automated telephone system) which accounted for just over 19% each, both services are available 24 hours a day seven days week. The remaining respondents stated that they had cancelled via the cancellation line or by coming into the Practice, this accounted for around 10% between the two.

Opening times

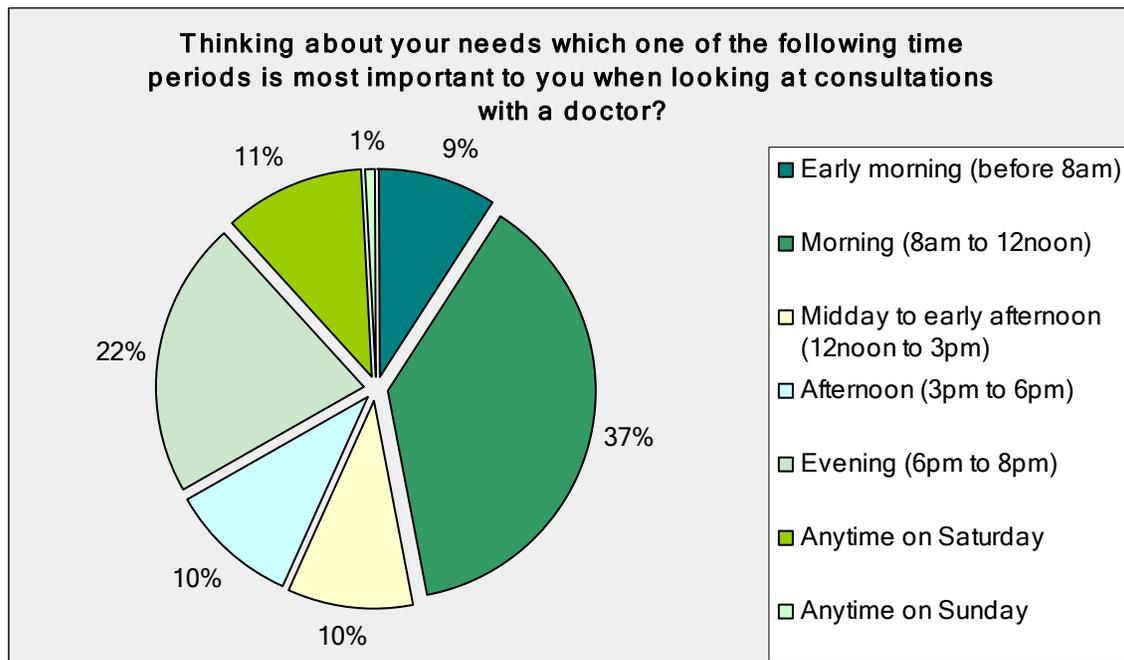
Approximately 86% of respondents said they were satisfied or very satisfied with the opening times of the Practice which is only marginally down from last year by one percentage point. Less than 5% of patients stated they were dissatisfied.

Thinking about the opening times of the Practice as a whole would you say you are?



Preferred consulting times with a doctor

The responses to preferred consulting times with a doctor remained very similar to last year with no more than a 1-3% change in preference. 8am to 12noon still attracted the lion's share of preference with approximately 37% stating this as their preferred time period, like last year this was followed with evening appointments from 6pm to 8pm next highest at around 22%. The remaining 40% was split almost equally between early morning before 8am, midday to early afternoon (12noon to 3pm), early morning (before 8am) and anytime on Saturday, however the latter two options were slightly more in demand.



About the receptionists

In respect of receptionists being helpful and friendly 80% of patients stated they were very good or good. 78% responded that the receptionists were good or very good in taking their request seriously. The lowest area as was last year was still in relation to offering alternatives with around 71% of respondents saying this was good or very good.

Repeat prescriptions

The PRG made a very valid suggestion with respect to the question about repeat prescriptions which was used in last year's patient survey. Due to the high number of patient's who responded that their prescriptions were neither efficiently or inefficiently processed it occurred to the PRG that a large number of these patients probably had never been on a repeat medicine. Therefore the new question also included a not applicable option.

The number of patient's who now stated they felt their repeat prescriptions were dealt with efficiently or very efficiently increased by around 8% to just over 83% of respondents. Overall satisfaction with the processing of repeat prescriptions was around 84% which again is up by around 8% from last year.

