

DR A M BROOM  
DR D R WARD  
DR K SHELLY  
DR H MAXWELL-JONES

THE SURGERY  
CLIFTON ROAD  
ASHBOURNE  
DERBYSHIRE  
DE6 1RR

Surgery: 01335 300588  
Fax: 01335 300178

## ANNUAL PATIENT PARTICIPATION GROUP REPORT MARCH 2014

Practice Name: The Surgery, Clifton Rd, Ashbourne, DE6 1RR

Practice Code: C81086

### **INTRODUCTION**

Our PPG has been running successfully since 22<sup>nd</sup> November, 2008. All newly registered patients are invited to join.

### **REPRESENTATION**

#### ***How representative is the Patient Participation Group (PPG) of the practice population profile?***

##### Practice Population Profile

The vast majority of our practice area falls in Derbyshire Dales, with a small portion to the west in the rural northern corner of East Staffs. 2011 Census data has been accessed (via [www.ons.gov.uk](http://www.ons.gov.uk)) and found the following information with regard to ethnicity:

Derbyshire Dales

E07000035

	2011
White (%)	98.6
Mixed / Multiple Ethnic Groups (%)	0.6
Asian / Asian British (%)	0.5
Black /African / Caribbean/ Black British (%)	0.1
Other Ethnic Group (%)	0.1

Source: [2011 Census](#)

East Staffordshire

E07000193

	2011
White (%)	90.5
Mixed / Multiple Ethnic Groups (%)	1.4
Asian / Asian British (%)	6.9
Black /African / Caribbean/ Black British (%)	0.9
Other Ethnic Group (%)	0.3

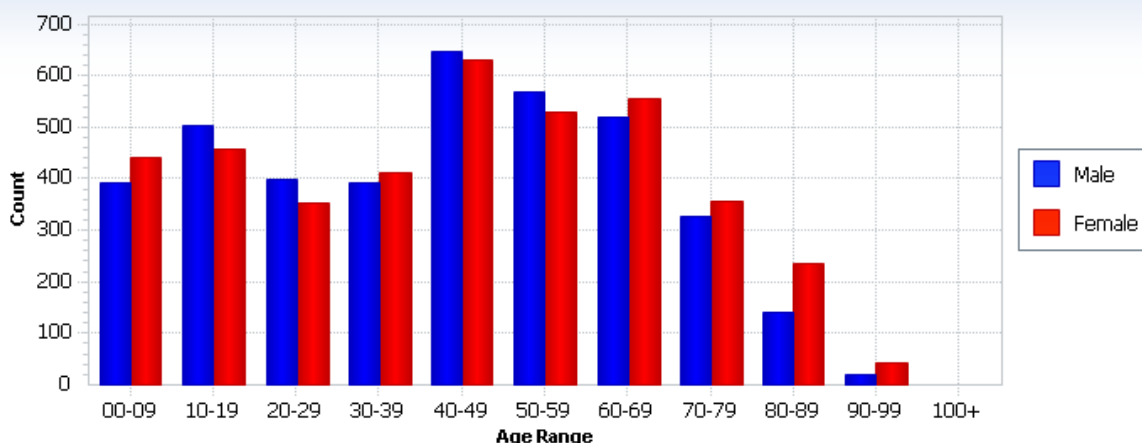
Source: [2011 Census](#)

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The practice does not collect data on ethnicity for our practice population, but as can be seen by the above and a more detailed analysis of the census data, our practice area has very little diversity. We also do not collect data on employment status. In terms of gender and age demographics, the practice data indicates the following:

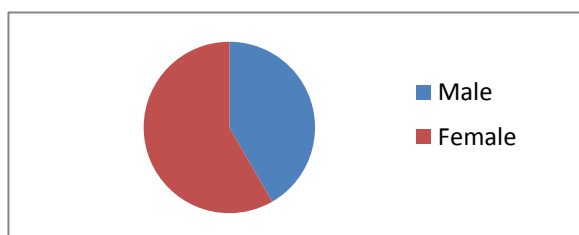
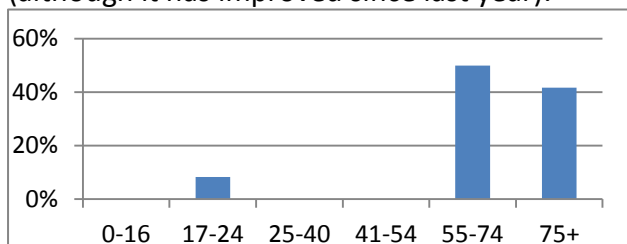


EMIS 19/12/13	Total	00-09	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100+
Total	7915	834	958	752	805	1278	1095	1072	682	377	62	0
% of all		11%	12%	10%	10%	16%	14%	14%	9%	5%	1%	0%
Male	3906	393	502	399	393	647	567	518	327	142	18	0
% of all	49%	47%	52%	53%	49%	51%	52%	48%	48%	38%	29%	
Female	4009	441	456	353	412	631	528	554	355	235	44	0
% of all	51%	53%	48%	47%	51%	49%	48%	52%	52%	62%	71%	

PPG profile

PPG (meeting group):

In terms of ethnicity, the PPG lacks diversity but in this regard matches the demographics of the patient population. In terms of age spread, the group is not representative despite our efforts (although it has improved since last year):



