

2008-9 Patient Experience Survey

Practice Name: MIDDLE LANE, DENBIGH

Practice Manager: Walter Roberts

Patient Survey Lead Person: Walter Roberts

Practice population as at 1st April 2008

3501

(Survey min.25 patients per 1000 practice population)

85

No. of surveys issued

176

No. of surveys returned

176

Date survey undertaken and how patient sample was identified.

The survey was undertaken over a four week period in November and December 2008. Questionnaires were prepared for 3 GP's and the Practice Nurse and patients were asked to complete these on a voluntary basis after consultation. A special box was prepared in the Reception area for the Patients to return the questionnaires in a confidential manner

The following members of the Practice team were involved in the discussion of the results

Name	Job Title
Dr R W Jones	GP Partner
Dr M W Davies	GP Partner
Walter Roberts	Practice Manager
Karin Jones	Practice Nurse
Sian Jones	Receptionist
Lorraine Jones	Receptionist
Marian Jones	Receptionist
Natasha Kelly	Dispenser

Patient Experience 5 REPORT

Considering the results of each of our patient surveys for this year and last year.....

a) The following areas/ responses were considered to be the **most positive:**

2007/2008 Survey	2008/2009 Survey
Satisfaction with phoning through to Practice	Satisfaction with how well Dr listens
Satisfaction at how well the Dr's put patients at ease	Satisfaction with Dr's caring and concern
Satisfaction with receptionists	Satisfaction with Dr's questioning
Satisfaction with Dr's explanations	Satisfaction at how well the Dr's put patients at ease
Satisfaction with Dr's Patience	Satisfaction with Dr's explanations
Satisfaction with how well Dr listens	Satisfaction with Dr's Patience

b) The following areas/ responses were considered to be the **least positive:**

2007/2008 Survey	2008/2009 Survey
Ability to cope with problem after visiting Dr	Satisfaction with waiting times at practice
Ability to keep healthy after visiting Dr	Ability to keep healthy after visiting Dr
Ability to understand problem after visiting Dr	Satisfaction with phoning through to Dr for advice
Satisfaction with waiting times at practice	Ability to understand problem after visiting Dr
Satisfaction with opening hours	Ability to cope with problem after visiting Dr
Satisfaction with phoning through to Dr for advice	Satisfaction with opening hours

c) The following areas/ responses showed the most deviation from the national benchmark

2007/2008 Survey	2008/2009 Survey
Q11B – Ability to cope with problem after visiting Dr	Above benchmark in all areas in 2008/9

d) Please provide details of any contributory factors to explain why the deviations outlined in Question 3(c) have occurred.

It was pleasing to see that all the areas in the 2008 Survey were above national benchmarks where 13 areas saw improvement in points with only a marginal deterioration in 4 areas. Overall the points were 38 higher than in 2007.

Q11a, b and c continue to be amongst the least positive with Patients although we were pleased to see a substantial improvement in our performance on 2007 reflecting the attention given in these areas by the Clinicianø in 2008. Some influences on these we believe are:

Personal factors: May reflect deficiencies in communicating effectively with patients during the consultation, addressing patientø ideas concerns and expectations, self care for the doctors, increasing workload (4% increase in list size in past year).

External factors: directing patients to other agencies for appropriate help, lack of support once they have left the surgery setting, unrealistic patient expectations of what can be achieved within the consultation, interruptions during the consultation.

d) Activities undertaken in the past year to address the patient experience issues identified in the last patient experience survey (2007/2008)

Priority area identified in 2007/2008 survey	Action taken to address
Involvement of Patient/Keeping healthy after visiting Dr/coping and understanding problem	<p>A pro-active approach has been adopted at the Practice by Clinicians and Practice staff to promote and raise awareness of external support available to Patients during consultations and discussions e.g Expert Patients' Programme.</p> <p>In addition Clinicians have made every effort to communicate effectively with patients with regard to self care.</p> <p>It was pleasing to see that all areas in respect of these priority areas have improved considerably as a result of the actions taken during the year</p>
Time spent by Clinicians during consultations	<p>Clinicians have made every efforts during the year to spend as much time as possible with the Patients and this appears to have had an effect on the result where we have had a 3 point increase to 86 which is well able the National benchmark of 80. Consultation times have always been within guidelines</p>
Communicating with patients	<p>As planned Dr Davies has carried out Video analysis of consultations. Results are available in Dr Davies' PDP.</p>
Extended opening hours	<p>This was considered during the year in line with national discussions (BMA/WAG) and Locally Enhanced Services. In view of the fact that we were again well above national benchmark and having seen a score improvement on 2007 we felt that there was insufficient need for Extended opening hours.</p>

Patient Experience 6 REPORT

1. Following the completion of the patient experience survey for 2008/2009, the following **priority** areas have been identified for improvement at the practice for the next **two years**:

Priority Area	Expected timescale for improvement
Satisfaction with waiting times at practice	Immediately and ongoing 2009
Satisfaction with phoning through to Practice for advice	Immediately and ongoing 2009
Involvement of patient/keeping healthy after visiting Dr/coping and understanding problem	Continuation of 2008 progress - ongoing

2. Information about the Patient Experience survey and the planned action to address the key areas for improvement will be advised to patients through the following methods:

- O We will publish the results in the Practice information book along with the summary and our proposed action plans*

- *We will create a page on our Practice website to convey the results to our patients*
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- *We will create awareness of the results by using the display board available in the reception area*

3. Our plan to achieve the identified priorities and make improvements over the next two years is as follows:

Priority Area	Proposed action to achieve this?	Who is the lead and who else needs to be involved?	Cost of proposed action	Timescale for action (By when...(date)
Satisfaction with waiting times at the Practice	Patients to be advised when registering if surgeries are running late New notice to be made to remind Patients to book in If patients miss their appointment by more	Clinicians and All practice staff	nil	Discussed at staff meeting to be implemented immediately and ongoing

	than 10 minutes then they may need to wait until the end of the surgery to be seen			
Satisfaction with phoning through to Practice for advice	It was felt that this system works well here. However, if patients are asked to ring back for advice the receptionists need to be more realistic with the ring-back time in line with the daily workload	All Practice Staff	nil	Discussed at staff meeting to be implemented immediately and ongoing
Involvement of patient/keeping healthy after visiting Dr/coping and understanding problem	Clinicians/practice staff now more aware and pro active. We will continue to raise awareness of external support available for patients during consultations and discussions	Clinicians and Practice Staff	Nil	Discussed at staff meeting - ongoing

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4. Following a discussion with the Practice Team, we have considered the case for collecting additional information on the patient experience, e.g. through surveys of patients with specific illnesses, or consultation with a patient group.

Additional survey group <i>e.g Patients with specific illness or survey of young people</i>	Patient Experience Issue <i>e.g. Waiting Times for blood tests</i>	Timescale <i>e.g. when additional survey to be completed</i>	Lead person
None being considered at present			
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