

Patient Participation Report Year Two

The survey results are available to the right under the heading "Survey Results"

Practice Population Profile

MALE	3698	49%
FEMALE	3855	51%
>65	1818	24%
WORKING AGE	3760	50%
16-25	583	8%
<16	1392	18%
TOTAL	7553	

Ethnicity

We have a predominantly white British practice population. Of our 7553 patients just 318 patients have an ethnicity which is stated to be other than white British. This equates to 4.2% of our practice population.

Profile of the PPG

a) The in-person group (*the PPG*)

MALE	6	37.5%
FEMALE	10	62.5%
>65	9	56%
WORKING AGE	6	38%
16-25	1	6%
<16	0	0%
TOTAL	16	

b) The virtual group (*the vPPG*)

MALE	32	40%
FEMALE	49	60%
>65	21	26%
WORKING AGE	55	68%
16-25	2	2%
<16	3	4%
TOTAL	81	

Ethnicity recorded as other than white British (with both groups combined): 5 (4.6% of the PPG).

Compared to the data from last year the size of our in-person PPG has remained the same but the virtual PPG has decreased slightly in size. As we were re-launching the PPG last year as well as establishing the vPPG we believe that there was more interest and enthusiasm to get involved at that stage. This may have diminished slightly in the past year however we continue to promote the groups to patients and accept new members.

In last year's report we found that men, young people and ethnic minorities were under-represented in our patient participation groups.

We have found it very difficult to recruit young patients to the PPGs. Many of the younger patients do not have their own email address and some parents do not feel that it is appropriate for their children to be involved by themselves. As a compromise we have a number of parents who are members of one of the PPGs who will discuss the issues raised with their children and present their opinions. The demographic of the children involved with parental support is as follows.

MALE	7
FEMALE	3
17-25	3
<16	7
TOTAL	10

This method has been a successful way of engaging with our younger patients and is something we will be continuing to promote. The children who have reached 16 will be contacted in due course to invite them to join the PPG in their own right.

We have continued to try to attract more men and ethnic minorities by asking the doctors to extend personal invitations to under-represented groups in our patient population. Last year we were unable to recruit any ethnic minorities to the groups. We are delighted that our efforts have succeeded and that our PPGs are now representative of the ethnic minority population of the practice.

We have seen a slight increase in the number of men joining the groups however we have not been able to recruit enough men or younger patients to make the PPGs completely representative of our practice population. We believe that we can only invite patients to join the groups, we do not want to make people feel pressured into doing so.

Sign up sheets for the PPG and posters advertising the groups are displayed in the waiting room and doctors continue to promote the groups to patients. There is also information about the group easily accessible on the website. Patients who are interested in the groups can join merely by expressing their interest and providing contact details, they do not have to come into the surgery or use the sign up form if this is not convenient, although we do ask that they complete the form in due course.

We will continue to make the group accessible to all groups and will attempt to engage with more men and younger patients in the coming year.

REVIEW OF ACTION PLAN FOR PPG DES YEAR ONE

IDENTIFIED ISSUE	PROPOSED ACTION	LEAD	TIME SCALE	PROGRESS	REVIEW JANUARY 2013
Surgeries running late	<ol style="list-style-type: none"> 1. Incorporate "catch up" time into the surgeries 2. Have some longer-length appointments 3. Ensure on-call doctor is not in surgery to avoid long waits in surgery if an emergency call comes in 	Doctors	End of March 2012	<ol style="list-style-type: none"> 1. Two doctors are already trialling this 2. All doctors are already doing this 3. Wherever possible, this policy has been introduced 	<ol style="list-style-type: none"> 1. This has proven to be successful with the doctors who trialled it. It is now being used by the majority of doctors. 2. All doctors continue to have and to use longer length appointments for patients with more than one issue to discuss or who wish to have additional time for their appointment. This will continue. 3. This policy is routinely in place wherever the timings of surgeries allow.
Information on wait times communicated to patients	<ol style="list-style-type: none"> 1. Use automatic check-in machine to inform of waits 2. Use Envisage board and Jayex board to 	Recept. Supervisors	End of March 2012	<ol style="list-style-type: none"> 1. On examination, it is not possible to use the automatic check-in to inform of wait times 2. We are beginning to use the Envisage board ticker message to update patients if there is a long wait 	<ol style="list-style-type: none"> 1. There has been no alteration to the automatic check-in system to allow for waiting times to be communicated in this way. There are no plans to change this system. 2. The Envisage board ticker message is now used

