

**Patient Participation Report for Holborn Medical Centre :  
In response to practice survey March 2013**

- The practice established a patient participation group (PPG) in 2011, consisting of core members who met up at regular intervals to discuss key issues relating to patient experience at Holborn Medical Centre and politically driven changes occurring within the primary care domain. A patient reference group (PRG) subsequently encapsulated the views across a wider age/sex/ethnicity demographic to provide more representative feedback.

**The profile of our patient reference group (PRG) is as follows:**

Age	Percentage
Under 25	24.6%
25-59	53.6%
>60	21.8%
Sex	Percentage
Female	65%
Male	35%

**What steps has the practice taken to ensure that the PRG is representative of its registered patients?**

We have actively sought to recruit members of our patient cohort who have otherwise been under-represented.

- This was achieved by first analyzing our practice demographics. Notably, there was a significant peak in the 20-24 year old age range (representing 30% of our population; and of this group 76% were female) and 25-29 year old age range (representing 20% of our population). We also had significantly higher levels of deprivation amongst our patients than the Camden average and also a higher proportion of Bangladeshi and Chinese patients.
- We recognized that the 20-29 year old age range demographic was partly related to our significant proportion of students and thus we emailed student representatives to ensure student representation within our PRG.
- In terms of our Bangladeshi population, we liaised closely with our regular Bengali interpreter who knows many of our Bangladeshi patients well, to canvass volunteers for the PRG. Unfortunately, this initial scoping process was not successful and so GPs have tried to approach Bangladeshi patients directly during regular Bengali clinics. We hope to glean further strategies to gain representation by our ethnic minority groups by discussing this further in our South Camden GP meetings as these groups are still under-represented.
- We have put up posters about the PRG in our waiting rooms to attract patients that attend the surgery.
- For those patients who mainly review our services online, there is also a web page on our practice website canvassing for volunteers to join the PRG. We will also develop this further by developing an online application for patients to join PRG rather than having to contact the PRG coordinator at the practice by telephone. This may help to attract younger patients who are still relatively under-represented but may still be able to contribute via the virtual PRG model.

### **What steps have been taken to isolate the issues, which had priority, and were included in the local practice survey?**

- We reviewed the results and feedback from our patient survey from the previous year; considered feedback from our PRG/PPG; and collated comments/complaints over the preceding year to determine which issues were pertinent and needed to be included in this year's survey. Furthermore, considering feedback, it was felt that the previous year's survey was too simplistic and so a more comprehensive survey document was commissioned from the Universities of Cambridge and Manchester (GPAQ v3). This enabled more sophisticated demographic profiling and benchmarking to flag up areas that needed development and also allowed free text comments to personify various issues the PRG felt needed addressing.
- The previous year's survey highlighted issues such as patients finding it difficult to:
  - get a same day appointment
  - speak to a clinician over the phone
  - booking an appointment in advance
  - contact the practice by telephone.We included questions about these issues in our local practice survey this year.

### **How did we obtain the views of our registered patients?**

- We obtained the views of our registered patients by handing out comprehensive patient satisfaction questionnaires (PSQs) to patients that attended our surgery in March 2013.
- 276 patients filled in the questionnaires, including ethnic minorities and younger patients who are often under-represented on our PRG. The demographics of the patients filling in the questionnaires is shown in the PSQ report:

[http://www.holbornmedicalcentre.com/website/F83058/files/IPQ\\_Report\\_Holborn\\_Medical\\_Centre\\_2012-13.PDF](http://www.holbornmedicalcentre.com/website/F83058/files/IPQ_Report_Holborn_Medical_Centre_2012-13.PDF)

- After further discussion with other practices that have PPGs/PRGs, we would like to make the PSQs available online next year to reach out to even more of our registered patients. We would then be able to assimilate even more views to help inform and shape our practice profile.

### **How did we provide an opportunity for the PRG to discuss the contents of the action plan?**

- Broadly speaking the results of our most recent survey follow the same profile as previous surveys; both in the areas the respondents felt we were doing well in and in which we could do better. The results and action plan from last year's survey were published on our website and the PRG and PPG asked to comment in this year's survey as to how effective the action plan had been in improving patient satisfaction. This is demonstrated in our PSQ comments section (pages 6-11), which provides feedback as to the several key areas that our patients felt needed improvement.
- Our action plan for this year was then formulated, taking into account all the views of the PRG. The draft action plan was emailed out to the PRG and was revised with their input and further discussion into the final version published on our website. Thus

the draft action plan, was directly influenced by feedback we had received from our PPG meetings, by reviewing the minutes of these meetings and by the PRG directly.

