



GREAT HARWOOD MEDICAL GROUP

Patient Participation Group Survey 2014

Number of completed surveys returned: 21

Appointments

The surgery currently offers a combination of appointments which are bookable up to 2 weeks in advance and same day appointments for urgent problems. Over one hundred appointments are lost each month due to patients not turning up. To try to reduce this number of missed appointments we are looking at alternative appointment options. Which of the following would you prefer?

- Pre bookable appointments up to 4 weeks in advance only: 1
- Pre bookable appointments up to 2 weeks in advance only: 7
- Book on the day appointments only: 6
- Sit and wait clinics only: 6
- A combination of the above: 15
- Other: (please state)

Having the option to telephone the doctor at a set time in the day for instance 30 minutes at lunchtime to ask advice instead of making an appointment.

If you need to see a doctor on the same day, would you prefer the opportunity of coming down to a walk-in clinic where no appointment is necessary and waiting, or call the surgery in the morning to have an allocated appointment on the same day?

- Walk-In: 12
- Allocated appointment: 11

Missed appointments

We have a high volume of appointments which are missed by people not turning up. Have you any ideas on how we can reduce this number?

*Maybe sending a text reminder to people's mobiles the day before their appointment.
If patients are elderly getting them to write down the details of the appointment.*

Make a charge for missed appointments. Or if patient doesn't pay up, make a charge for their next appointment in advance.

Missed appointments without notice given should always result in the first instance to a written explanation of the knock-on effects of having deprived another patient of the opportunity to avail themselves of that appointment. A general statement of the quarterly/monthly cumulate financial

“wastage” may be included. A statement of future sanctions, should future appointments be squandered, should also be included in this communication. On a subsequent second failure to attend an accepted appointment the patient should be formally put-on-notice that they are liable to be denied access to the appointment system for a stated period and will only have access to a GP through the sit-and-wait surgery provision. Should a patient fail for a third time to honour their appointment they should be formally informed that they have been sanctioned as above for a specific period such as one/two months. A persistent “offender” could similarly be sanctioned for extended periods.

3 strikes rule, miss 3 appointments and get removed from the list.

If patients miss appointments without good reason they should be told that in future they will not be allowed to book advance appointments. If they repeat they should be advised to find another practice.

Write to patients who have missed the appointment with a warning that a prebooked appointment may not be available for them in future.

I would suggest that a communication could be sent to the offender either by phone, email or letter on the first occasion and advice that repeated missed appointments could entail them being removed from your patient list.

Warning system like dentist.

Text message already in use.

It is not acceptable for people to miss valuable appointments especially as you send reminder texts to patients. Maybe controversial but if appointments missed a fine should be imposed.

Tell these people they can only attend sit and wait clinics.

A text message to mobile phone or landline or email.

Send a letter to those who do this regularly.

I think this is a difficult one for genuine patients who either 1. miss through unavoidable instances or 2. due to medical problems of forgetfulness. Whatever is done at the practice will not alleviate point 1, however for people who fall into group 2 would it be possible to send a reminder text on the same day but earlier than their appointment, rather than the day before.

I also think there is a category 3 of patients, who don't really care whether they miss or not I feel sending letters and then removing them from the list (if they have not had a reason for missing) should still continue. Maybe after someone who misses twice contact could be made at that point to determine if there is a genuine reason for this, if not then maybe a letter could then be sent stating they will be asked to leave the practice if this happens again.

When people are sick or not feeling well they want to see a doctor or have advice right away. A lot of times by the time a doctor is available things have changed, people feel better.

A text, email or phone call as a reminder as near to the appointment as possible. If an appointment has been missed a text or phone call to ask the reason. Frequent ‘no shows’ to be sent a text, email, phone call or letter to say an appointment has to be made before any routine prescriptions can be issued as there could be changes in their health.

Access

Patient Access is a website which enables you to book and cancel appointments, request a prescription, send a message to a doctor and update your contact details online. Have you signed up?

Yes: 12 No: 9

If not, any reason?

I believe health matters deserve/require personal interaction and the satisfaction achieved therein. Automation can be taken too far and personal interaction ruled-out too easily with the consequence of de-humanising a very personal service.

Haven't had any need.

Not had chance.

I have tried twice to set it up and failed each time, why? No idea.

Prefer to call in at the surgery but now prompted of the above may consider accessing.

Not online.

I could not make an appointment with Dr Grayson through that site.

Self Check In Screen

Please note we have a self check in screen which allows you to check in for your appointment without the need to speak to a receptionist.