	inform of waits 3. Implement a protocol to ensure receptionists update patients regularly as to the wait time			3. Receptionists currently warn patients if there is a very long wait. A formal policy will provide for regular updates on all doctors	routinely to update patients if a doctor is running late. 3. A policy is in place to ensure that the receptionists update the message on the ticker if any doctor is running more than 20 minutes late.
Information about other services available to patients	1. Newsletter available in hard copy and on the website 2. Better use of the website 3. Use of the website to book/change appointments, order prescriptions etc	Admin	1. End of March 2012 2. Ongoing 3. Summer 2012	1. We are planning to create a newsletter detailing the types of services available and how patients might access them, along with general information about how the surgery operates 2. We are planning to make better use of the website to give patients information. We are also now advertising the website on prescriptions and giving verbal information. The newsletter will also contain information about the website. 3. We are currently exploring the possibility of using EMIS Access to improve the functionality of the website	1. A newsletter was created detailing the types of services available to patients. This was added to our website and distributed in the surgery. The information has also been turned into a leaflet which is permanently available in the waiting room. 2. The website continues to be advertised to patients and updated regularly. 3. The practice has been performing trials of EMIS Access. These have been very successful with a small group of patients. The service will be advertised in the surgery and offered to all patients shortly.

We are very pleased with the positive feedback we have received for the changes we have made. These developments were discussed with the PPG at the meeting on 4th February 2013 to update them on the current progress. They commented that they are happy with the changes. Inevitably the doctors do sometimes run late however our receptionist have commented that they tend to get fewer patients asking about wait times since they have been putting the messages on the screen. There were some changes suggested to the leaflet advertising other free and NHS services to patients. These were minor changes to the layout and wording of the leaflet which would make it clearer. These changes will be incorporated into the next print run of the leaflet.

Our trial of EMIS Access has been very successful. Some members of the PPG have been involved with the trial and have commented that the system is easy to use and they have not had any problems with it. We are now planning to open the system up to all patients and will be publicising this in the next practice newsletter which is due to be released in the middle of February.

The system will enable patients to order repeat prescriptions and book and cancel appointments via the website. We hope that this will reduce some of the pressure on the phone lines.

Steps taken to determine priority areas for 2012/13

Following a meeting with the PPG to discuss the outcomes of last year’s DES and a discussion with the partners and staff towards the end of August 2012, five areas were identified as potential priority areas:

- a) DNAs (missed appointments) – why do people miss appointments and how can we reduce this?
This idea came directly from the PPG.
 - b) Telephone access to the surgery – do patients know that they can talk to a doctor or nurse on the phone?
The recent national survey of the practice indicated that some patients were not aware that they could ask to speak to a doctor or nurse on the telephone. The practice, however, had prided itself on being as accessible to patients as possible and would like to understand why there is this apparent discrepancy.
 - c) Other NHS services – how do patients choose whether to go to their GP or to a hospital or minor injuries unit? How can we make this decision easier to ensure patients access the appropriate service?
This question came from the partners who wanted to know why some patients seem to use A&E when the GP surgery might be more appropriate. We also wanted to know if patients were aware of the local Minor Injuries Unit and what it was appropriate for.
 - d) Choice of hospital – when patients are given a choice of hospitals to be referred to (via the Choose and Book system) how do they know which one to select and how can we make this decision easier?
This question came from patient comments about the Choose and Book system
 - e) The surgery environment – are there any changes that should be made to the surgery? What considerations should be taken into account when renovating or updating the building?
We were considering at this time whether future changes to the building should continue the "homey" aesthetic of the surgery or make it into a more clinical environment.
- In order to determine which of the areas to concentrate on, we created a mini survey which was sent to the PPG and vPPG on 28th September 2012. It asked them to pick the one to two areas which were most important to them. There was also an option to suggest additional ideas. The survey was presented as an online link which was emailed to the members of the PPG and vPPG. We posted a paper version of the survey to those members of the PPG/vPPG who prefer to be communicated with by post.

