

Grove Road Surgery, Eastbourne

Patient Satisfaction Survey Results November 2012

Background Information:-

The survey was conducted both in-house and online using the website www.surveymonkey.com in the 5 week period of 24th September - 31st October 2012.

In-house questionnaires - were conducted by the patient group who attending on several dates, working both morning and afternoon shifts, whereby they asked patients to complete the questionnaire which was then posted into one of the 2 collection boxes. The patient participation Group (PPG) made themselves available to assist in the completion of the questionnaire but without influencing the answers the patients were giving.

Surgery receptionists also handed out questionnaires to those who were willing to participate.

On-line questionnaires - the use of the practice website was discussed with the PPG but due to the previous successes of using ' survey monkey ' an organisation who allow the use of up to 500 questionnaires to be completed free on-line, it was felt we should again use this method and e-mail the link to the patients. At the time of the survey the practice had a 550 patient strong e-mailing database group. These are patients who utilise our dedicated email repeat medication request service who have been emailed by the practice manager and asked if they wish to join the patient emailing group. All of those who have responded positively are regularly emailed practice newsletters as well as any other information the practice feels or need to communicate to its patients. All of these patients have consented to the practice communicating with them in this way and so were a ready made group for the patient survey.

Survey Responses

A total of 487 Questionnaires were completed (196 in-house and 291 on-line) which represents almost 6½% of the practice list of patients.

It was agreed that for simplicity of the analysis another 13 in-house results to round up the total figure completed to 500 returns would be welcomed.

All 550 of the e-mail group were sent the on-line link to the survey, of which 291 completed the survey on-line which equates to a 53% return rate.

The practice prepared 250 paper copies of the questionnaire of which 209 were completed. This represents an 83½% completion rate. Several questionnaires were taken away to complete but were never returned.

Overall the practice received 500 responses, and is pleased with the response rate both on-line and in-house.

7. As you did not contact a surgery or other NHS service first, can we enquire why was that?

Surgery was closed	= 22	34%
Surgery was open but considered condition was best dealt with at accident and emergency	= 7	11%
I thought my condition was urgent	= 15	23%
Unaware of WIC / OOH	= 5	8%
Other services	= 16	24%

8. Looking back, do you think that Accident and Emergency was the most appropriate choice for you that day?

Yes	= 99	76%
No	= 31	24%

Summary of the Survey

Q1 – Although the questions and the survey had undergone several reviews including a quality control, it was only with hindsight that the 2 questions in 1 question potentially created a false response. It was recognised that some patients may have known about the hospital overspend but not that this would be met from their own surgeries budgets. So the confusion lay in would they answer YES or No to this question. As we had no way of checking how the patients would have answered, it was agreed that we should act upon the actual results received, and learn from the error for the next patient survey. Therefore, with 39% knowing and 61% unaware of the hospital overspend, it was agreed the aim should be to try and reverse these figures. It was felt the surgery website and newsletter would be a good place to start. However, it was accepted that 39% were aware, which is a pretty good figure and probably reflects the education that the surgery newsletter has made in this area so far.

Q2 – There has been much national and local media information for up to 2 years now, and it was felt that the 70% figure reflects the success the awareness campaign has had. However, there are still 30% who despite this campaign are unaware. It was felt that the surgery website and newsletter may increase this figure but that it was unlikely to be a significant rise. The PPG felt that there are always patients who are not really interested in what is going on or just accept everything as a fait accompli. It was agreed we should continue to run articles in the newsletter and website in the hope that it does get the message across to more patients but that we should not overstretch ourselves to do so.