About your main Surgery

In this year's survey we asked patients which of our three surgeries they considered their main surgery. Approximately 80% of patients considered Welbeck Road their main surgery which is by far our largest site with 10 consulting rooms. The remaining 20% or so of respondents stated that Eastcote Lane or Butler Avenue was their main surgery; the former had a larger proportion of this total amount.

Cleanliness and comfort of the Surgery

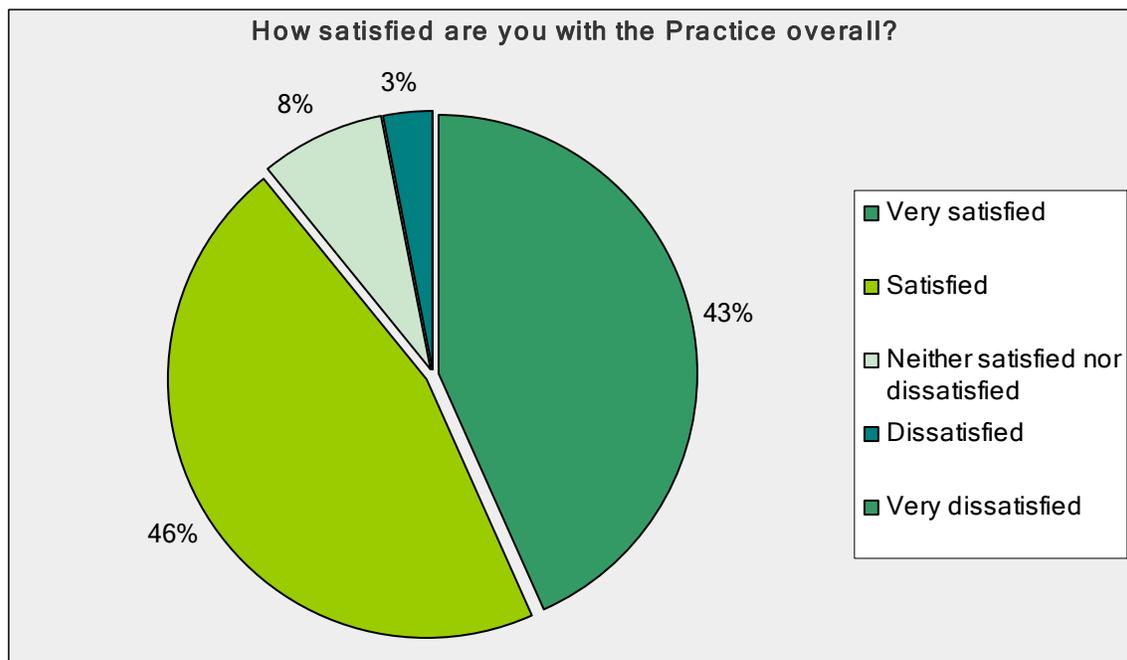
Overall 86% of respondents graded the cleanliness and comfort of the all three of GP Direct's sites as good or very good. Less than 3% felt it was poor or very poor.

Accessibility in and around the building

Over 92% of respondents said this was good or very good at all the sites with only two respondents stating that this was poor or very poor.

Overall satisfaction

On the key question of overall satisfaction the Practice faired very well with a little fewer than 90% stating that they were satisfied or very satisfied with the Practice. No one was very dissatisfied out of all the respondents and only around 3% stated they were dissatisfied.



Feedback from housebound patients

The two housebound patients who completed the patient survey rated the doctors or good or very good across a variety of areas which included giving you enough time, explaining tests and treatments and asking about your symptoms. The patients stated that they trusted the doctor.

The respondents both had a preferred doctor(s) and they stated they could see them a lot of the time or some of the time. They both were happy to wait for their preferred doctor.

There was a split between the two respondents when asked if they could book a home visit to be seen fairly quickly and a split when asked if they could book a home visit in advance. They were both satisfied with the appointment system overall and the opening times of the Practice.

The average rating about the receptionists was good across the different areas.

The housebound patients were both satisfied with the repeat prescribing process and rated it as efficient or very efficient.

They were both satisfied with the Practice overall.