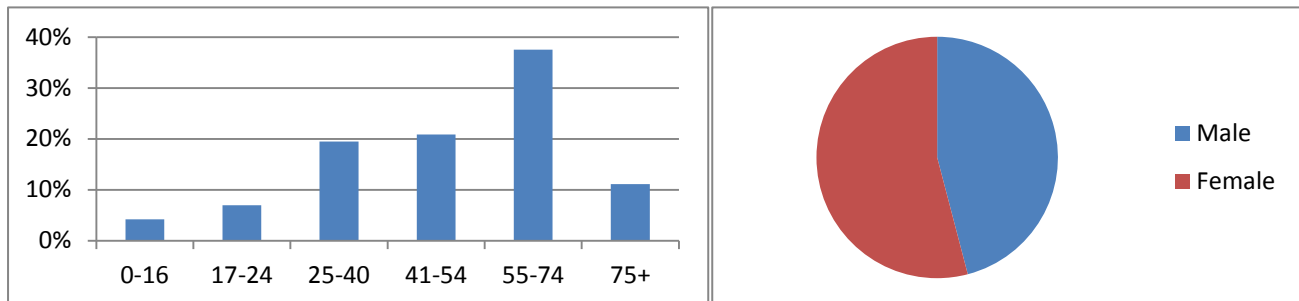
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#### Virtual PPG:

The virtual PPG has a wider spread of ages:



#### ***Differences between the practice population and members of the PPG, and the efforts the practice has made to reach any groups not represented***

There are 12 active members of the PPG (meeting section). We also have a Virtual PPG with 52 current members. As for most PPGs, we have difficulty attracting a representative sample of patients. As a result, and in agreement with the PPG, continuing attempts have been made to widen the scope and opportunity for those who don't like/aren't able to attend meetings.

Following last year's success of building a virtual arm of the PPG, we have continued to promote and collect email addresses so that we can build on this group of patients who, whilst they may not be able to attend or enjoy meetings, want to be kept in the loop and allowed the opportunity for discussion/involvement in decisions. This allows patients to submit comments and be kept in touch with PPG's work, its discussions and decisions, and allow some interaction for those who are unable to attend/dislike meetings at a time that suits them. As can be seen, the Virtual PPG has achieved its aim and it more representative of the practice population with a wider spread of ages than the PPG (meeting group). It has allowed a much wider range of patients to comment/contribute to decisions that affect them.

The PPG has considered a number of ways to improve membership by improving patient groups currently not represented on the patient group. We advertise the PPG in our patient leaflet, new patient information and on the PPG noticeboard in the waiting room. Also, we have a message on the TV screen. We have also regularly considered having the meeting at a different time to attract other members, and this is still a possibility. However, having tried in the past to engage young people, mothers etc, it was felt that those who enjoy meetings and would attend are able to within the current arrangements.

Members of the PPG have actively sought to be positive spokespersons, to encourage new members and specifically to recruit younger members so that the PPG can become more representative. As a result of these efforts, we now count a 17 year old amongst our regular attendees, and we are hoping to build on this link and have already been in touch with the school and governors to increase our contact with young people.

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We held a carers' open morning at the practice during the course of the year with some members of the PPG in attendance to encourage carers who attended to consider giving their views and possibly joining the PPG. We also continue to arrange an annual visit by our Reception Manager to the local secondary school.

## ***PATIENT SURVEY***

### ***How the priorities were set:***

The survey and options of approach were discussed both in face to face PPG meetings (Sept13 and Nov13 meetings), and via email with the PPG and Virtual PPG. Suggestions for focus were solicited, and both the practice and the PPG settled on the following suggestions in light of local issues as follows:

- A&E usage – as part of the QP work for the year, the practice had been asked to look at A&E referrals. Then the CCG were very interested in getting PPGs involved in patient education in relation to A&E usage, and in particular use of alternatives to A&E (111, their Choose Well campaign etc).
- The perceived under-usage of the local hospital - there has been much in the local press and activity by the CCG and hospital themselves to start analysing whether it is actually underused, how it is used, a wide reaching survey of patients in Ashbourne etc.
- DNA rate – arising out of last year's survey which primarily focussed on appointments, we looked at the number of DNAs and how this impacted on access. This was (to the practice) very high, so we wanted to use the survey to highlight this and find solutions to reduce it effectively.

These areas for investigation were minuted and all informed via email as normal, with opportunity for discussion/amendment/further suggestions.

### ***How the questions were drawn up:***

The Practice Manager came up with a draft questionnaire focussing on these areas, which was distributed pre-meeting to the PPG survey working group of 3 PPG members (formed for the previous year's survey and volunteered again). At the Jan14 PPG meeting, the draft was discussed in full and suggestions/amendments/deletions were applied and the working group then produced the final version which was then approved by the PPG and Virtual PPG via email. This was then supplied to the Practice Manager. See Appendix A for the Questionnaire

### ***How was the survey conducted?***

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During 4 weeks starting 20 January 2014 a prominent display was made in the waiting room, with the questionnaire available with pens/flipboards. It was also handed out at Reception, and an internet version was available on the practice website. The PPG were also sent hard copies and both the PPG and Virtual PPG sent a link to complete the survey online.

Given the nature of the topics (in that it was not time-limited and on subjects of interest to the town), we have left the survey live on the practice website for further responses.

### ***What were the survey results?***

A separate report on the Survey Analysis is attached at Appendix B. Although it is difficult to summarise, the highlights are:

- A&E usage – most usage reported was appropriate. There seems to be little evidence to suggest that the respondents went to A&E without good cause, or having sought advice. The lack of a daily XRay service at the local hospital possibly increases unnecessary A&E visits
- 111 – more could be done to highlight when to use 111, and to improve the service through feedback. The practice is more likely to receive feedback and we should find a way to make sure we help them improve by passing back as much as possible.
- The perceived under-usage of the local hospital - patients aren't always aware of whether St Oswalds was an option, and need to be better informed or 'given permission' to make sure they ask if it is not clear
- DNA rate – little awareness of all the ways in which patients can cancel their appointment. The majority would be open to receiving a text message reminder.