Q3 – This was almost a 50:50 split but the PPG felt that it was important that more patients are made aware of these costs to the practice. It was agreed that everyone believes the NHS is free, but of course we all know it has to be paid for somewhere. It was agreed that the website and surgery newsletter was a good place to start but also for posters to be put up in the surgery to make patients aware. It was suggested that the doctors & nurses could opportunistically raise this with patients / family & carers etc. during the consultation. This was to be put to the doctors & nurses, but there was some feeling in the room that we should

probably **NOT** do this, as the consultation is not the ideal place to be bringing up costs and money with patients. It was felt that this could interfere with the doctor / patient relationship or even raise it to a confrontational level. **Post Meeting - the doctors and nurses were indeed against the opportunistic approach as they saw this as unprofessional.**

Q4 – With 72% responding that they knew of this, it was accepted to be a good response and very little should be done to try to raise this any higher. It was felt one of the reasons for the high level was probably due to the hospital stating ' I will write to your GP ' or stating something similar. It was also assumed that some patients would expect the hospital to send something to their GP and so may have guessed the answer to be ' yes' although the figures were expected to be low for this but nevertheless the response was very good and so it was felt that there did not need to be anything pro-active at this time.

Q5 – It seems that 73% of patients completing the survey have not been seen in accident and emergency in the previous 6 months. With Grove Road Surgery's current accident and emergency attendance figures, this figure was seen as higher than expected. If this was replicated across the practice population why are our accident and emergency attendance figures so high. More importantly climbing? This suggests a regular sector of patients are attending rather than the general practice population. The practice has been educating patients via the surgery newsletter and website about inappropriate accident and emergency attendances. This has been happening for over 2 years now including the costs to the practice for each of these attendances. So it was baffling as to why the figures are spiralling upwards, especially in the ' band 5 ' which are deemed to be the non accident and emergency type condition. In addition for the last year, the practice has been writing to patients who have attended accident and emergency in ' core hours ' i.e. when the surgery is open, with a simple 4 or 5 questions about their accident and emergency visit to try and learn why we attend accident and emergency and with what sort of conditions. Interestingly of the 27% who did attend accident and emergency, 52% contacted the surgery / out-of-hours or Walk in Centre, and were advised to attend accident and emergency. This was a really good and pleasing figure that had sought medical help / advice first. Disappointingly though is that it meant that almost an equal number, 48% in fact, had elected to go to accident and emergency. It was agreed that writing to patients who attend accident and emergency in core hours should continue, with the practice continuing to review the responses received. The PPG are to be kept informed of the returns with a view to discussing possible measures to address it further.

Q6 – This question is directly linked to Q5 and asked those who had sought advice as to why they still went to accident and emergency. It transpires that 3% were offered an appointment for that day but chose to go to accident and emergency as the appointment time was inconvenient to them. 1 patient said they went to accident and emergency for a 2nd opinion as they were unsure about the GP's diagnosis. Another patient went to the WIC on a Sunday but as they looked really busy, went to accident and emergency. Several patients said my son or daughter is a doctor or nurse and they told me to go to accident and emergency. A total of 9 patients felt they needed an X-Ray and so went to accident and emergency. Interestingly, of these 9 patients, only 1 actually had an X-ray. There was some discussion around patients expectations, the convenience / inconvenience factor, as well as patients misdiagnosing their conditions. It was agreed by the PPG that this suggests education is required around accident and emergency and the services they provide.

Q7 – This question also directly links to Q5 but focussed on the opposite group, namely those who did not seek help / advice first, but made the decision to attend accident and emergency. Several patients felt they needed to see a hospital consultant and saw accident and emergency as the springboard for that. Some admitted that seeing the GP would slow things down. All but 1 patient were told to see their GP who would refer them if necessary. A total of 3 patients admitted to living within 5 minutes of the hospital and thought it was fine to just turn up at accident and emergency. Some patients have long term medical conditions and their consultant has advised them to go to accident and emergency when this or that happens, so that is a pre-planned response and that is absolutely fine. A massive number had trips or falls and despite not being seriously injured, if injured at all, felt that attending accident and emergency was appropriate as after all this is the accident and emergency department, they had had an accident and needed checking over. There was also a large number who said the surgery was closed so had nowhere else to go but to accident and emergency. Amazingly, all of these were unaware of the WIC or the out-of-hours service. They all genuinely believed that accident and emergency was the place to go when the surgery was closed. As in Q6, the PPG agreed that this suggests some education on accident and emergency is needed.