Feedback from other sources

National survey results (IPSOS MORI)

The results below are snippets from the national survey results which were published at the end of 2013 covering surveys completed from January to September 2013

- Ease of getting through on the phone – 86% said it was easy – 7th highest in Harrow – well above the national average
- Helpfulness of receptionists – 94% said they were helpful – 2nd highest in Harrow – above the national average
- 12% of patients book appointments online – that is joint 5th with a number of Harrow practices – 3 times the national average
- 50% of patients said they were able to see their preferred doctor always, almost always or a lot of the time, we are pretty much in the middle range of practices in Harrow, lower than the national average though. This is a 20% improvement from the 2012-13 survey results.
- Ability to see or speak to someone (doctor or nurses) – 85% said they were able to – that's in the top third of Practices
- Convenience of appointment – 85% said the appointment was convenient – this is in around the third quarter range of Practices in Harrow
- Overall experience of making an appointment – 78% said it was good or very good – that is in the top 10 of practices in Harrow and above the national average
- Impression of waiting time at the Surgery – 53% said they did not feel they had to wait too long – this is in the top 10 practices in Harrow however a little below the national average
- Satisfaction with opening hours was rated as good or very good by 84% of respondents, that's above the national average and joint 3rd highest in Harrow
- Overall experience of GP Surgery was rated as very or fairly good by 87% of patients, that's marginally above the national average and in the top quarter of Harrow practices
- Asked whether our patients would recommend the Practice, 80% said they would, this is the top five of Harrow practices and again marginally above the national average

Feedback from HealthWatch Harrow

Antonetta Fernandes, Information and Communication Officer for HealthWatch Harrow spent half a day at the Practice in early December 2013 to help spread awareness about her organisation. She gave some very good feedback about the Practice and also managed to engage with around 30 patients or so.

The action plan from last year's Survey and the steps taken to make improvements (the text in green outlines the update from last year)

- **Area for improvement:** Explaining tests and treatments and involving you in your care were two areas which drew less positive results with respondents when asked about the doctor. The Practice proposed two action points with the PRG. Firstly we have created a section within the medical record to allow clinicians to write up a more detailed action plan for patients with long term diseases, such as Diabetes and Heart Disease for example. Secondly we have created a prompt to remind doctors to explain tests, such as blood tests and x-rays to patients; this acts a simple trigger to remind them to explain the purpose of the tests.

Update: The feedback we received about the steps taken above has been positive. The prompt which acts as a mental trigger to ensure patients are given an insight into their proposed tests helps ensure that messages are being relayed to patients. The option to record a care plan has been very effective and has allowed in particular for chronic disease patients to receive a more clearly outlined plan of their disease management.

- **Area for improvement:** A little over half, 56% of patients said they were able to see their preferred doctor(s) always, almost always or a lot of the time. 40% said they were able to see them some of the time. The PRG discussed this issue and it was generally accepted that if you wanted to book ahead to see your doctor(s) of choice it was fairly easy to do so but if you needed to be seen more immediately you may have to see any one of our doctors. It was agreed that the Practice would continue to reinforce this message to patients to ensure they got the most out of the appointment system.

Update: The Practice has regularly used the quarterly GP Direct Journal, website, telephone message and most importantly the staff to explain the appointment system. We were glad to see that there has been a 3% increase in patients being able to book ahead with their doctor(s) of choice and a massive 20% increase in a very similar worded question in the national IPSOS MORI survey.

- **Area for improvement:** Opening hours fared well at 87% satisfaction. However the PRG questioned why some respondents felt that the opening hours were unsatisfactory. It is perceived that the main reason for this is that Butler Avenue is open less than full time (five half days) and Eastcote Lane while open for a full five days in the morning and afternoon does not have a late evening or a Saturday clinic. We will undertake two main action points regarding this issue. Firstly we will make it clear that parking options at both our branch sites are available, as it appears to be a misconception that patients are unable to park there. Secondly in next year's survey we will consider whether an additional question can be added to find out the main site that patients attend. With this information we can then re-evaluate whether opening hours should be reviewed for each site more specifically.

Update: The Practice has been actively increasing the number of services available at the branch surgeries and also is very clear in all literature, written and electronic, that patients can book appointments at any one of our sites. Therefore patients who may regularly visit Eastcote Lane for instance can also attend the late evening or Saturday clinic at Welbeck Road. We decided not to add an additional question about opening hours at specific sites, one of the main reasons is this may reinforce an idea that patients are labelled as having a specific site which is not accurate, i.e. they can attend anyone of the three sites. The Practice scored 3rd highest with respect to opening hours in the national survey results published at the end of 2013

- **Area for improvement:** Offering alternatives secured the lowest score for receptionists. The Practice will continue to make this a training and development need for the receptionists as a whole. However we will also consider collecting more specific feedback from colleagues and patients about individual receptionists to see if there is a pattern. If this is the case we can then target the training more effectively.