### ***ACTION PLAN***

#### ***How the practice analysed the patient survey results, how these results were discussed with the PPG, and how the action plan agreed***

The survey responses were collated by Admin and analysed by the Practice Manager. A first pass analysis with proposed action plan arising from the results was then sent via email and post on 26/2/14 to the PPG working group.

Collaborating with the working group allowed for some discussion, clarification and amendment of the presentation of results. Once changes were made, the survey and analysis was then sent to all members of the PPG and Virtual PPG for their consideration in advance of the PPG meeting on 10/3/14. It was then discussed at the meeting, and the action plan was approved for implementation by the practice. The final version was then sent out with a further 2 week window of opportunity to

comment/suggest amendments, before publishing in this report.

No contractual considerations in relation to the agreed actions are foreseen.

### ***What is the action plan?***

The action plan is attached at Appendix C. In summary, the main areas for work are:

- A&E - Patient education on self-care/alternative options, internal education on correct identification of fractures (to potentially save referrals to A&E), and lobbying for extended XRay clinics at the local hospital
- 111 – encourage more use of it and facilitate improvement through feedback of patient experience
- St Oswald’s Hospital – promote its use, encourage GPs and patients to always consider whether service required is available, provide information to patients on clinics where available. All to ensure that when a patient is referred, they are either offered St Oswalds or told/ask why it is not possible.
- Missed appointments – patient education highlighting impact of DNAs on other patients, and investigate text message reminders as way to reduce

Timescales – the practice will ensure keep the PPG uptodate and it will be a standing item on the PPG meetings to inform of progress. Decision of text message reminders expected by latest September2014 with implementation (if go ahead) 1 month later.

There was no disagreement – the practice and PPG/Virtual PPG worked closely together to ensure that all opinions could be considered and suggestions included where possible.

### ***Review of previous year’s actions and achievement***

Agreed action plan resulting from the Patient Survey run February 2013:

- 1) *Review appointment configuration and consider solutions to reduce impact of book on day appointments on prebook availability*

A full review was held by both the practice and the PPG working group, who met separately and made suggestions, and requests for explanations on how the current system ran, why it was set up that way etc. The practice then reviewed all suggestions and comments and met with the working group for an open discussion in September 2013.

To quote from the minutes written by the working group (with no input from the practice): 'It was evident that all the topics proposed by the working group for discussion had been given due consideration within the practice before this meeting. ...each topic was addressed in detail and cogent explanations were given in cases where the practice was unwilling or unable to implement changes suggested by the working group.....The meeting concluded in agreement that improved communication between practice and patients was essential and that the PPG could best support the practice by close involvement in the preparation and dissemination of relevant information'

In summary, although no substantial changes were made, understanding was increased of the complications and challenges experienced by both practice and patients, and we feel this is a benefit in itself. We are working with the PPG to improve communication.

In particular, the practice was asked to monitor the number of appointments that were wasted through Did Not Attends (DNAs). These were highlighted as they reduce the amount of appointments available to patients to book. As soon as we started this monitoring, the practice realised we had more of a problem than we had previously thought. As a result, this area was focussed on in the 2013-14 survey and efforts to reduce their impact are in the latest action plan.

*2) Review information available to patients on appointments and how to make more accessible*

In consultation and working directly with the working group, the leaflet explaining appointments was revamped with clearer language, and made consistent with information in the patient leaflet (also revised in consultation). Both were made available on the counter and on the website. As a result, communications have improved.

*3) Review information and structure of website, and simplify*

A cull of the information on the website was undertaken, and everything made up to date. A design revamp was also implemented and the site is much more fresh and less cluttered as a result. The healthcare information has been streamlined, and more practice specific information is there for those interested (e.g. our Infection Control audit). The PPG often gives feedback about the website, the PPG were happy with the improvements and the practice always acts on their feedback where possible.

*4) Expand the membership of the PPG and explore possibilities for Virtual PPG inclusion*

The membership has stayed fairly stable despite members leaving – so we have been able to maintain numbers. We have tried to include the Virtual PPG without bombarding them with emails – we have received no complaints so hopefully we are getting the balance right. An example of the Virtual PPG in action: Previously our appointment check in system was able to issue codes instead of showing patient names, but post-software upgrade the system was no longer able to do this, thus losing an element of confidentiality in the waiting room. We were able to explain in detail the issues involved, and canvas comment and opinion from both the PPG and the virtual PPG when making the decision and acted on their recommendation (September 2013). We were heartened by how many of the Virtual PPG

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responded to our call for their assistance (which proved they were interested in reading emails from the practice and in contributing). As a result, many more patients were involved, were given detailed information and were able to contribute to the decision making process.

We have had a member transfer from the Virtual PPG to the PPG (meeting group) which is also heartening.

***Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year's action plan these are detailed below:***

No

## **REPORT**

### ***How will this report be advertised and circulated?***

The Report has been put on the Patient Participation Group notice board in the Waiting Room. It is also on our website ([www.thesurgeryashbourne.co.uk](http://www.thesurgeryashbourne.co.uk)) and copies are available from Reception if requested. Copies will also be distributed to the PPG members via email.

### ***Opening times***

As per contract requirements, the practice confirms our opening times:

Monday to Friday 8am to 6.30pm

Additional extended hours surgeries are available (4 hours per week at varying times – surgeries can be found on our noticeboards, on the homepage of our website, and at reception)



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**APPENDIX A - Patient Questionnaire – Jan14**



### Patient Survey : January 2014

Please complete this survey – your answers will help us to plan and provide better services for you.  
Completed forms may be returned at the Reception desk or placed in the box marked SURVEY.  
Results will be displayed on our noticeboard and our website at [www.thesurgeryashbourne.co.uk](http://www.thesurgeryashbourne.co.uk)

#### Part 1 Use of Accident and Emergency (A&E) services:

Have you ever visited a hospital A&E department between 8am and 6.30pm, Monday to Friday?  Yes  No      If so, did you call 999 first?  Yes  No

Before going to A&E, did you seek advice from any of the following?

