

# Liquorpond Surgery

## Action Plan following Friends and Family Test (FFT) and In-house Patient Survey (October 2016)

### Friends and Family Test

Since January 2015, Friends and Family Test (FFT) cards have been available in the waiting room for patients to complete and post in the box provided. A short presentation explaining the use of these cards and encouraging patients to complete them has been on the patient display screen since this time and there is also the ability to complete an on-line version via the website. The FFT asks three main questions:

1. "How likely are you to recommend our GP Practice to friends and family if they need similar care or treatment?"
2. "What was the main reason for giving your response today?"
3. "Is there one thing that would make your experience better today?"

Up to the beginning of October 2016, we had received a total of 36 responses (21 via the cards in the waiting room and 15 via the website). The breakdown of the answers to the first question from these 36 responses was as follows :

Very Likely:	17 (47.2%)	
Likely:	6 (16.7%)	<u>63.9% would likely, or very likely recommend the surgery</u>
Unlikely:	6 (16.7%)	
Very Unlikely:	5 (13.9%)	<u>30.6% would be unlikely, or very unlikely to Recommend the surgery.</u>
Don't Know:	0 (0.0%)	
Neither Likely nor Unlikely:	2 (5.6%)	<u>5.6% did not know, or were either likely or unlikely to Recommend the surgery.</u>

Due to the relatively poor response rate, however, it was decided to include these three questions in the in-house survey. Answers to questions 2 and 3, together with the above data from question 1 are therefore incorporated in the full analysis below.

### In-house Patient Survey

Between the middle of September 2016 and the end of October 2016, we distributed almost 300 surveys to patients attending the surgery.

Of these, we received 235 completed surveys back which equates to 2.08% of the total practice population.

### Results of FFT and Patient Survey

- The demographics of respondents of the survey are not particularly representative of the demographics of the overall surgery population. The survey tends to over-represent patients who are at the upper end of the age range, females and, crucially, British patients. This is definitely something which we will need to try to address in future surveys.

- Overall, the results of this survey are the most favourable of any so far carried out (surveys were carried out previously in 2012, 2013 and 2014). Out of 25 questions, 17 (68%) showed their best result in this year's survey.
- 84.7% of all respondents rated the receptionists as 'very helpful'. This is significantly higher than the previous best of 71% in 2012 and is an excellent achievement.
- In terms of the care they received from doctors, patients seemed generally fairly happy overall. Areas where they were slightly less happy than in the last survey in 2014, however, were their involvement in decisions about their care, having their problems taken seriously and being treated with care and concern.
- With regards to the care they received from nurses, patients were the happiest they had been in 5 years, with every aspect, bar one, being rated the highest ever. The one exception was the number of patients who stated that they did not feel that they had been given appropriate information - which was actually slightly lower in 2012. Overall, however, a very good performance nonetheless.
- In the free-text questions, it is encouraging to note that, of the top 5 areas commented on, four were positive (good staff, good quality of care, good service, and 'nothing requires improvement'), this being despite the fact that the second free-text question ("Is there one thing that would make your experience better?"), specifically invites 'negative' comments only.
- Overwhelmingly, the biggest area for negative comments was the lack of appointment availability but, even here, the number of patients rating the ability to see a specific doctor as either 'poor' or 'very poor' in the multiple choice questions, was the lowest since 2012.
- Finally, although there was no question which specifically asked about the telephone system, it is interesting to note that only 3.6% of the free-text comments specifically referred to it.

### **Action Plan**

We would like the PPG to consider our action plan following the outcome of the patient survey.

1. Representation of the patient list
2. Pre-bookable appointments
3. Telephone System

#### **Representation of the patient list:**

- Would a member of the PPG like to help distribute the questionnaire within the surgery for next year
- To translate the survey into Polish, Latvian, Lithuanian, Russian and Portuguese
- We have appointed a number of new receptionists, and we are pleased to inform that one member of the team has interpretation skills and speaks Lithuanian, Russian, French and German
- We will ask the editor of the Polish newspaper to communicate that we are holding a patient survey and we invite our patients to share their views on the services that the Liqueorpond Surgery provide

### **Pre-bookable Appointments:**

Whilst we are confident and proud of our on-the-day access and practice ethos that we will NEVER turn a patient away who needs to see a GP, we recognise that our “pre-bookable” access with a specific doctor could be improved.

We have recently appointed Zoe Taylor, Advanced Nurse Practitioner, who will see “on-the-day” patients with minor illnesses, allowing the GPs to concentrate on more chronic conditions.

We therefore propose to:

- Open up the first part of the on-call doctors clinic to create additional pre-bookable capacity for all of the doctors during the week
- We propose that, when a GP needs to see their patient again for a follow-up, the GP books the follow-up appointment directly with the patient. This will also reduce the demand on the telephone system.
- We propose to trial telephone triage of home visits
- We propose to trial telephone triage of on-the-day requests, to create additional pre-bookable appointments

### **Telephone System:**

- In the New Year, and after we have had our CQC inspection, we propose to trial merging the telephone queues all into one queue; the aim is to ensure that no one queue is able to jump another queue.
- Hold another promotional campaign to advertise and encourage patients to sign up to SystmOne online to book appointments and order prescriptions.
- The rationale to wait until the New Year is because we have 3 new receptionists who we are training and we did not want to cause additional stress for the team or the patients.
- In addition, we wanted to complete the CQC inspection prior to the merger in case the process does not work and causes disruption.

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## PPG Meeting Report – DNA Protocol

Following the initial Patient Participation Group Meeting in February 2015, it was agreed with the PPG group that the surgery would review the number of DNAs at the practice.

As you may recollect, following the meeting we proposed an Action Plan and communicated that we would be implementing a new system and protocol to manage patients who do not attend their appointments. We shared the process we were proposing with you, which was agreed.

We agreed, that initially, we would write to all patients who had DNA'd more than one appointment. This action was carried out.

Following writing to all patients who DNA'd more than one appointment, we agreed that for all future appointments the individual clinician, who the appointment had been made with, would telephone their patient to enquire why they did not attend the appointment; if the GP was unable to contact the patient, the clerical team would write to the patient. If a patient persisted in missing appointments a warning letter would be sent advising that they may be removed from the practice list.

The protocol was implemented; however, we have found that the clinicians have been overwhelmed with patients engaging in a consultation when they made the telephone call. The clinicians found that the process was taking much longer than the booked ten minute appointment that they had missed, thus, creating delays in the clinic for other patients, and putting additional pressure on the clinical team.

We are therefore proposing that the protocol is revisited, and the clinicians handover the ownership of the protocol to the clerical team who will telephone the patient in a supportive and non-threatening manner when a DNA is made. The telephone call will be coded.

If the patient cannot be contacted by telephone, a letter will be sent advising them that they have missed an appointment. If the patient continues to DNA, and has received 3 warnings, either by the telephone or a letter, a stronger letter will be sent advising that they may be removed from the practice list if they DNA another appointment.

Each case will be reviewed on its own merit to ensure that patients are contacted appropriately. Vulnerable patients will be discussed with their GP prior to any contact. The protocol will define which patient groups are vulnerable and should not be contacted prior to a discussion with a GP or the practice manager.