Q8 – As Q5 / Q6 & Q7 were written in such a way that they in themselves were also educating on the appropriate use of accident and emergency and also on the use of other medical services available i.e. WIC / OOH & NHS direct, Q8 focussed on the with ' hindsight ' aspect. Was attendance at accident and emergency still deemed appropriate. Overwhelmingly 76% still felt accident and emergency was the correct route to take. If 3 out of every 4 patients who attended accident and emergency felt it was appropriate, then we have to respect that. However some of the written comments were enlightening. In the box below are listed some of the responses from those who maintain their attendance accident and emergency was wholly appropriate. Figures in brackets indicates where some responses followed a theme or trend and this indicates the number of patients for these:-

I didn't get to see the specialist but had to go to my GP to be referred and then had to wait 7 weeks for appt with consultant. I was admitted and had an operation but what a waste I could have had all this much quicker if the accident and emergency doctor had listened to me. The NHS could be so much better if doctors in general listen to patients
We were seen pretty quick by what we hear about hospital waiting times (5)
The hospital doctor said my GP could have dealt with this but I thought I needed an X-ray but I didn't get one. I still think accident and emergency was right
Didn't think my GP would be able to deal with this but hospital said I should have spoken to them first anyway as they probably could. I think I got a polite ticking off. (4)
It was the only way I was going to get seen as I couldn't wait until Monday morning for my surgery to open (2)
Hospital confirmed what my GP had said
My son is autistic and it would be better for accident and emergency to treat him at home
Spent 5 hrs with baby sitting on floor in cubicle – no bed / chairs available. Whilst unhappy about that, my baby was seen and treated eventually, which is what I wanted. I did see my GP 3 days later who was really helpful but who also said I should have seen him about this and not gone to accident and emergency.
Despite the long wait I was given medication / treatment / advice which has helped (8)
At the time it was my only option as the surgery was closed and I was unaware of any other services (4)
I thought I needed and X-Ray but I didn't get one (8)

Of course we should not forget that 24% also answered Q8 as saying with hindsight accident and emergency was **NOT** appropriate. If 1 in 4 patients are saying accident and emergency attendance is inappropriate, if this was to be replicated not only locally but nationally this would be a massive workload reduction for all accident and emergency departments throughout the country but would also mean GP's would have fewer accident and emergency invoices to pay, so would have bigger budgets to spend on other essential services for their patients. With some of the reasons shown in the box above, it suggests the 24% who said NO should actually be a little higher maybe as much as 30% or 33%, equivalent to a 1:3 ratio.

What the patients (who have taken part in the survey) have been completely unaware of is that the practice has reviewed the accident and emergency reports received and this suggests 70% of those attending, did so with non accident and emergency conditions, which could have waited until the surgery was next open, taken those offered GP appointments or attended the WIC / OOH service. This also backs-up the above paragraph's estimate of 30% - 33% attendance being inappropriate.

Outcomes

Overall, it was felt the patient satisfaction survey was very good and very revealing.

It was accepted that we will never prevent everyone attending accident and emergency but we do not wish to do so anyway. We want to educate patients on what is and what isn't appropriate for accident and emergency to deal with. For anyone who has a life threatening illness or injury or has suffered a serious injury, of course accident and emergency is appropriate and attendance should not be thought otherwise.

However, there are a large number who attend inappropriately and the existing education process is to continue through the surgery newsletter and website, with posters strategically placed around the surgery.

In addition the practice will continue to write to those who attend in ' core hours ' as this is seen as an essential education which should reduce attendances in time.

The PPG felt that continuing to write to patients who attend accident and emergency in core hours should be maintained, with the practice reviewing the responses received at practice meetings. The PPG also requested to be kept informed of the returns / responses, with a view to discussing possible measures to address it further at future PPG meetings.

There was a suggestion from the PPG that the doctors & Nurses could opportunistically raise some of these issues with patients / family & carers etc. during the consultation. This was routinely declined by the doctors and nurses as it was deemed unprofessional to do so. However, the doctors and nurses did reserve the right to raise matters during the consultation, if on occasions it was deemed appropriate to do so.

Additional Information

The following section is considered to be additional and useful information.