A pharmacist or dispensary  Yes  No      By contacting this Surgery  Yes  No      By ringing the 111 service  Yes  No

Please show why you went to A&E on your most recent visit (your answers will be treated as confidential)

Advised to go by 999  Yes  No      Suspected broken bone  Yes  No

Suspected life-threatening emergency, such as chest pain, head injury, severe loss of blood or breathing difficulties.  Yes  No

Any other reason – please give brief details below:

What was the outcome of your visit to A&E?

(please tick relevant boxes below – if you have used the service more than once, think of the most recent occasion.)

Admitted to hospital       Treated but not admitted       Advised to attend GP surgery

Given advice on self-treatment       Advised to take no action

**Please note: In the case of an obviously life-threatening problem telephone 999 immediately, or go directly to your nearest A&E department.**

If you are uncertain about the severity of your condition, please use the 111 Service first – they can transfer you directly to the emergency services if necessary, or contact them on your behalf.

A call to the 111 Service, or to this Surgery, may help you avoid an unnecessary trip to A&E.

If you experience any problem with the 111 Service, please inform us so that we can report it.

Please turn the page ...

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## Part 2 The 111 telephone service:

Are you aware of the 111 telephone service?  Yes  No Do you think it is a useful service?  Yes  No  Don't know

Have you ever used the 111 service?  Yes  No If so, were you in Ashbourne at the time?  Yes  No Was it during normal Surgery hours?  Yes  No

What advice were you given?  
(please tick relevant boxes below – if you have used the service more than once, think of the most recent occasion.)

Take no action  Apply some form of self-medication  Consult a Pharmacist  Attend GP surgery   
Attend a walk-in centre  Go directly to A&E  Paramedic or Ambulance sent

If you have any comments on the 111 service, please add them below:

## Part 3 St Oswald's Hospital, Ashbourne:

In the past two years, have you been referred to a hospital for further investigation or treatment?  Yes  No

If so, did your GP or nurse discuss whether you could be seen at St Oswald's?  Yes  No

### St Oswald's Hospital.

If you were not offered the opportunity to go to St Oswald's it was probably because the service you require is not available there. However, we want to make sure that our patients are aware if that is the case.

If you are in any doubt, we encourage you to discuss this with your GP or nurse.

## Part 4 Missed appointments:

Are you aware that you can cancel your appointment by telephoning the Surgery?  Yes  No Are you aware that you can cancel your appointment using our website?  Yes  No

Would you like to have a text message reminder sent to your mobile phone on the day before your appointment?  Yes  No

### Would you believe it?

In the last three months of 2013, there were 607 occasions on which patients failed to attend appointments they had made at this Surgery. Because these appointments had not been cancelled in advance they were not available to give to other patients.

**Thank you** for completing this survey, your answers will be used by our Patient Participation Group and the Surgery's administrative team to help provide better services for you.

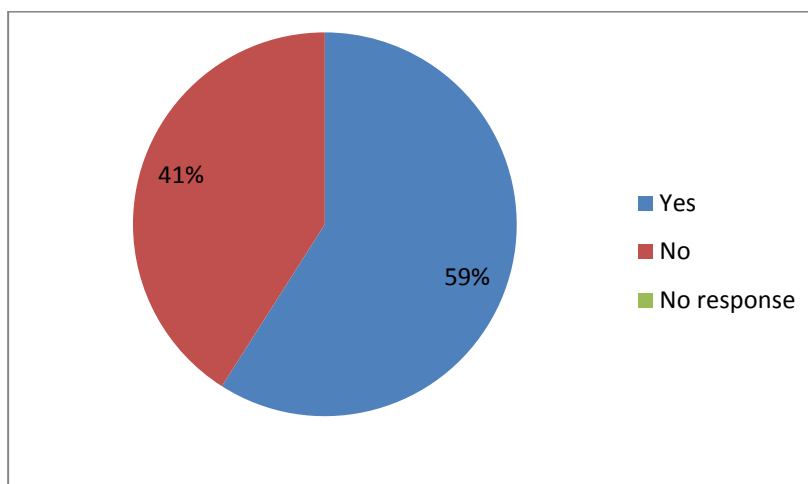
### Would you like to join the PPG?

Every patient registered at this surgery is invited to join our Patient Participation Group (PPG), which meets about six times per year to liaise with the medical and administrative staff. If you would like to be involved, but do not wish to attend regular meetings, please consider joining our 'Virtual PPG' by giving your e-mail address to our receptionists. Your details will be used only for this purpose and will be kept safely. You will be free to opt out at any time if you so wish.

**Results of the Patient Survey January 2014**

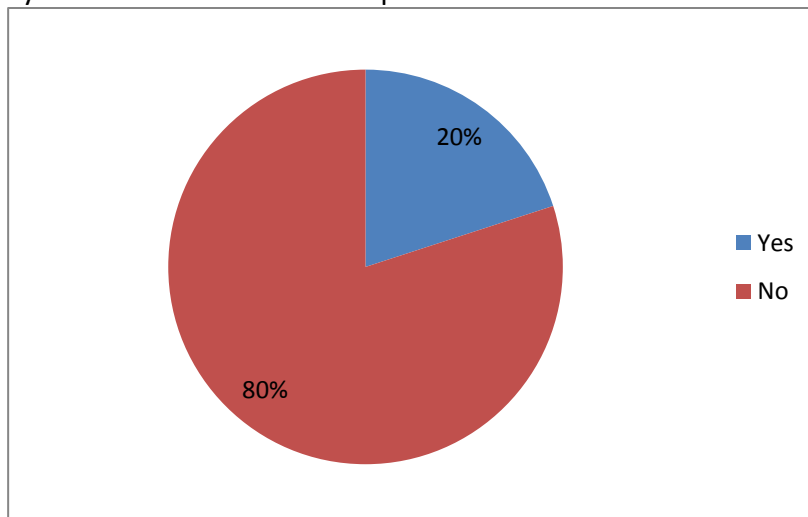
**Part 1 – Use of Accident and Emergency services**

Q1: Have you ever visited a hospital A&E department between 8am - 6.30pm, Monday to Friday?