The results of the survey were as follows:

DNAs (missed appointments) - why do people miss appointments and how can we reduce this?	59%
Telephone access - do patients know that they can talk to a doctor and nurse on the telephone?	40%
Other services - how do people choose whether to go to their GP or to a hospital or minor injuries unit? How can we make this decision easier to ensure patients go to the appropriate service?	29%
Choice of hospital - When patients are given a choice of hospitals to be referred to (via the "Choose and Book" system) how do they know which one to select and how can we make this decision easier?	44%
The surgery environment - are there any changes that should be made to the surgery? What considerations should be taken into account when renovating or updating the building?	2%

The results clearly showed that the issue of DNAs was most important to our PPG so, after meeting with them again on 15th October 2012 to discuss the results of the poll, we decided to focus on that issue in our main survey. The PPG wanted to have a shorter survey than last year, focussing on just one primary issue.

The issues which were not considered in the main practice survey will be discussed with the PPGs through the course of the year.

The main survey was drafted and circulated to the PPG and vPPG for comment. The survey was amended as required and opened on 30th November 2012.

It was made available for completion on the practice website and hard copies were available in the practice, both at the reception desk, in consulting rooms and in the waiting room. The PPG and vPPG were emailed a link to the survey.

By opening the survey shortly before flu clinics were held we ensured that we reached those patients with chronic diseases such as asthma who rarely come into the surgery. All patients attending a flu clinic were asked to complete a survey.

Throughout the survey period doctors, nurses and receptionists handed surveys out to patients as they came into the surgery for appointments. A poster was put above the electronic check-in asking patients to collect a survey and a prominent notice was placed on the website.

The survey was closed on 16th January.

There were 341 responses to the survey. This is equal to 4.5% of the practice population. This is a little lower than last year's response rate of 5%. We believe that there are several reasons for this small reduction in responses. Last year we were re-launching the PPG and vPPG and there was a lot of publicity in the surgery about these groups. The survey last year was very long and covered several areas so we were keen to push it as much as possible and members of staff were given particular responsibility for encouraging patients to complete the survey.

The responses to our survey last year, along with the PPG comments showed that our patients are generally very happy with the service provided by Cheddar Medical Centre, a conclusion which is supported by the recent national survey. Unfortunately patients are less motivated to complete questionnaires when all is well.

Survey Results

The results of the survey showed that 74% of respondents were surprised by the number of DNAs experienced by the practice and 94% were concerned by it. This was primarily because of the waste of public resources. Only 12% of respondents admitted to ever having missed an appointment at the surgery. Of these, 76% (9% of total survey respondents) stated that they failed to attend because they had forgotten about the appointment.

When asked what the surgery could do to reduce DNAs the results showed that ensuring the appointment was written down was significantly popular, with 34% of respondents selecting this option. Currently patients who make the appointment at the reception desk have it written down for them by the receptionist and patients who telephone the surgery for an appointment are not specifically asked to write the appointment down.

We are aware of a piece of research published in the Journal of the Royal Society of Medicine in March 2012 which has examined small changes that can significantly reduce the number of patients who DNA.

Commitments, norms and custard creams – a social influence approach to reducing did not attends (DNAs) by Steve J Martin, Suraj Bassi and Rupert Dunbar-Rees studied DNAs in two GP practices and identified three small changes that, together, could reduce DNAs by up to 30%. These are:

- Communicating the right norms – rather than publicising the number of people who failed to attend their appointments, this study showed that it was far more effective to show the number who *did* attend. When this method was combined with the written and verbal commitments shown below there was a 30% reduction in the number of DNAs
- Written commitments – where the patient is booking an appointment at the reception desk, rather than the receptionist writing the appointment down for them, the patient is given an appointment card and asked to write it themselves. This small change showed a decrease in DNAs of 18%

- Verbal commitments – when the patient books an appointment over the telephone the receptionist asks the patient to repeat the appointment time and date back. This encourages the patient to write the appointment down and helps them to remember it. This method was shown to reduce the number of DNAs by 3.5%

This study also references an earlier study from 2009 by social psychologist Robert Cialdini which concluded that failures to attend restaurant bookings were significantly reduced when receptionists asked people “Will you please call us if you need to change or cancel your booking?” and then waited for verbal agreement from the caller rather than just saying “please call us if you need to change or cancel your booking”. We would be interested to see if this could be applied in the GP surgery setting.

12% of patients who completed the survey suggested that a reminder of the appointment would be helpful. Additionally text message reminders were specifically mentioned by the vast majority of patients who added comments to their responses. We have been looking into providing this service through a system called MJOG. We think that a 15 month trial of this software would give us enough information to decide whether it would be beneficial in the long run. The issue involved is that patients would have to provide us with a mobile telephone number (although the software will also contact landlines with a recorded message in the absence of a mobile number) and be willing to be contacted in this way. Since this technology is already commonplace in dental surgeries, hairdressers and some hospitals we suspect that most patients will be happy with this. We would offer this service on an opt-in basis to ensure that we have the patient’s full consent.