Update: This is an area where we have started to invest in the training of staff however in the past year we have had a number of staff changes which has resulted in the need to recruit new staff. The new staff will need time to bed in and develop and therefore we will continue with this action plan for the coming year.

- **Area for improvement:** On the whole the processing of repeat prescriptions was considered as satisfactory. However a large minority felt it was neither satisfactory nor unsatisfactory. Therefore the practice manager, prescribing lead and receptionist manager will carry out a full review of this process in order to identify areas for improvement. This will hopefully lead to greater efficiency from the Practice and a better patient experience. The PRG correctly pointed out however that as there was no option to say it was 'not applicable' some patients would have opted for neither efficient nor inefficient; therefore a 'not applicable' option should be added to the next survey.

Update: The repeat prescribing process has been radically improved following a root and branch analysis which was conducted by the prescribing lead, practice manager, receptionist manager and the prescribing advisor. A number of recommendations were put in place including a new patient leaflet to fully explain the repeat prescribing process, the implementation of a more reliable method of tracking completed prescriptions which have been collected or sent to the pharmacy and improvements in the configuration of the IT system to reduce delays in processing prescriptions. The practice survey was also amended to allow for patients to choose a not applicable option with respect to the repeat prescriptions. There has been an 8% improvement in the rating of efficiency and satisfaction of repeat prescriptions in this year's survey.

- **Area for improvement:** Cleanliness and comfort scored very highly, however a very small minority felt it was unsatisfactory. The Practice will ensure carpet and deep cleaning is undertaken when needed as it has been on a regular basis.

Update: The recommendations were approved and the Practice instructed our cleaning companies to implement appropriate deep cleaning and carpet cleaning at appropriate intervals.

- **Area for improvement:** Accessibility in and around the building was generally good with a score of around 90% satisfaction. However an area which had been observed by some staff and patients was that it was not always easy to access the main Welbeck Road site with a wheelchair or pram due to the doors needing to be opened. Therefore the Practice is investigating the possibility of installing automated doors; there are some logistical issues with this. We will however consider all options available to us.

Update: The Practice installed automated doors at Welbeck Road surgery following the above recommendations in the summer of 2013.

The key discussion points about the patient survey and the proposed action plan with the PRG & vPRG

The Practice met with the PRG on 29th January 2014 to discuss the survey results in depth and allow the PRG to comment and discuss the findings. The meeting was also used to agree action plans for improvement for the coming year. The discussions and subsequent action plans from this meeting are detailed below. The sections in black/dark grey indicate the areas of discussion; the sections in green indicate the action plan. We also sought the views of the vPRG in developing the action plan below.

- **Break down of respondents and question options:** There was a discussion about the breakdown of respondents. The Practice explained that a high proportion of those responses came via email and that there were a higher proportion of new patients with email addresses compared to existing patients which may have skewed the results slightly. It was also suggested that a "not applicable" should be added to some of the questions to ensure patients didn't feel compelled to give an answer. Some questions about the statistical validity of the survey sample size were raised. In particular what percentage of the total Practice population completed the survey and what was the breakdown between those who completed the survey online compared to those who completed a paper copy.

In response to these questions the Practice can confirm approximately 3% of the Practice population completed the survey, this presents a significantly higher proportion (around four times more) than those who completed for the national IPSOS MORI survey. From our research it also exceeds the amount that is recommended by market research agencies. There was approximately a split of five completed online surveys for every one completed in the Practice. There were over 3,000 email addresses which we sent the survey to so it is not surprising that we received such a high volume of completed responses online. However it is worth pointing out that the majority of email addresses on record, around two-thirds were of patients registered at the Practice for two years or more.