- Thus by collating the comments from the PPG and PRG and current practice survey, this influenced and facilitated a shared action plan for this year to help improve the practice profile.

**What is our action plan to help improve patient satisfaction and our practice profile, considering the results of our practice survey?**

- Disappointingly, it was noted that all our scores in the various PSQ quality domains had declined by a few points since the last survey.
- This we feel is broadly attributable to the high turnover in our reception staff, that we have experienced over the past year and also changes to our key clinical staff. Indeed our PPG highlighted ‘stability of staff’ being key to satisfaction. Thus we will endeavour to hang on to our best reception staff and continue to provide rigorous training and listen to feedback from our patients to inform the functioning of reception.
- In terms of our clinical staff, 2 of our established and popular salaried GPs left in this survey period, to further their careers as GP Principals. Furthermore, as we are a training practice, our GP registrars only have a one-year contract with us, as directed by the London Deanery. This certainly has impacted on patient satisfaction with GP appointments, as continuity of care has long been highlighted as being integral to patient satisfaction.
- Several other areas were highlighted for improvement:

The four areas, which fell below 50% satisfaction, were:

	<b>question</b>	<b>recent</b>	<b>previous</b>	<b>difference</b>
a	See practitioner within 48hrs	35	58	-23
b	See practitioner of choice	37	50	-13
c	Waiting time	48	54	-6
d	Appointment satisfaction	49	64	-15

The four areas, which showed the most marked difference from previous survey, were:

	<b>question</b>	<b>recent</b>	<b>previous</b>	<b>difference</b>
a	See practitioner within 48hrs	35	58	-23
d	Appointment satisfaction	49	64	-15
b	See practitioner of choice	37	50	-13
e	Satisfaction with visit	66	77	-11

**From this we can see there is a general overlap and five major areas for consideration:**

#### **Appointment satisfaction**

- It should be noted that appointment satisfaction will to some extent be a function of all the other areas affecting patient satisfaction - we expect this to improve as we improve the other areas for concern. In order to improve appointment satisfaction we have made several key changes.
- Firstly in order to preserve continuity of care, we will be employing our popular current GP registrar, Dr Bibb as a new salaried GP. Furthermore we have recruited 2 other salaried GPs - Dr Kandya, who comes highly recommended and who had initially been doing a few locum sessions with us and Dr Keating who has received excellent patient feedback to date. We have also trained up our Health Care Assistant (HCA) Lisa Thorpe to increase the portfolio of skills she can now offer. Our nurse practitioner Amanda Tanner is able to manage a variety of chronic diseases, offers sexual health checks and provides family planning advice. She also supervises and mentors our nurse and HCA.
- We also offer double appointments (20minutes) to patients who have a complicated past medical history, or in whom English is not the first language (we offer interpreters in these scenarios) or who have lots of problems to discuss.

#### **See practitioner within 48hrs**

- This is a genuine area of concern. We always have embargoed appointments (blocked deliberately for a purpose), which are freed up to 48 hours in advance available to be booked by patients. However these appointments do go very quickly. With the arrival of our new salaried GPs we will look to offer even more 48hr and advanced appointments.
- Furthermore, in order to prioritise/triage demand for appointments we have decided to trial a system where every patient who calls up for an appointment will be asked what the nature of their problem(s) may be, in the broadest sense, so that patients can be booked in at appropriate time intervals and with the most appropriate person to help manage their presenting complaints. This will require frontline reception training to ensure that this change occurs smoothly.
- Our partners and reception supervisor will also be attending upcoming 'demand management' workshops, which will help to optimise our appointment booking system further and hopefully improve patient satisfaction.

#### **See practitioner of choice**

- It makes good sense to see the same clinician if you are having on-going treatment and continuity of care is key to patient satisfaction. Sadly in the last year three of our long term GPs have also left (and become GP Principals) which we understand must be frustrating for patients used to seeing the same clinician. We are hoping that the 3 new salaried GPs that we have recruited, who will all be offering several clinics on different days and even during extended hours, will all become 'practitioners of choice' considering the excellent feedback they have received to

date. Furthermore, in order to maintain continuity we have employed one of our GP registrars as a salaried GP, as she has been receiving such excellent patient feedback.