Profile of the Patient Participation Group (PPG)

The PPG was formed in November 2006 and this was following an advertising campaign in consecutive surgery newsletters of June / July 2006 edition and the September / October 2006 edition. The group is formed entirely from volunteers.

The original group consisted of 6 members, 2 male and 4 females. The 2 male members were aged 60 and 70 years, were both retired, one had his own business and the other was an engineer. The 4 females were a young mum (under 30 years), a working mother from Somalia (under 40 years), a schoolteacher in her 50's and a retired hospital worker in her 60's, who was also registered as disabled.

In the ensuing years new members have joined the group lifting the number up to nine at one time, whilst others had left leaving five as the lowest number over the years.

Sadly, last year one of the male founder members of the PPG died.

The PPG currently consists of 7 members, with 2 of the original group still present. The present membership also has a medical writer, hairdresser and two ex-police officers, one male and one female. In addition to their daily roles, members of the PPG also sit on other boards and panels, including school governors and we also have a justice of the peace.

One of the strengths of the group has always been its independence which provides a voice of views and opinions, that the surgery finds extremely helpful.

The current PPG is a diverse group We are aware there are gaps in this diversity, namely we do not have a young mum, disabled member or someone from a minority ethnic background but the practice has actively approached some individual patients who it was felt might want to be involved or be a good candidate to be involved. Unfortunately, we have been turned down on each of these personal invite occasions. Whilst the group is as diverse as it can be we do recognise that there are elements of our practice population who are not being heard.

The practice is always advertising via the surgery newsletter to recruit new members and/or replacements. We have tried over the years to expand the group numbers to a maximum of 12 members but to no avail. It is your voice within the surgery, and so if you feel you would like to be involved in the PPG, you can keep a watchful eye on the surgery website and our newsletters for articles on the matter but why wait. Drop us a line at the surgery and tell us a little about yourself and we will invite you to one of the next meetings.

Opening times

The practice opening times are well advertised within the surgery, as well as within the practice booklet and on our website. The surgery opens at 8am Monday to Friday and closes at 6:30pm on those days. Please also note, that we are closed from 1 -2 pm for lunch.

Saturday Opening (Extended Hours)

In addition the surgery offers Saturday morning appointments with a GP and these appointments are all pre-booked. These are also well advertised around the surgery, as well as via our practice booklet and website. Regular readers of our surgery newsletter will also know that we run several reminder articles on this service as well.

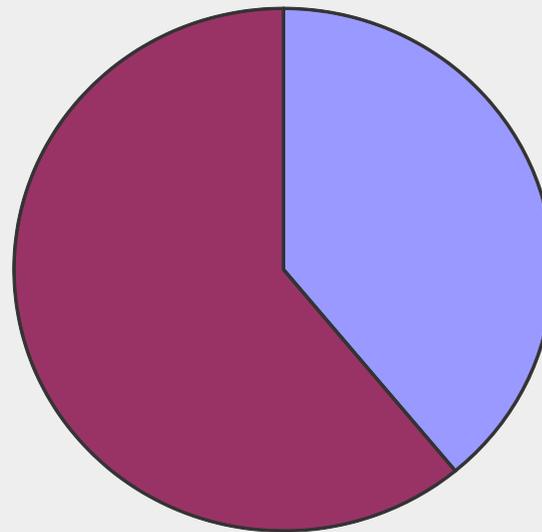
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Question 1 - Total of in-house and on-line Results

Are you aware that the DGH significantly overspent its 2011 / 12 budget (by £20 million) and that this overspend is being funded by all local GP practices from their 2012 /13 allocated budgets?