Planned action: The PRG and Practice agreed that a very important action for next year will be to ensure that the questions are phrased in a way that ensures only those with an experience of that element of the service answer the question or to put a not applicable option for every question this applies to. It appears that many respondents would not simply skip a question they had no experience of and would answer it with a mid range option such as neither satisfied nor dissatisfied. A concerted effort would also be undertaken to increase the number of email addresses collected amongst currently registered patients. This will be implemented by the Practice on an ongoing before the rollout of the next local patient survey. A method will be to include slips for patients to complete at reception and for all staff to actively record this information opportunistically.

- **Elaborating on dissatisfaction:** The PRG said that asking for a specific reason for dissatisfaction would provide a helpful insight into dissatisfaction of the small percentage of patients who stated this. The vPRG felt this would be particularly important around the question of dissatisfaction of the doctor as this was the core element of the service the Practice offers.

Planned action: The Practice agreed this is an excellent suggestion and would be added to the next survey for both the general satisfaction with the Practice question as well as an additional comment option if patients rated the doctor as

unsatisfactory to find out the reasons for their dissatisfaction. This will be implemented by the Practice before the rollout of the next local patient survey.

- **Convenience of nurse appointments:** The slight decrease in the convenience of booking nurse appointments was discussed and the PRG asked how this could be improved. The vPRG also considered a very important area and in particular to ensure the right skill mix of nurse appointments are available.

Planned action: The Practice explained that a huge investment has been made in our nursing team. The Practice had already taken on two new practice nurses at the end of 2013 and would also be taking on a nurse practitioner before April 2014. This will increase nurse appointments overall however this would in particular ensure that appointments are more readily available in the evenings as well as at our branch sites including for chronic diseases. The time taken for the nurses to be fully trained and accustomed to the way the Practice works would likely result in a noticeable change from April/May 2014. The Practice has already addressed this issue, namely the convenience of nurse appointments, and hopes that the next survey will show an improvement in patient satisfaction, therefore no further action is required at this stage. The PRG were very happy with the steps taken.

- **Availability of appointments:** The PRG asked whether the Practice had enough doctors for the increasing list size. The Practice explained that the Practice has invested in a full time salaried GP who was employed in April 2013, but that with the increase in demand a decision was taken to employ a full time Nurse Practitioner before April 2014 and she would help with four same day clinics for minor illnesses plus four extra sessions for assisting the doctors with chronic disease management every week. She brings over 20 years practice nursing experience and is also a prescriber. The Practice also utilises the expertise of a group of local doctors for locum cover when required. These doctors are all known to the Practice so offer more continuity of care than agency locums for example. In fact many of them were former GP trainees or salaried doctors at the Practice. The vPRG raised the question of continuity of care and awareness about the doctors who work at the Surgery and suggested more information about their skills and qualifications would be helpful in allowing patients to make informed decisions about who they would like to see.

Planned action: The Practice will be conducting a full review of the appointment system in April to assess where improvements can be made. This may result in a decision to invest in further clinical resources such as another nurse practitioner or salaried doctor to supplement our clinical team. This action plan will be undertaken by April 2014. In terms of better publicity about our current clinicians the Practice plans to publish a new brochure by May 2014 and also update our website with the latest information about our current clinicians.

- **Housebound patients:** The Practice explained that only two out of 13 housebound patients returned the survey in the self address envelope provided. They both scored "good" for the doctors (both had different doctors). They didn't mind waiting for their preferred doctor(s). One responded "no" to receiving a visit fairly quickly. However, doctors don't always interpret the need for a home visit in the same way. It was suggested that perhaps the patient wanted to see a particular doctor. It was agreed that this is another question where we could add "not applicable" to the question. All agreed that the low sample size was of concern.

Planned action: The plan for next year is to send out the survey to as many or all of the housebound patients, this will almost certainly increase the sample size and allow us to better assess the views of this group of patients. This will be implemented at the time of the next patient survey.

- **Telephone consultations:** The PRG members asked what proportion of appointments were telephone consultations. The Practice said that approximately 15% are and that our patients really value this service. There was some discussion as to how many of the telephone consultations lead to the patient being asked to come into the Surgery in person. The Practice explained that this was a very small amount as we do not operate a telephone triage system, but rather allow patients the choice of booking a telephone consultation for routine or ongoing issues, at times if there is no convenient face to face appointment patients may be offered a telephone consultation but only a small proportion of these end up in a face to face consultation.

Planned action: It was agreed that this was a valuable service and that no changes should be made in this regard.