Have you used it? Yes: 15 No: 6

If not, any reason?

Not had reason to visit doctor.

I am unsure of its location.

Unsure of its location is it upstairs or downstairs?

I had difficulty at first as I pressed 2 then 4 instead of 24 for my date of birth. I have got used to this now but wonder if other patients have had this problem.

Have not had a doctor's appointment in the new health centre as yet, just the treatment room. Have used the system previously when a patient at Whalley surgery and think it is a good idea as it takes pressure off reception.

It is not very private, other patients can see your information.

I would also point out that having worked in education there are many people of all ages and backgrounds who cannot read or who are incapable of following instructions. These patients are not always recognisable. I realise that the receptionist are extremely busy but just to bear this in mind. I have recently heard of a senior citizen who asked for help and the receptionist just carried on with what they were doing. This person then watched and a very elderly lady went up to the receptionist and tried to book in she was told to go to the machine she didn't use it and just sat down.

Telephone Access

How do you find getting through to the practice by telephone?

Easy: 13

Difficult: 3

Comments:-

Cannot comment on recent changes as not had reason to use the system.

Only most helpful responses experienced to date.

In the past I have either telephoned for an appointment or emailed for one, to me this feels more positive.

Difficult at times when the number rings for a long time before it is answered.

Depends on the time of day; first thing in the morning is extremely difficult, but on the whole I have never had an issue.

To date I am happy with the access facilities.

It can vary, depending on the time of day the call is made.

Sometimes when the line goes straight to answerphone to ring back takes time.

Have to be patient, find it easier late morning and mid afternoon.

I have not had any problem getting through to the practice.

Not tried always used personal contact so far.

Not sure which box to tick here. Up until 24th Feb I would have chosen 'Easy' however I tried to get through to the practice on a few occasions. From my end it sounded as though the telephone was ringing out (I know from experience this may not have been the case). However, no one answered so I gave up and rang the following day.

Easy, except in the morning at 8am is more difficult.

Premises

The practice moved into new premises in October 2013. We are interested to hear your feedback on how this transition went and any problems with the new building you have noticed.

Comments:

From an access point of view the premises are much more wheelchair friendly.

Everything seems fine to me.

A wonderful transfer was effected. Only the electronic indicator board has let the facilities down.

I find no problems to date.

Much better building with more pleasant waiting area and better consulting rooms. A big improvement! Only negative is that I think the doors of the main entrance should open inwards even though there are signs to say they open outwards.

The new building is fantastic. The only negative comment is I was not informed of new telephone numbers or that the surgery was moving by LASCA (not sure if they sent out letters).

Very impressed.

The transition went well from a patient point of view. Hopefully it didn't create too much extra work for the staff. There appears to be space on the ground floor but there is no indication of how it is utilised. The first floor is rather warm which questions whether the system is economically controlled.

I think the premises are fine. It seemed curious that the downstairs external doors automatically opened outwards causing those who were unaware of this to have to move back as they approached them but once they are aware of this – no problem.

Lovely new building.

Initial problems with the phone system. The heating system – find it too hot in the waiting room. Generally the move seemed to go very well.

Fantastic – well done.

Where you are now is great, why no magazines?

I think the heating could be turned down. The upper floor always seems busier than the ground floor. Is full use being made of Treatment Room?

I think the new health centre is fantastic, so modern, light and a welcoming atmosphere and light and airy.

The place is superb!

Could do with specific area where children can keep themselves amused – we used to have one in the old clinic.

I feel the building has a much brighter airier feel, with everyone not cramped together. However, I have heard comments from others that they feel this space is wasted and not needed. I think maybe, it might be worth getting the word out about what the ground floor is for as this seems a redundant space to some.

*Will there eventually be a pharmacy in the building as this would be a great addition.
I have also heard about some patients being a little afraid of coming into the new building as they don't know where to go.*

*No magazines to read, some people like to read.
A radio is on all the time, luckily not so loud.
It looks spacious, is clean, self check in screen is handy.
The people working there are still very friendly and helpful.
We love our Great Harwood Surgery!*

News

The practice would like to keep patients informed of new services and changes to current services.
Would you like to be informed by:-

Website:	7
Email:	7
Newsletter:	10
Posters in the surgery:	10
Patient Meetings:	4
Text Message:	8
Facebook:	1

Other: (please state)

I have found some difficulties with website and facebook but the problem is probably with me or my computer system.