Answer Options	Response Percent	Response Count	
Yes	39.0%	195	
No	61.0%	305	
<i>answered question</i>			500
<i>skipped question</i>			0

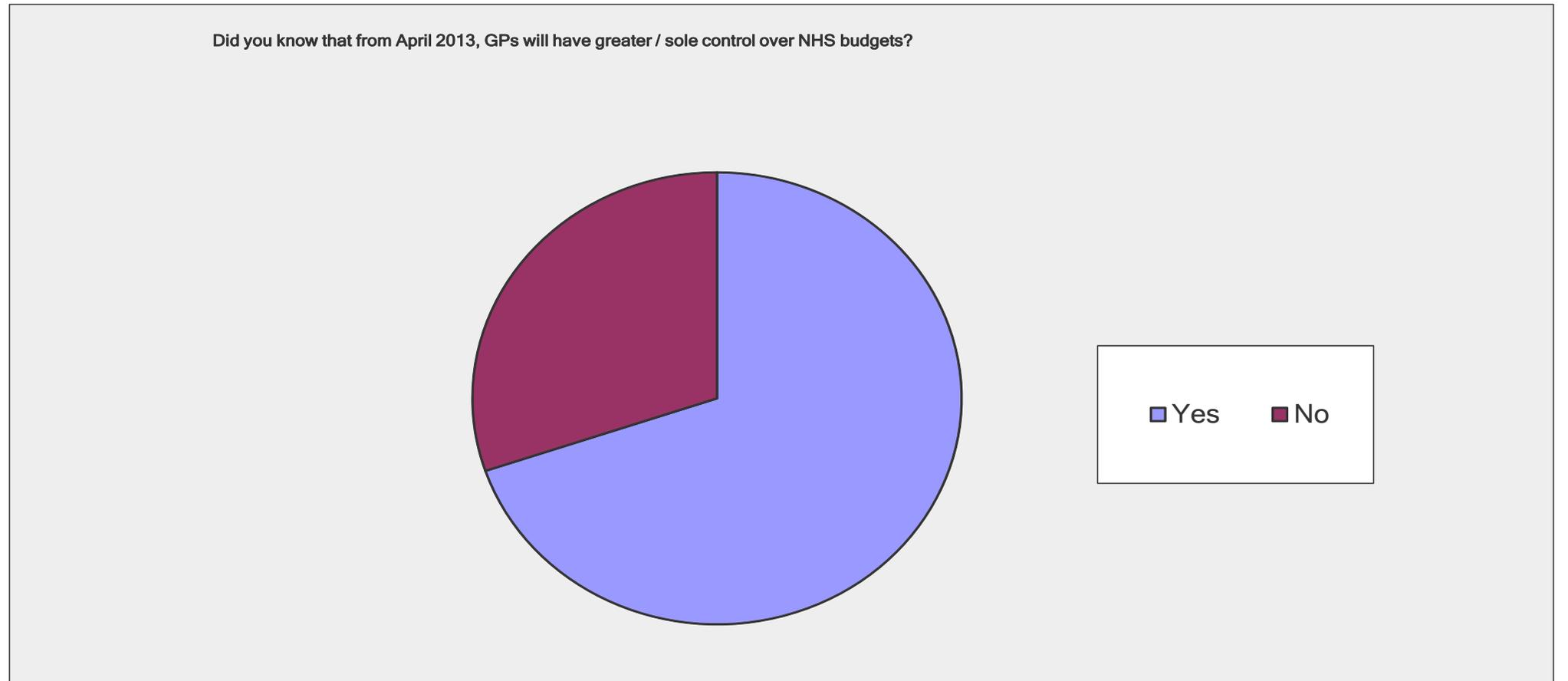
Are you aware that the DGH significantly overspent its 2011 / 12 budget (by £20 million) and that this overspend is being funded by all local GP practices from their 2012 /13 allocated budgets?



■ Yes ■ No

Question 2 Total of in-house and on-line Results

Did you know that from April 2013, GPs will have greater / sole control over NHS budgets?			
Answer Options	Response Percent	Response Count	
Yes	69.8%	349	
No	30.2%	151	
<i>answered question</i>			500
<i>skipped question</i>			0