We particularly wanted to know about A&E attendances during surgery hours, as there might have been a possibility the surgery could have dealt with the problem.

Q2: If so, did you call 999 first?



Of those that attended during surgery hours, 20% felt it was an emergency and called 999. 30% of these also sought advice from other sources (pharmacy/surgery/111 or a combination) before calling 999. This could indicate either a lengthy period of being unwell before calling 999/attending A&E and seeking advice elsewhere before the situation became such that they called 999, or not being sure whether it was 'serious enough', calling advice and being subsequently advised to call 999

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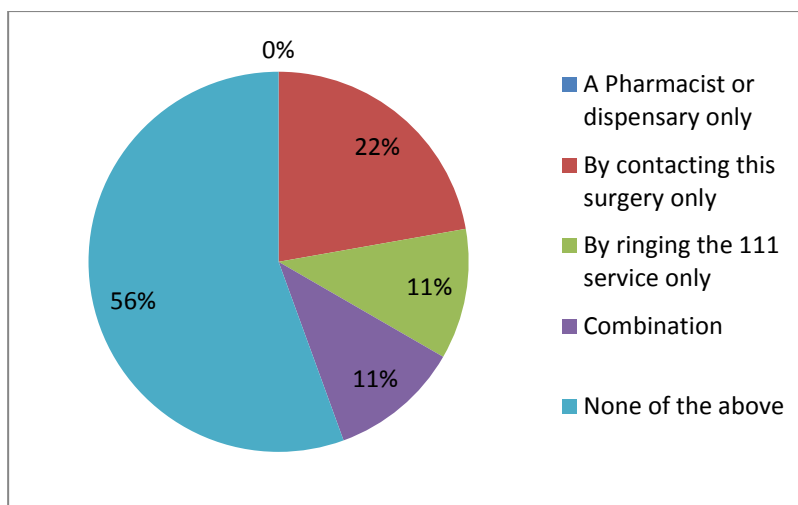
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Q3: Before going to A&E, did you seek advice from any of the following?

A Pharmacist or dispensary

By contacting this surgery

By ringing the 111 service



50% of these no-advice patients treated said they thought they had a broken bone. Possibly with increased knowledge/availability of St Oswalds XRay, clinic those that ultimately did not have a broken bone could have been dealt with in the surgery. However, it is a very small sample.

Of the 8 patients/22% who contacted the surgery prior to going to A&E, 4 were subsequently admitted, 3 treated and 1 advised by A&E that no further action was necessary. Similarly with 111 advice - where told to go to A&E, the vast majority were admitted or treated. This suggests that the quality of advice where sought is good – the patient was right to attend.

Of those who did not seek advice from these three sources, 6/30% contacted 999 instead. The remaining 14/70% of those who did not seek advice from anywhere had the following outcomes:

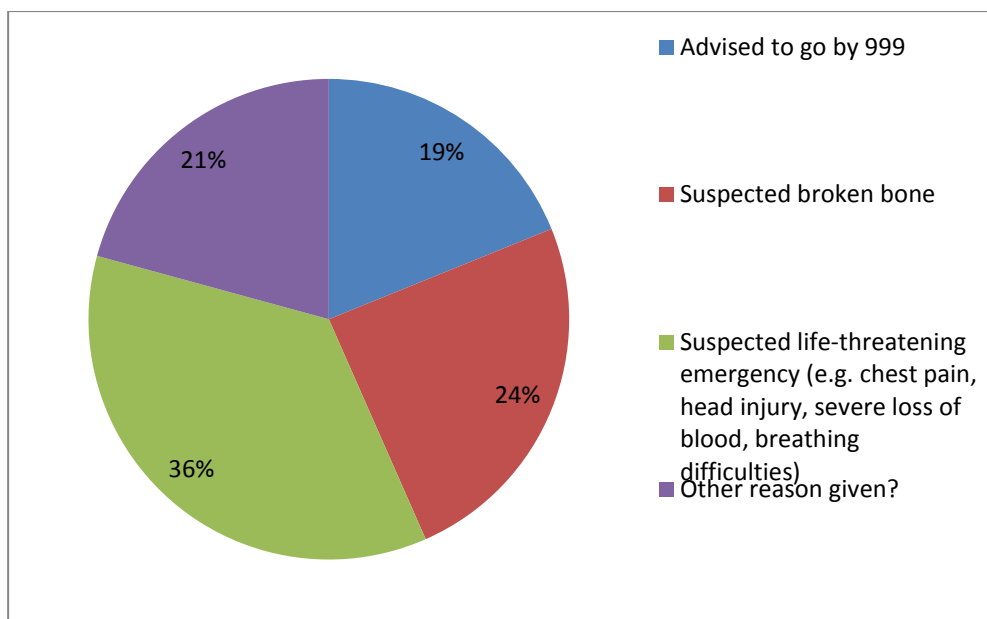
- 50% admitted
- 36% treated
- 7% given advice

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Q4: Please show why you went to A&E on your most recent visit



At least 79% of patients attending A&E went because they identified themselves as having a suspected life-threatening emergency, broken bone or advised by 999. This is exactly what A&E is for. As for whether the Surgery could have treated them more effectively, it would appear not in majority of these cases:

