MARSH HOUSE MEDICAL PRACTICE PATIENT PARTICIPATION SURVEY REPORT FEB 2014

Our group was formed in January 2012 having advertised for interest by means of a notice in our waiting area and receptionists actively giving out a leaflet. As we did not at that time have a Website we arranged a face to face meeting with interested parties and explained the purpose of the group. The PPG was originally made up of four male patients aged between 40 and 75 of whom two are carers for their spouses, three are retired and one in employment, and three female patients aged between 45 and 75, of whom one is retired and two currently in employment. Six members are British and one of European origin. We did increase the Group size to twelve adding three female patients and two male however one has retired due to ill health. We feel that this is a good size for group discussion however we would encourage any patients under 40 to become involved to obtain the views of the whole age range of our practice population. If anyone would be interested in joining the group please ask at reception.

The PPG met on several occasions over the last year and had very useful discussions around the main problems they had encountered as patients and also matters around changes to local healthcare. These included the formation of the Clinical Commissioning Group (CCG) and the proposed new hospital in Wynyard. We also discussed the proposed Data Sharing exercise which the group felt would be really useful if explained properly to patients.

At our meeting in November 2013 we discussed a recent audit that the practice had done on A&E attendance figures. We showed the group the leaflet Right Time Right Place and asked if they had seen it before. Only one of the group was aware of it despite copies and a poster being available in our waiting area. The majority of the group were aware of the existence of the Walk In Centre at Tithebarn in Stockton but felt that due to the locality of this it was unlikely to be accessed during normal surgery hours by Billingham patients due to the difficulty in getting there by public transport.

It was explained that the practice had looked at figures of A&E attendance over the past year and were disappointed to see that these were increasing. We had looked in particular at patients aged over 65 and had found the majority of these patients attendance to be appropriate.

We also looked at children who had attended A&E and again found most to be appropriate but discovered that many of the children had been sent to A&E from school and could have been dealt with by the GP. We understand that the schools will have a policy and their own duty of care to the pupil but we have decided to write to the local schools to advise them that they may ring the surgery for an appointment unless in the case of an obvious emergency.

We also looked at "frequent flyers" ie. those who attend A&E on a regular basis (more than 3 times a year) and again most were appropriate .

It was felt that it is only a small cohort of patients that are using A&E inappropriately and we would like to find out why they attend A&E rather than other services and thought we could base this year's survey around this. The group discussed possible reasons for attending A&E and suggested the following questions:

Why did they go to A&E

Did they contact the practice for an appointment

Was an appointment available

Were they advised to go to A&E by a healthcare professional

Were they aware of the Walk in and Out of Hours service.

A questionnaire was devised and emailed to the group in January 2014 for further comment and agreement.

The agreed survey was given out to patients attending the surgery during the week commencing 10th February 2014. We had to give out over 300 questionnaires before receiving 100 from patients who had actually accessed the A&E department or Walk In Centre. Once we had received the completed forms we collated the results and presented them to the PPG group via letter and email for suggestions and agreement around the action plan. The results and action plan are as follows.

SURVEY RESULTS

1. Are you aware of

The Out of Hours service	Yes 72%
The Walk in Centre	Yes 90%
Have you seen the Right Place First Time leaflet?	Yes 27%

2. Have you attended any of the following in the last 12 months

The Out of Hours Service	Yes 30%
The Walk in Centre	Yes 64%
The Accident and Emergency Department	Yes 65%

3. If yes to any of the above

Was this during surgery hours	Yes 36%
Evenings	Yes 51%
Weekends	Yes 64%

4. If during surgery hours please circle the time of attendance

9.00am – 12noon **38%** 12.noon – 3.00pm **24%** 3.00pm – 6.00pm **38%**

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6. If yes to the above Were you offered an appoin Were you advised to go to A			Yes 30% Yes 11%
7. What was the present	ing condition? - Va	rious	
8. What treatment did yo	ou receive?		
Admitted to hospital Medication No treatment given Other please state.			Yes 23% Yes 70% Yes 7%
9. If you had been aware could your A&E attendar	•		ole Yes 17%

5. Did you contact the surgery before deciding to go elsewhere? Yes 30%

Thank you for taking the time to complete this survey.

SUMMARY

The results showed that the majority of patients were aware of the Out of Hours service and the Walk in Centre however only 27% were aware of the Right Place Right Time leaflet which signposts patients to the right place to access the right treatment. The leaflets have been available in the waiting area for several months however patients have not been aware of them.

64% of patients had accessed the Walk in Centre and 65% the A&E department but only 30% had accessed the Out of Hours service. This confirms the majority of attendances to be between the hours of 8.00am to 8.00pm the most popular being in the morning or late afternoon.

30% of patients confirmed that they had contacted the surgery for an appointment with 30% being offered an appointment that was not taken up. 11% stated they were advised to go to A&E of which 63% were appropriate.

Of the patients accessing A&E, 40% were appropriate (23% being admitted) with conditions such as head injury, suspected fractures of nose, ankle and leg, torn retina, suspected stroke, falls, appendicitis, DVT and concussion. The remaining 60% were deemed to be inappropriate for A&E by our clinicians and could have been dealt with by other services. From the patient perspective 83% felt that their attendance at A&E was appropriate and the remaining 17% of patients agreed that they would have gone to other service providers had they been aware of them.

ACTION PLAN

Promote awareness of other service providers by handing out the RIGHT TIME RIGHT PLACE leaflet to patients. This leaflet is also accessible via our website.

Advertise on our Patient Call Board that the A&E department is for emergencies only.

Pilot Saturday morning surgeries to see if any reduction in A&E attendances.

Contact inappropriate frequent flyers and advise them of alternative providers.

Participate in GP Practice Demand/Capacity data analysis to find out if capacity meets actual demand for appointments.

PRIORITIES from 2013

Following on from the results of last year's survey we have included a link to Patient UK in order that patients can obtain up to date medical information and advice.

Our 2013 survey showed that patients would be happy to book an appointment with a registrar knowing that they are fully qualified doctors supervised by a practice GP. They did comment however that they would like to know who they are and therefore we now have a photo gallery of present GPs and registrars.

The practice opening hours are as follows and access to services during core hours is available via reception desk or Telephone 01642 561282 and Fax. 01642 565982

Monday and Tuesday	8.00am until 8.00pm (Extended hours from 6.30pm)
Wednesday	8.00am until 6.00pm
Thursday	8.00am until 12 noon (Closed 12 noon until 2.pm for training) 2.00pm until 6.pm
Friday	8.00am until 6.pm