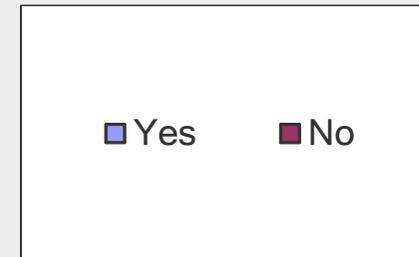
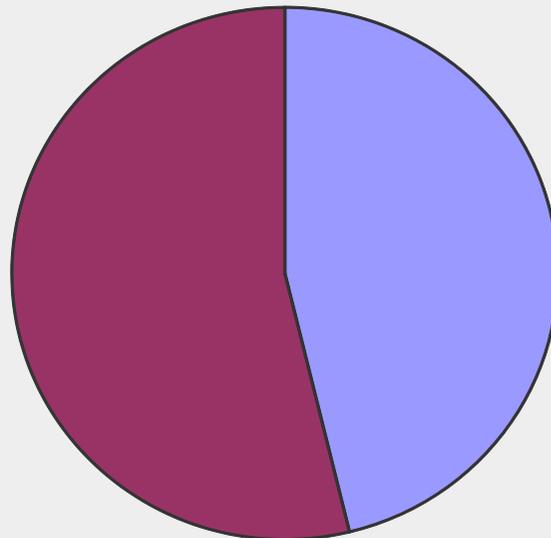
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Question 3 - Total of in-house and on-line Results

Did you realise that hospital services and facilities, such as appointments, admissions, operations, A&E attendances and hospital tests (e.g. X-rays, blood tests), will have to be paid for out of your surgery's allocated budget?

Answer Options	Response Percent	Response Count	
Yes	46.2%	231	
No	53.8%	269	
<i>answered question</i>			500
<i>skipped question</i>			0

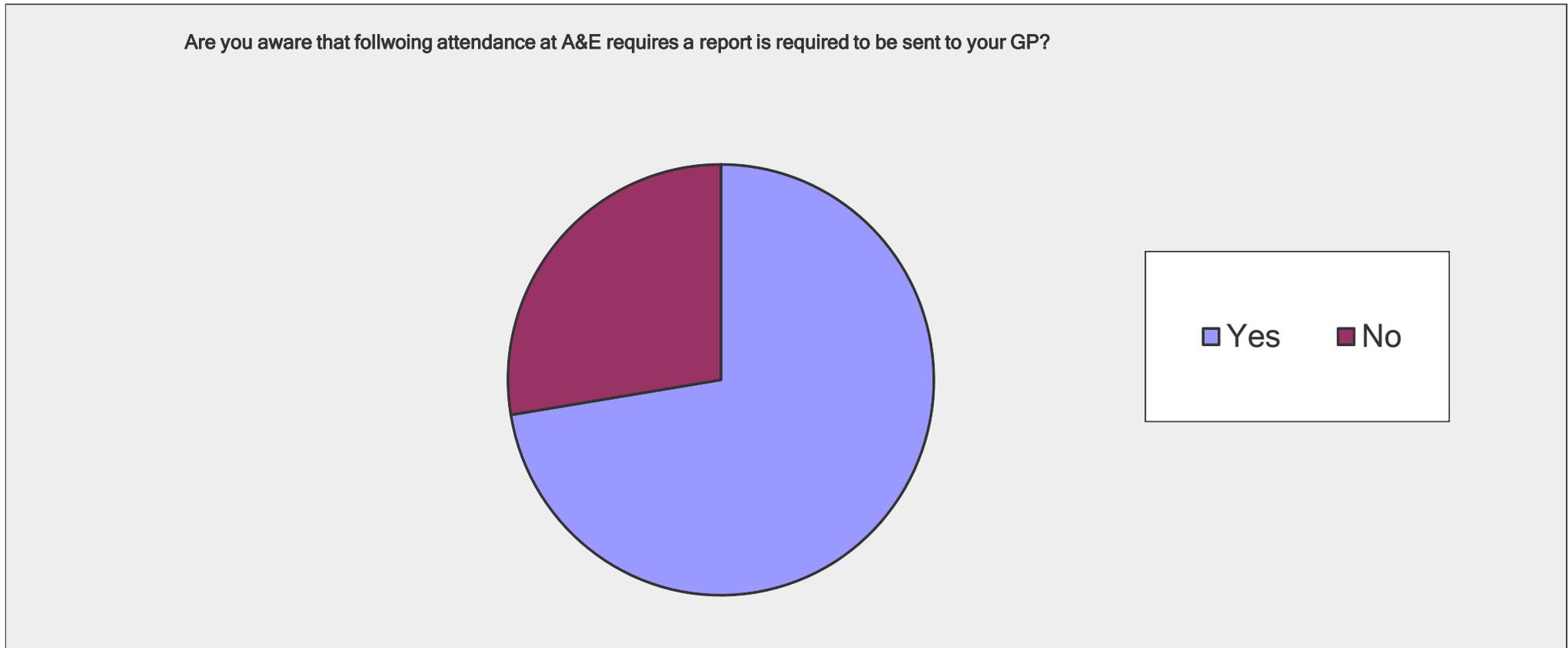
Did you realise that hospital services and facilities, such as appointments, admissions, operations, A&E attendances and hospital tests (e.g. X-rays, blood tests), will have to be paid for out of your surgery's allocated budget?