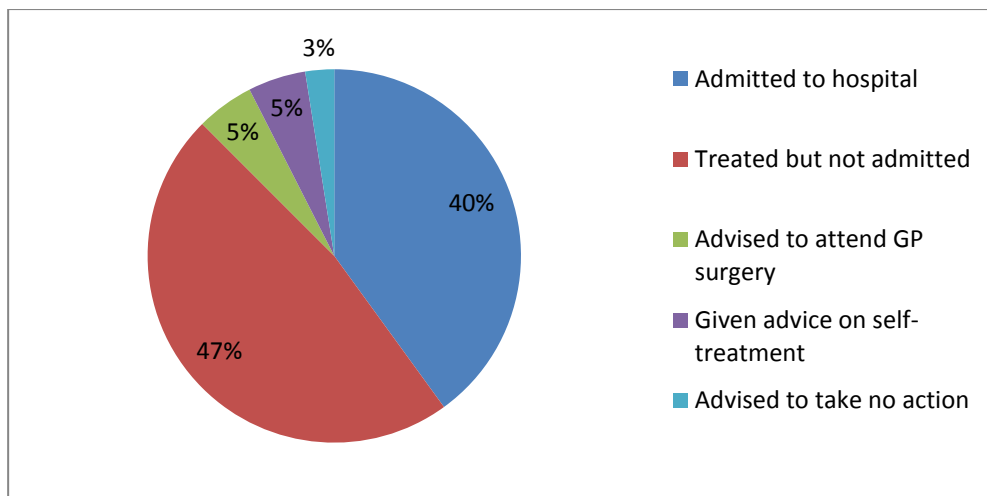
- Where the reason for the visit to A&E was suspected life threatening emergency,
  - 44% were subsequently admitted
  - 31% were treated
  - 13% were given advice only
  - 6% were referred to their GP
  - 6% were advised no action was necessary
- Where the reason for the visit to A&E was a suspected broken bone:
  - 27% were admitted
  - 73% were treated only. It is likely that many of these were not actual broken bones and could possibly have been treated in the Surgery had we been able to rule out fractures.

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Q5: What was the outcome of your visit to A&E? (please tick relevant boxes below – if you have used the service more than once, think of the most recent occasion)



Where the outcome of the visit to A&E was to attend the Surgery, this occurred despite the patient having called 999 as it was a suspected life threatening emergency. In other words, it was not a spurious, avoidable visit – the patient sought advice and took it – thankfully it turned out not to be serious enough to warrant treatment but they did the right thing.

Overall, there seems to be little evidence to suggest that the respondents went to A&E without good cause, or having sought advice.

### **Roundup**

- It is possible that those who did not seek advice, attended A&E and received treatment could have been helped here at the Surgery but there is not enough detail in the survey to know whether this is the case, nor whether the Surgery given the opportunity to advise these patient whether their condition could have been dealt with as a minor injury.
- It is possible that had these patients sought advice, that possibly they could have been diverted to an alternative to A&E (walkin/the surgery/selfhelp).
- Where a patient presents with a suspected broken bone and the XRay clinic is running at St Oswalds, we now consistently refer there. Where no break is found, it is likely that our nursing team might have been able to treat. However, when there is no XRay clinic at St Oswalds (Wed/Thurs) we have to refer to Derby XRay, and it is likely that once there patients proceed to receive treatment at A&E.

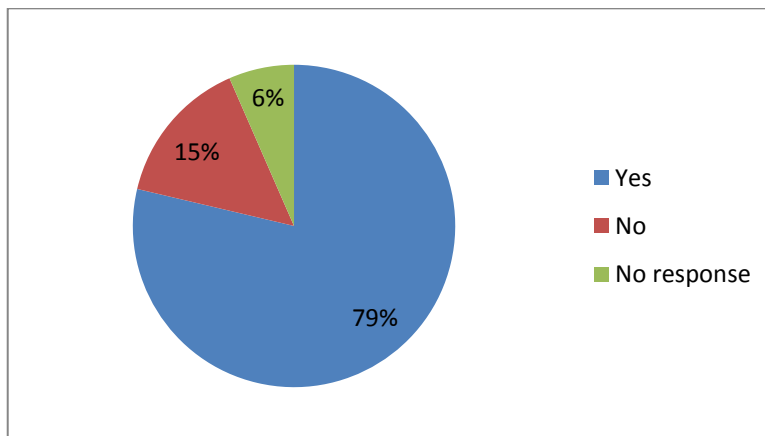
### ***Action:***

- Potential for more education to increase the number of people seeking advice before attending A&E e.g. Choose Well campaign, use of 111 etc.
- Encourage the CCG/St Oswalds to increase XRay provision in Ashbourne to avoid having no option but to send patients to Derby (and therefore A&E). This may help prevent patients being treated in A&E by identifying no fractures in St Oswalds and potentially patients can be treated there or referred back to us to treat if presenting during surgery hours
- Continue/increase internal training
  - Refresh training on fracture identification for clinical staff

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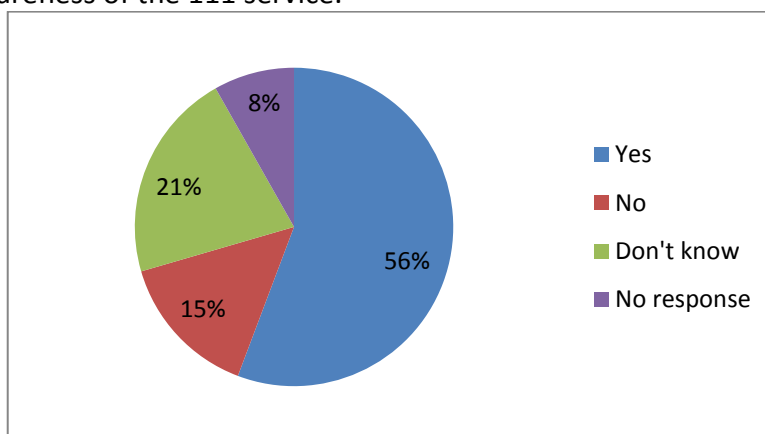
## Part 2 - The 111 telephone service

Q6: Are you aware of the 111 telephone service?