I think they are all very valid, posters in surgery would only target those people who are already within the surgery. I myself do not use facebook a great deal, but many of the younger population do. Just as email and text messages will be appropriate for some not everyone has the ability to access these methods. Therefore, I believe a mixture of mediums is necessary.

Flu Vaccinations

If you received an invitation letter for a flu jab this is because you are in an at-risk group and you are advised to receive vaccination annually to protect yourself and vulnerable others from the flu virus.

If you received a letter did you have a flu vaccine this winter?

Yes:	15	No:	3
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If not why not?

Got a bad reaction last time.

Out-Patient Services

As a member of your patient participation group, we know that you want to support the doctors and other staff to improve the quality of care that they are able to offer. East Lancashire Clinical Commissioning Group (ELCCG) is looking to support your doctor and other health professionals to become the 'centre' of out of hospital care. This means creating integrated (or joined up) health and social care teams and developing local neighbourhood teams that are linked to your GP practice.

We are interested in knowing how you feel about the present out-patient services and hearing your ideas on how they could be made easier to access with less travelling and provided in a more comprehensive way tailored to individual needs as well as leading to improved health and earlier recovery.

Do you feel that your health and social care needs are planned with people who work together as a team and talk to each other to understand you and your care needs?

Yes: 10 No: 7

Comments:

I am not in a position to comment as I have no contact or experience with outpatient services, thankfully.

Pharmaceutical provision can be patchy and often necessitates a second, unnecessary journey/visit to complete prescription requirements.

A provision for a localised Warfarin Clinic, if only on a weekly/fortnightly basis, could surely be justified. This would serve not only patients benefit but also environmental benefit.

I have not noticed any problems to date. I normally attend for annual (or periodic) check-ups and to date find no problem with this. If I notice any problem I will communicate this to you.

This question is difficult to answer as I currently have no specific health care needs and I have never required input from any other allied professional.

There appears to be poor communication between different medical/surgical etc. specialities, e.g. I have recently attended hospital outpatients for different health problems to two separate clinics.

There was no apparent communication between them. This is bound to have an influence on any further health and social care a patient may need following hospital treatment.

I have found however, that it has been made easier for pre-operative assessment for minor operations, which are being done by telephone or completion of a health questionnaire. Perhaps in more moderately serious operations, pre-operative health assessment could be carried out by nurses in the GP Practice in order to cut down patients' travel to hospital.

It could be difficult for the various people concerned with care of the public to be aware of a patient's needs until actually meeting them. However if the details are available on say electronic computers or portable tablets that would be a solution.

I feel this area could be improved.

Hospitals and GP practices need joining up and synchronise their services.

No idea - have been to the walk-in surgery in Accrington we were very happy that the possibility was there to see a doctor!

I have put a lot of thought into this question and without having full knowledge of how it will all work I can only look at the pro's and con's as I see them.

I do believe that at the moment patients being seen by a hospital outpatient clinic have the necessary skills and knowledge to treat/monitor etc that specific ailment as they are specialists within their chosen field. However, for some patients it can be difficult to get to these clinics either through transport or medical problems. Sometimes patients have to wait a long time to get an appointment. The difficulty can also arise when patients have a varied range of conditions which need to be understood by these medical staff in order that a patient can be treated as a whole.

At the moment it is down to the patient to inform the outpatients clinic of a whole history so something is not missed (even though notes are in front of a practitioner, time can prevent full understanding).

Therefore this can be problematic due to 1. Patients not remembering everything 2. Patients not realising the significance of a particular condition 3. The clinic not having the time to spend getting all the facts and 4. Therefore a particular treatment for X could be detrimental to Y.

This then leads me to conclude that patient health and social care needs may not be fully being met at the moment.

When I looked at the proposed centre for out of hospital care being made possible within our own community my initial thought was great; 1. more co-ordination between practitioners therefore better treatment 2. Less travelling 3. The patient knows their way around their own community, so would be less daunting than going to hospital 4. They would probably instantly recognise the practitioners having seen them around the community.

But would this only work if specialists were available for every condition, otherwise would mistakes be made due to someone having to be 'jack of all trades and specialist in non'. My other concern is our GP's within our practice are very hardworking, would this put additional pressure on them – they have only got one pair of hands and there is only 24hrs in the day.

Do you feel local health services would be improved if we can develop a co-ordinated service between health and social care services for patients in the community?

Yes: 20 No: 0

Comments:

Unsure.

Possibly.

It appears that health and social care still don't appear to be speaking to one another in a coordinated fashion all the time, and this means that services, particularly for the elderly, can be hit and miss.