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Question 4 - Total of in-house and on-line Results

Are you aware that following attendance at A&E requires a report is required to be sent to your GP?			
Answer Options	Response Percent	Response Count	
Yes	72.4%	362	
No	27.6%	138	
	<i>answered question</i>		500
	<i>skipped question</i>		0



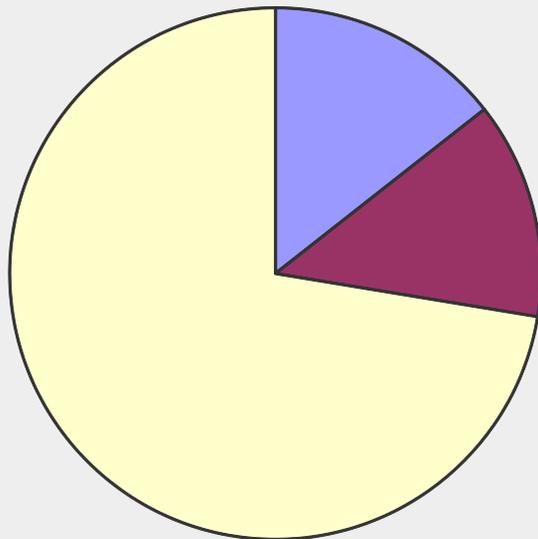
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Question 5 - Total of in-house and on-line Results

If you have attended any A&E departments in the last 6 months, did you contact a surgery or other NHS provider such as:- Walk-in-Centre / Out of Hours Service / NHS Direct / Pharmacist or other NHS service for advice first?

Answer Options	Response Percent	Response Count
Yes (go to Questions 6 and 8 - missing out question 7)	14.4%	72
No (go to Question 7 and 8 - missing out question 6)	13.2%	66
I have not attended A&E in the last 6 months (thank you - the questionnaire is now complete)	72.4%	362
<i>answered question</i>		500
<i>skipped question</i>		0

If you have attended any A&E departments in the last 6 months, did you contact a surgery or other NHS provider such as:- Walk-in-Centre / Out of Hours Service / NHS Direct / Pharmacist or other NHS service for advice first?



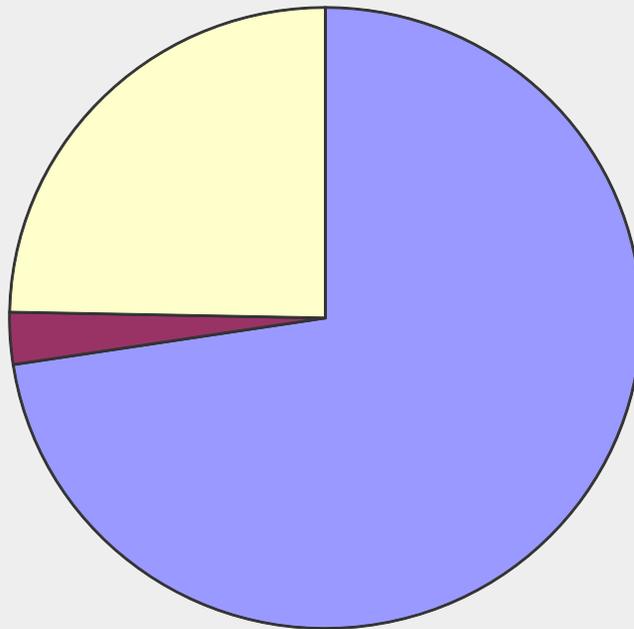
- Yes (go to Questions 6 and 8 - missing out question 7)
- No (go to Question 7 and 8 - missing out question 6)
- I have not attended A&E in the last 6 months (thank you - the questionnaire is now complete)

Question 6 - Total of in-house and on-line Results

As you contacted a surgery or other NHS service first, what were you advised to do?