- **Opening hours:** The vPRG commented that at times the door to the Surgery is only opened five minutes before 8.30am, which is not very convenient for patients especially if it is raining. Typically the Practice does open the doors a little earlier to ensure patients have time to check-in for their appointment.

Planned action: We will feedback to staff to open the door earlier in the day if there is adverse weather. This message has been communicated to the reception staff prior to the publication of this report.

- **About the receptionists:** The vPRG felt that the responses about the receptionists warranted the management to put in place additional training and to ensure all the staff were fully aware of their duties as they play a crucial role in the Practice being the first point of contact with patients.

Planned action: The Practice has experienced many challenges with staff changes over the past year and is currently hoping to recruit additional staff. A key objective will be to ensure high standards are achieved through a robust induction period and ongoing training. The Practice has been conducting regular meetings since the end of 2013 to ensure consistency amongst the reception staff. This will be an ongoing plan for the whole of 2014.

Our opening hours

The Practice is accessible via telephone from 8am to 6.30pm Monday through to Friday, except on public holidays.

Day	Details of opening hours at Welbeck Road	
	Reception	Phone (one switchboard for all sites)
Monday	08:30 to 20:00	08:00 to 18:30
Tuesday	08:30 to 18:30	08:00 to 18:30
Wednesday	08:30 to 20:00	08:00 to 18:30
Thursday	08:30 to 18:30	08:00 to 18:30
Friday	08:30 to 18:30	08:00 to 18:30
Saturday	09:00 to 12:00	CLOSED
Sunday	CLOSED	CLOSED

Day	Details of opening hours at Eastcote Lane	
	Reception	Phone (one switchboard for all sites)
	CLOSED for lunch from 13.00 to 14.00 everyday	
Monday	08:30 to 18:30	08:00 to 18:30
Tuesday	08:30 to 18:30	08:00 to 18:30
Wednesday	08:30 to 18:30	08:00 to 18:30
Thursday	08:30 to 18:30	08:00 to 18:30
Friday	08:30 to 18:30	08:00 to 18:30
Saturday	CLOSED	CLOSED
Sunday	CLOSED	CLOSED

Day	Details of opening hours at Butler Avenue	
	Reception	Phone (one switchboard for all sites)
Monday	08:30 to 13:00	08:00 to 18:30
Tuesday	14:00 to 18:30	08:00 to 18:30
Wednesday	08:30 to 13:00	08:00 to 18:30
Thursday	14:00 to 18:30	08:00 to 18:30
Friday	08:30 to 13:00	08:00 to 18:30
Saturday	CLOSED	CLOSED
Sunday	CLOSED	CLOSED

Our appointment system explained

Do I have to call on the day to be seen?

Our appointment system has been developed to ensure that there is a balance of being able to book in advance to see or speak to one of your preferred doctors, or booking at short notice for more immediate medical problems to see or speak to any one of our clinicians. The ability to book in advance for a telephone or face to face consultation works well, however it is important to bear in mind that if a medical concern arises which cannot wait until your preferred doctor(s) is available you may need to see any one of our clinicians, be they a GP or one of our highly skilled nurse practitioners.

All the doctors' regular sessions are available to book up to four weeks in advance at Welbeck Road while same day and urgent problems are available to book on the day or within a few days if you wish with a doctor or nurse practitioner. The appointments at the branch sites, namely Eastcote Lane and Butler Avenue are partly available to book in advance while some capacity is left for same day access.

How can I book a doctor's appointment or blood test?

You can book, cancel or change a doctor's appointment or blood test in any of the following four ways:

- **Automated Telephone booking system** – you can call our main Surgery number on 020 8515 9300 and press option 1 almost 24 hours a day seven days a week (except during system maintenance which may take place from time to time). This option allows you to bypass the inevitable morning rush by simply calling anytime after 5am for appointments on the day.
- **Use your EMIS Access (now known as Patient Access) account to manage your appointments online** - you can request an account online via <https://patient.emisaccess.co.uk> or at reception (we will need to see proof of photo ID in the form of a passport or driving licence if you come in person).
- **Call the Surgery and speak** to one of our helpful and friendly receptionists, between 8am and 6.30pm Monday to Friday.
- **Come to any of our three sites** when they are open, and our receptionists will be able to help.

The online and automated methods introduced for making appointments have led to a significant improvement in phone access. On average, calls are answered by a receptionist in less than two minutes.