The two Services are generally inextricably intertwined and the non-coordinated functioning of each is inexplicable.

Linked would save time and staff.

I think that social care can be construed to be a something for nothing benefit by some people and taken advantage of unnecessarily, but also we, the public should be made aware of its availability.

A holistic and preventive approach to health and social care should be a priority, with early referral to the relevant specialities, some of which could be made available in our own town:

At present the Physiotherapy service is available to patients from Great Harwood at the Accrington Pals and in a Physiotherapy centre in Clitheroe. The waiting list can be very frustrating for patients in pain. The 'Walk in Clinic' for back pain at Accrington Pals is not easy to access due to over use of the facility and the travel out of town. There is a Physiotherapy Gym available at Accrington Pals. I am not aware whether this facility is available in Clitheroe. It would be more convenient for Gt. Harwood people to have their first assessment appointment in our Health Centre by one of the Senior Physiotherapists visiting, perhaps one day per week. Dependent on further treatment this could be followed by further appointments in the Health Centre: This kind of arrangement could be applied to other specialities. The Nurses who visit Gt. Harwood, Bank Mill House to carry out a 'Leg' clinic could possibly hold the clinic in the Health Centre. This would help with arranging further investigations or treatment where necessary for patients following their initial visit: A visiting Dermatologist could be available in the Health Centre on a session basis. Now only available at Clitheroe Health Centre, this is not necessarily easily accessible for elderly patients and others who rely on public transport:

Most follow up treatment and some pre-hospital treatment visits, could be held in the Health Centre: A Dietician could be available: A Counsellor for stress and early mental health problems which have been diagnosed by the GP's, could be useful in the prevention of more serious problems arising:

I think it could help to avoid vulnerable people slipping though the net and ensuring their needs are met.

It is perhaps easier to make an appointment with a doctor when perhaps social care services should be involved but it is not easy to know how to contact them. Information as to how and when to contact social services could be displayed in the surgery. Also once the District Nurses left the health centre I am not certain where they are based or what their role is now.

Sometimes it would appear that the left hand doesn't seem to know what the right hand is doing!

At present many out-patient services take place in hospital when perhaps it may be easier for you to see allied health professionals like a dietician or physiotherapist locally somewhere linked with your GP practice.

How do you think we could best create community teams to make this happen?

Comments:

I have been seen at the local health centre, near to where I work for physio, and this was much easier and took less of my time. Extending these services to other health centres can only be a positive move.

Create links from the health centre to local professionals in the appropriate field, or have them available at the health centre on specified dates, say twice a week.

Locally-based, local provision of multi-discipline team preferably within the Health Centre. The degree of provision would be determined by the identified needs, if only on a prioritised basis. Ad hoc provision in uncoordinated free-standing isolation of each Service regime is the perfect strategy for least effectiveness.

New health centre is big enough to have a half day walk in centre, it will be busy for a few weeks until it settles down then it will save doctors surgery time, nurses could staff it and assess needs!

Does the system of District Nurses still exist?

Community teams or integrated services can only be provided effectively by working closely together and having seamless communication system.

Health Professionals regularly visiting the Health Centre on a session basis: Early referral to Hospital or other care, including care at home and other Social Services is possible with efficient co-ordination and co-operation between Services: Meetings/communication between Services, and access to records should be easier than in the past considering today's advanced technology: Employment of a person or persons to carry out the specific role of arranging and liaising between services, prompted by a GP or Hospital liaison team: Setting this up could be useful for a University Research project for a post degree student: (?Master's Degree).

Health professionals could be linked to the new health centre but is it big enough to cater for them all? Of course the various health professionals would not be there every day but work from there on a rota arrangement.

GP practices in the local area working and pooling their resources.

Employ more specialised staff within the building.

Have combined doctor, district nurse, social services, podiatrist etc. meetings to try to create a co-ordinated service where guidelines can be drawn up so that the patient sees the most appropriate person. Also a list of agencies could be put up in the health centre so that patients know how to contact them.

Hospital staff could be released to come on site at GP surgeries to ease hospital over use etc. patient travelling time and expense.

I frequently attend the Reflex physiotherapist practice on Queen St Gt Harwood both for pilates and occasional physio, they are excellent physios and I think it would be great if the practice could work in partnership with them by providing physio for patients locally and in a timely way.

I believe that there would need to be a central point which would co-ordinate this. Community GP's and the present teams would need to be involved to determine the services needed. Maybe this is something that could be discussed at the PPG meetings.

Just have one or two stationed at the GP practice?