Answer Options	Response Percent	Response Count
I was advised to go direct to A&E	72.6%	53
I was offered an appointment but chose to go to A&E anyway (please add further information in the box directly below)	2.7%	2
Other advice given (please add further information in the box directly below) (this box can be used to provide any further information)	24.7%	18
	answered question	73
	skipped question	427

As you contacted a surgery or other NHS service first, what were you advised to do?



- I was advised to go direct to A&E

- I was offered an appointment but chose to go to A&E anyway (please add further information in the box directly below)

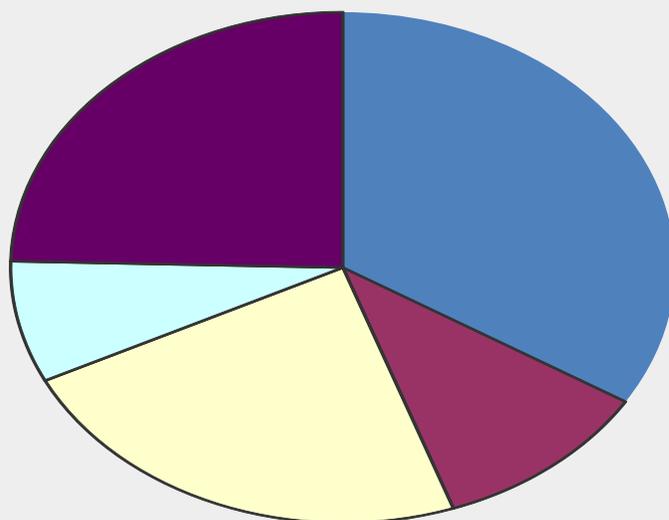
- Other advice given (please add further information in the box directly below)

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Question 7 - Total of in-house and on-line Results

As you did not contact a surgery or other NHS Services first, can we enquire why was that?		
Answer Options	Response Percent	Response Count
The surgery was closed so I went direct to A&E	33.8%	22
The surgery was open but I thought my condition would be better dealt with by A&E rather than by a doctor / nurse or any other NHS services or healthcare professional	10.8%	7
I thought my condition was urgent / semi urgent and that I would be seen quicker or more appropriately (or both) by the A&E department staff	23.1%	15
I was not aware that the out-of-hours service / NHS Direct / Walk-in-Centre / Pharmacist / or other NHS services were able to help or advise me about my condition	7.7%	5
Other (please explain in the box directly below)	24.6%	16
(this box can be used to provide any further information that you feel is necessary)		27
	answered question	65
	skipped question	435

As you did not contact a surgery or other NHS Services first, can we enquire why was that?



- The surgery was closed so I went direct to A&E
- The surgery was open but I thought my condition would be better dealt with by A&E rather than by a doctor / nurse or any other NHS services or healthcare professional
- I thought my condition was urgent / semi urgent and that I would be seen quicker or more appropriately (or both) by the A&E department staff
- I was not aware that the out-of-hours service / NHS Direct / Walk-in-Centre / Pharmacist / or other NHS services were able to help or advise me about my condition
- Other (please explain in the box directly below)

Grove Road Surgery (G81002) Eastbourne - Patient Satisfaction Survey - October 2012

Question 8 - Total of in-house and on-line Results

Looking back, do you think that A&E was the most appropriate choice for you that day?			
Answer Options	Response Percent	Response Count	
Yes	76.2%	99	
No	23.8%	31	
Why was that? (optional to offer further information)		87	
	<i>answered question</i>		130
	<i>skipped question</i>		370