How do I cancel my appointment?

- You can cancel your appointment by calling the Surgery and speaking to a receptionist.
- Using the automated appointment management system, by calling the main number and pressing option 1.
- Using EMIS Access (now known as Patient Access) to do this online
- Or by leaving a message on the cancellation line, which is 020 8515 9328.

The last three options can be used even when we are closed.

Please ensure you cancel an unwanted appointment as soon as possible. This will ensure that the appointment can be offered to another patient. We ask that you give a minimum of an hour's notice to cancel an appointment so it can be offered to someone else. Missed appointments are a huge drain on the NHS and the Practice's resources please do not miss booked appointments; always cancel your appointment so someone else can make use of it. The overwhelming majority of patients keep their appointments or cancel them if they can no longer make them.

How can I book an appointment with a Nurse?

Our nurses undertake different roles within the Practice, so it is important our receptionists know what the reason for the appointment is before booking you an appointment. For example, some nurses undertake diabetes management while others don't, so we need to know what the reason for the appointment is so we can book you in with the right person and for the right amount of time. You can do this by calling or visiting us at one of our reception sites and speaking to a receptionist. We also offer some appointments with the nurse in the evenings.

Baby clinic appointments

We have a weekly baby clinic session which at the time of publishing this report takes place every Wednesday morning at 3 Welbeck Road. This baby clinic is primarily for new mothers and their newly born baby to have a postnatal check and an eight week check respectively. This session is by appointment only, so please call or come into one of our surgeries to book this important check. Your new born baby will also be offered their first set of immunisations at the same time.

If you would like to see a health visitor about any matter you can visit them at anyone of their drop-in centres across Harrow. You can check an up to date list of their dates, times and locations on our website by going to the following page:
<http://www.gpdirect.co.uk/childrens-services-immunisations-and-checks>

Alternatively you can collect an up to date list from our reception sites.

Antenatal appointments

We are fortunate to have the support of midwife Penny who carries out an antenatal clinic at 3 Welbeck Road most Wednesday afternoons. The midwife team also offer appointments at community locations across Harrow if you have been referred to Northwick Park Hospital. However you can also book antenatal appointments with any of our doctors during their regular sessions.

Can I see a doctor during the evening or weekend?

You can see our doctors during the extended opening hours, which take place on Monday and Wednesday evenings from 6.30pm to 8pm, and on Saturday morning from 9am to 12noon. The doctors cover these sessions in rotation. Simply call the Surgery, or use the online booking service to book the next available appointment during the extended hours.

Outside normal opening hours who should I contact?

At the time of publishing this report in March 2014 the number you should call when the Surgery is closed is the *NHS111 service* on 111. It is free to call from landlines and mobiles. If, for any reason, you are unable to access the *NHS111 service* by dialling 1, 1, 1, instead please call 020 3402 1111. Calls to this number are charged at your networks standard rates. The *NHS111 service* can offer telephone advice, advise you to attend a health centre, arrange a home visit or even escalate the problem to a 999 call if they feel that is necessary.

In addition to the NHS111 service you can also attend the Urgent Care Centre based by the A&E department at Northwick Hospital, Watford Rd, Harrow, Middlesex HA1 3UJ which is open 24 hours a day 7 days a week. Alexandra Avenue Clinic (275 Alexandra Avenue Harrow, HA2 9DX) also runs a GP led walk-in centre on weekends and bank holidays from 8am to 3.30pm. The Pinn Medical Centre located at 37 Love Lane, Pinner, Middlesex HA5 3EE is open from 8am to 7.30pm as a GP led walk-in centre 7 days a week. Patients should use the 999 service and A&E for genuine emergencies only.

Please **always** check the correct number to call when the Surgery is closed by dialling our main number, 020 8515 9300, when we are closed and it will play the number on a recorded message. You can also check our website for up to date information on www.gpdirect.co.uk

Correspondence address

3-7 Welbeck Road, Harrow, Middlesex, HA2 0RQ
Tel: 020 8515 9300
Fax: 020 8515 9310
Web: www.gpdirect.co.uk
Email: info@gpdirect.co.uk

Also at

32a Eastcote Lane, South Harrow, Middlesex, HA2 8BS

43 Butler Avenue, West Harrow, Middlesex, HA1 4EJ