There is a high awareness of the 111 service.

Q7: Do you think it is a useful service?

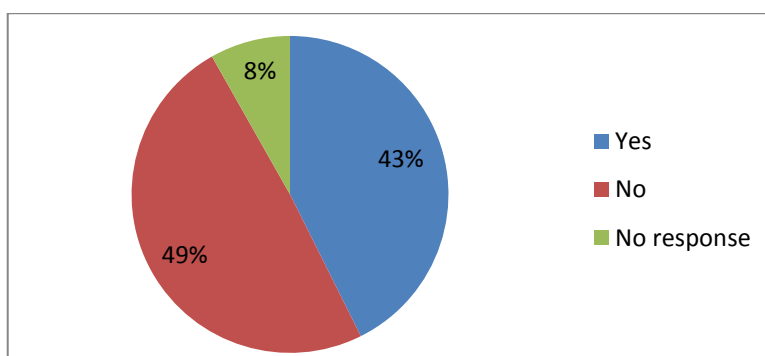


Of the 56% who thought it was useful, 65% had used the service

Of the 15% who thought it not useful, more than half had not used the service.

The 21% who did not know were reserving judgement – none had tried the service. We do not know whether the 21% who 'did not know' had attended A&E directly without trying the 111 service.

Q8: Have you ever used the 111 service?

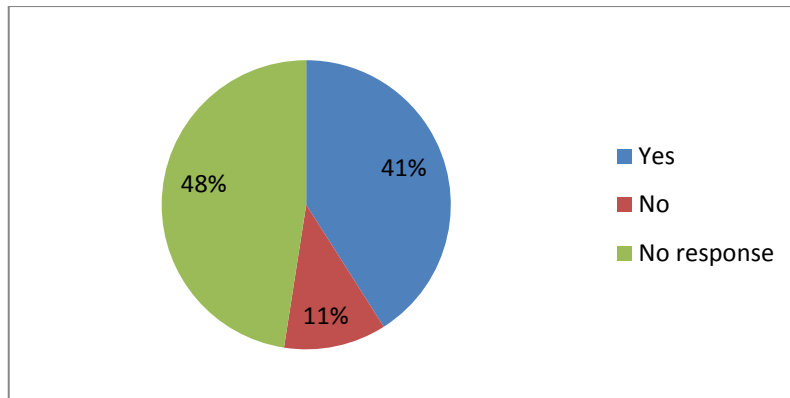


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DR D R WARD  
DR K SHELLY  
DR H MAXWELL-JONES

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DERBYSHIRE  
DE6 1RR

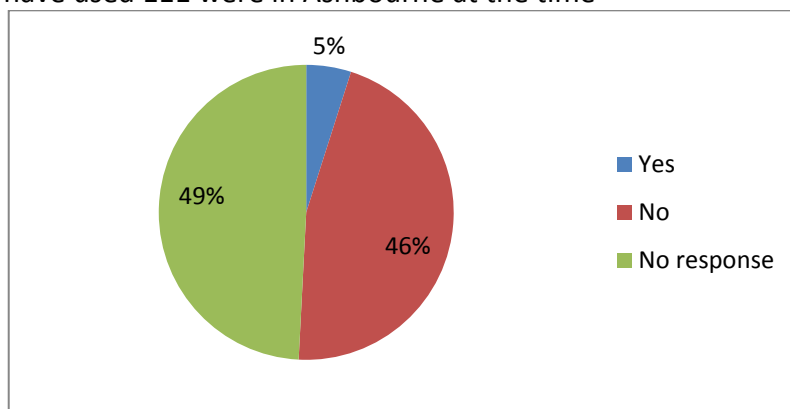
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Q9: If so, were you in Ashbourne at the time?



78% of those who have used 111 were in Ashbourne at the time

Q10: Was it during normal Surgery hours?



Of the patients who have used 111 and indicated the time of use, 10% called during surgery hours. We have no way of knowing if this might indicate it was because the patient could not get through to the surgery (perhaps as first thing in the morning?), or simply because the patient wanted some advice without calling or visiting the surgery. The 111 is there for patients even when they are not sure whether they require any (including GP) help. It is for all advice, not just urgent.