- We must also be more pro-active at informing our patients that we are a training practice and often our GP registrars (trainee GPs) move on after they complete their obligatory 1-year training. We will include this information in our newsletter and also on our practice website

### Waiting time

- In this era of preventative medicine, health promotion and rigorous management of chronic disease, the burden on '10 minute' GP appointments is altogether more demanding. Often patients come in with several problems and GPs have their agendas too in terms of chronic disease management and health promotion.
- When doctors overrun it is generally because their patients have needed more time, have been late or do not have adequate translation service to hand. We try to accommodate people who do not speak English, by offering a translation service and double appointments. When the new Registrars start they also have longer appointments too - so they can familiarise themselves with the patients' needs. We understand it can be frustrating expecting the patients to attend on time and then have to wait in the waiting room for long periods.
- We have thus recruited more salaried GPs at the practice from August 2013, which will help somewhat with demands on appointments.
- As previously mentioned we will be asking patients the nature of the reason(s) they would like to see a GP/Nurse/HCA for to try and book appropriate appointment lengths to cover their needs. Furthermore we will also try to increase clinician telephone access to enable rapid review of symptoms and continuity of care.
- We will continue to offer double appointments for patients that simply require more time thus reducing the waiting time for others in the waiting room.
- We will also remind patients to attend their appointments on time e.g. via text reminders and appointment cards to ensure the clinician can see the patient on time, as it can be very difficult to 'catch up' if a patient arrives late.
- Reception will be trained to keep patients informed of clinicians running late and to manage patients when they are late e.g. rebook them to see GPs towards the end of the surgery to ensure that other patients who have arrived on time are not kept waiting.

### Satisfaction with visit

- Again, we feel this will improve with general improvements and as new staff and clinicians settle in and get to know the patient groups.
- Along the way there may be a number of smaller individual improvements to be made - and would encourage patients who are concerned to make their voice heard

through the Patient Participation Group, or at least the steering group - the Patient Representation Group. Please ask for more information at reception or join the PRG via our website.

- We will also be purchasing a patient self check-in, which will reduce the queuing time at reception, as the self check-in will automatically inform clinicians that a patient has arrived for their appointment.
- In general we endeavour to ensure that the patient newsletter is updated regularly and our practice website is updated to reflect any changes to the practice profile.
- We are also looking to learn from the local demand management workshops, which will be happening in the next few months. This should provide strategies to manage appointments, increase patient satisfaction and improve patient experience.

This action plan has been formulated in response to key features of the local practice survey and from the significant comments/feedback from our PRG included in the practice survey:

[http://www.holbornmedicalcentre.com/website/F83058/files/IPQ\\_Report\\_Holborn\\_Medical\\_Centre\\_2012-13.PDF](http://www.holbornmedicalcentre.com/website/F83058/files/IPQ_Report_Holborn_Medical_Centre_2012-13.PDF)

**What are the opening hours of the practice premises and what is the method of obtaining access to services throughout the core hours?**

- Our opening hours are as per the table below.
- We are open till 8pm on Monday, Tuesday and Wednesday.
- We close at 1pm on Thursdays for staff training and administration purposes.

<b>Monday</b>	08:50 to <b>20:00</b>
<b>Tuesday</b>	08:50 to <b>20:00</b>
<b>Wednesday</b>	08:50 to <b>20:00</b>
<b>Thursday</b>	08:50 to 13:00
<b>Friday</b>	08:50 to 18:30

**Information about appointments:**

- All of our clinic sessions are by appointment only. These are offered both 'On the Day' and in advance. You may book by telephoning, or calling in person at Holborn Medical Centre. We are looking to offer appointments that can be booked online in the near future.
- Same day appointments are booked by one of our GPs operating 'Telephone Triage'. A doctor will call you to assess your needs and then arrange the most appropriate care. This may well mean a saved trip to the surgery for you for simple problems. Please call the surgery in the morning and ask for the duty doctor to call you back – the reception team will take your details, which will then be passed to the duty doctor;

shortly after, you will be called back by the GP to assess whether your problem can be managed over the phone or whether you need to be booked in to see a clinician.

- You can now book up to 2 weeks in advance; however, for same day appointments – you must speak to a GP who will book an appointment for you.
- We offer late sessions on Mondays, Tuesdays and Wednesdays, with our GPs and a late session on a Tuesday with our nurse practitioner and nurse. With our new salaried GPs starting in August 2013 we are currently in the process of publicizing the times at which these individual healthcare professionals are accessible. Indeed, in response to feedback we think it will be helpful to provide an individual profile of each of the clinicians that work at the practice and when each clinician is available to see patients.