10% of respondents suggested that informing a partner or carer that a particular patient had made an appointment may be helpful for some patients. Naturally such a move would require the consent of the patient. We already have a system in place for patients to request that certain elements of their medical care, such as blood test results, be made available to their partner or carer. We could use this system to include a carer’s mobile number which would be contacted through the MJOG system to alert them that the particular patient had made an appointment. We anticipate that this would benefit patients with memory problems.

The second part of the survey dealt with whether sanctions ought to be imposed for people who continually DNA and, if so, what sort of sanctions might be appropriate. 81% of respondents felt that some form of sanction is appropriate for patients who DNA.

46% of respondents thought that a phone call pointing out the missed appointment would be useful. Our data shows that the majority of people who DNA only do so occasionally so this method might help them to remember their next appointment.

31% of respondents said that they would support a policy of writing to patients who DNA. 22% of respondents stated that they would be in favour of removal of repeated non-attendees. Whilst we accept that this is an option in exceptional cases, we are keen to point out that this would be considered very much as a last resort when the relationship between the patient and the surgery has clearly broken down.

Obtaining the thoughts of the PPG

The PPG met on 4th February to discuss the survey and agree an action plan. This meeting was also thrown open to the vPPG as we were keen to get feedback on the survey results.

At the meeting we gave the PPG the opportunity to discuss the survey and to present their own comments. They were very positive about the three ideas in the DNA research and thought that these would be a very

quick and easy way to see a reduction in the number of DNAs. They were concerned that some patients might have trouble writing their own appointment down. We reassured them that receptionists would use their judgment to help patients who might struggle. There were also concerns that patients writing their own appointment could slow things down in reception, leading to longer queues to speak with a receptionist. The reception desk has quite a lot of unused counter space and we believe that we can direct patients to the end of the desk by placement of the cards and pots of pens so that the receptionist can move onto the next patient.

There was also a comment that some patients might come out of an appointment with the doctor or nurse having been told to make a follow up appointment and that this might be done by the patient when they don't have access to their diary and that they might therefore make an appointment thinking that they were free. There was a suggestion that the receptionist could ask the patient to contact the surgery when they were sure about what time would be convenient to them, rather than making the appointment there and then. We think that this is a good idea that we could put to reception. We may be able to combine the "verbal agreement" idea above with this. I.e. The receptionist would suggest that the patient call the surgery when they have access to their diary. If the patient insists on making an appointment the receptionist would make the appointment and then ask for verbal agreement from the patient that they will contact the surgery to cancel or re-arrange the appointment if the date or time was inconvenient.

The PPG also suggested that text messaging would be a positive step for the practice to make and that the majority of the group was familiar to being contacted in this way by other organisation. This is in common with many of the comments from the survey so we presented the idea of the MJog text messaging service to them. They were universally positive about this idea.

We then discussed the second part of the survey, relating to sanctions for repeat DNAs, with the PPG. They thought that a phone call or letter to patients would be a positive step but that it would have to exclude patients who might have a genuine reason for failing to attend. There were also comments, as in the survey, that a small charge for missed appointments might be appropriate.

Whilst we agree that sanctions which encourage patients to attend their appointments would be useful in reducing wasted NHS resources we are not planning to instigate changes which are intended to punish those who forget an appointment. We do not think that charges are appropriate for a GP surgery as they might discourage patients from seeking medical care.

We discussed reception telephoning patients who had missed an appointment. The PPG would be in favour of this as it might stop those who have made a genuine mistake from DNAing again. This would lead to additional pressure on reception but we hope that the changes we agreed as a result of the survey last year (improving the functionality of the website to make booking appointments and ordering repeat prescriptions easier) and which we are implementing in full shortly will reduce some of the pressure on reception, giving them time to make these phone calls. We will need to discuss this with reception to decide the best way to proceed but we do think that it would be a good scheme to implement.

We have created a policy of writing to any patient who DNAs more than three times in any three month period. If they continue to DNA they are given a formal warning asking them to commit to attending future appointments. If they fail to attend further appointments in a twelve month period they are at risk of removal from the patient list. This was presented to the PPG as an option and was accepted as a potentially effective way to discourage repeat DNAs

We agreed therefore on the following action points:

- Beginning a trial of the MJOG text message reminder system
- Instigating the three changes suggested in the research above
- Phoning patients who have missed an appointment
- Writing to patients who DNA repeatedly

The minutes of this meeting were emailed or posted to the members of the PPG and vPPG who were unable to attend the meeting along with a copy of the survey results on 8th February 2013. They were given an opportunity to respond with their own ideas.

Following this dialogue we created the attached action plan which was emailed or posted to the PPG and vPPG for comment.

ACTION PLAN 2012/2013

IDENTIFIED ISSUE	PROPOSED ACTION	LEAD	TIME SCALE	PROGRESS
Patients missing appointments	Instigate an automatic text message reminder system	Practice Manager	March 2013	We have agreed a 15 month trial of MJOG. This is a text message-based reminder system which sends an automatic text message to patients to remind them that they have an appointment. It requires that we collect as many mobile phone numbers from patients as possible so we will be asking patients to agree to the service and provide a mobile number beginning immediately. We will assess the number of DNAs at the end of this period and consult with the PPG to decide whether to continue with the service.
	1. Publicise number of people who	Reception Supervisors	End of February	These small changes have been shown in

<p>successfully attended their appointment rather than number of DNAs</p>			2013	<p>research published in the Journal of the Royal Society of Medicine (appended) to reduce the number of DNAs by approximately 30%. We are keen to implement these in Cheddar Medical Centre in the hope that similar results will be seen.</p>
<p>2. Ask receptionists to obtain verbal agreement from the patient to inform the surgery if they need to change or cancel their appointment</p>				<p>These changes will be implemented by reception to be in general use by the beginning of March. We will review the number of DNAs and consult with the receptionists regularly to address any issues with the systems.</p>
<p>3. Ensure appointment cards and pens are available for patients to write down their appointments themselves.</p>				
<p>Ensure that patients who are not sure if they can make an appointment time are encouraged to ring the surgery when they are sure of their commitments.</p>	<p>Reception Supervisors</p>		<p>End of February 2013</p>	<p>As above, we will consult with reception to monitor the effectiveness of this measure. We will also ensure that patients who book an appointment without being sure of their other commitments are asked for verbal agreement to call us if they need to change it.</p>
<p>Ensure that patients are given the option for a partner/carer to be informed of appointments</p>	<p>Reception Supervisors</p>		<p>March 2013</p>	<p>Where patients have consented to a partner or carer being involved with their care the patient will be given the option to have that person informed that they have booked an</p>

				appointment. This will be by including the carer's mobile number in the system used by MJOG
Sanctions for repeatedly missing appointments	Phone call to point out missed appointment	Reception Supervisors	March 2013	We are planning to instigate a system of receptionists calling patients who have missed their appointments as soon after this happens as possible. Our data shows that most people who miss appointments only do so occasionally and we hope that a phone call might stop it happening again
	System of written warnings from Practice Manager	Practice Manager	March 2013	We are instigating a protocol to manage those who repeatedly miss appointments. A search will be run quarterly to identify people who have missed an appointment during this time. This list will be screened by GPs and anyone with a medical reason for missing an appointment (such as memory problems) will be excluded. Those remaining on the list will receive a letter from the Practice Manager pointing out that they have missed appointments. Those who miss more appointments in the next quarter will

				receive a written warning.
	Possible removal from patient list following written warnings from PM	Practice Manager/GP Partners	March 2013	In exceptional cases patients who continue to miss appointments may be at risk of being removed from the patient list. This will follow repeated flouting of the written warning system, consultation with the Partners and approval by the Primary Care Trust/Clinical Commissioning Group.

8. Opening hours of the practice

Cheddar Medical Centre is currently open from 8:30am to 6:30pm. There is a doctor on call and a receptionist available to take emergency calls from 8am to 6:30pm. We do not offer extended opening hours.

Patients are able to book appointments either by phone or in person between 8:30 and 6:30. They can request appointments through our website at any time.

This information is available to patients on our website via the link below.

<http://www.chedmed.co.uk/making-appointments.aspx>

Repeat prescriptions can be ordered via telephone (between 10am and 12pm only), by depositing the prescription counterfoil in a secure collection box, or via our website.

<http://www.chedmed.co.uk/prescriptions.aspx?t=1>

All the above information can also be found in our practice leaflet.

We have been trialling EMIS Access, a system designed to make it easier for patients to be able to make and cancel appointments and order prescriptions through the website. The trials have been very successful and we will be making this system available to all patients over the coming year.