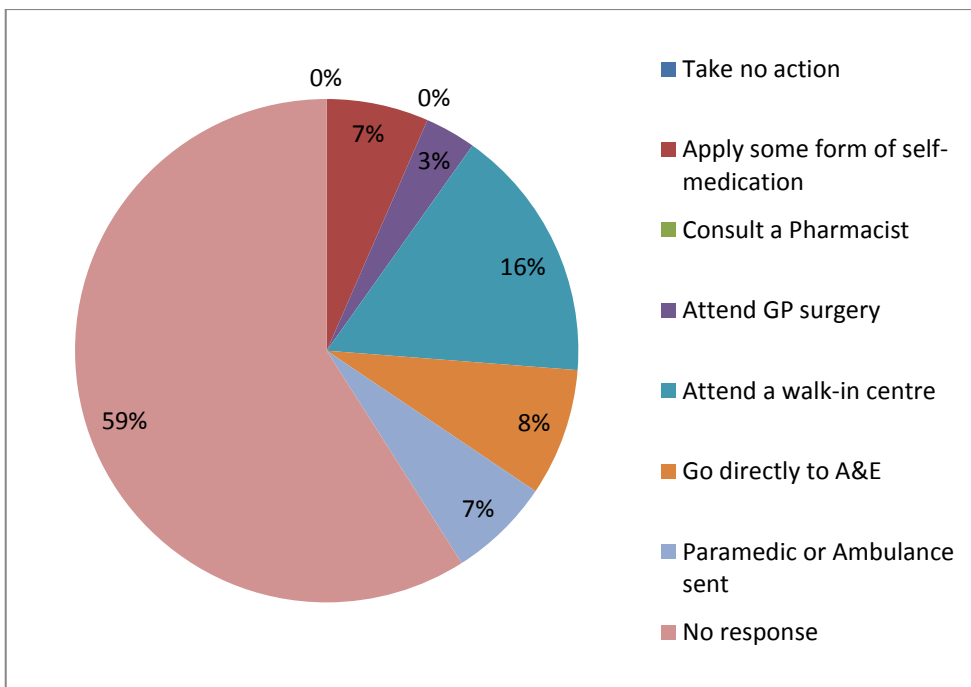


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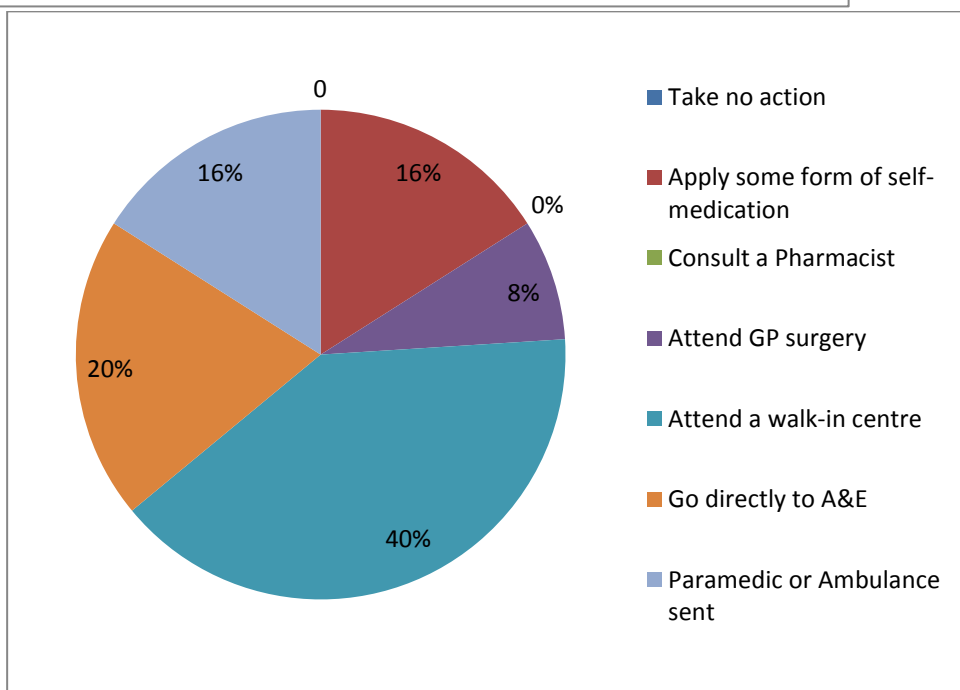
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Q11: What advice were you given? (please tick relevant boxes below – if you have used the service more than once, think of the most recent occasion)



Taking out the non responders:



Comments

- Excellent 1st line advice, just wish nurse call-back was quicker - waited 4hrs last time as busy!
- Received excellent treatment. Prompt & effective care
- Untrained staff following computer prompts are inadequate if not dangerous. Medicine doesn't work that way!
- Waste of money and time

**DR A M BROOM  
DR D R WARD  
DR K SHELLY  
DR H MAXWELL-JONES**

**THE SURGERY  
CLIFTON ROAD  
ASHBOURNE  
DERBYSHIRE  
DE6 1RR**

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40% were advised to attend a walkin centre instead. These patients might otherwise have either attended A&E directly (if out of surgery hours) or delayed treatment by attending the surgery, only to be referred onwards. This does show the value of 111 to help patients attend an appropriate service. 76% of those seeking advice and reporting the outcome did require urgent care (from A&E or a walkin centre) – GP care was not appropriate. This possibly highlights that patients sometimes need reassurance that it is ok to need more urgent care than their GP and that this service is a useful one to advise patients directly to the appropriate service where is not an obvious ‘can wait’ or ‘emergency situation.

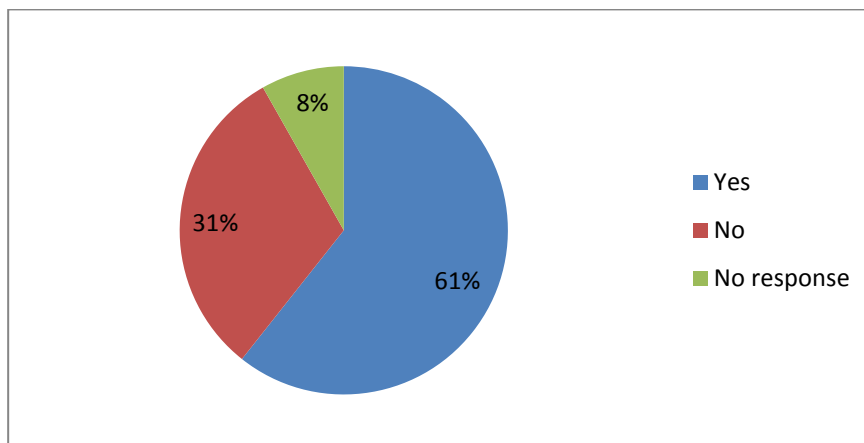
16% resulted in a 999 call being placed on their behalf.

**Possible action:**

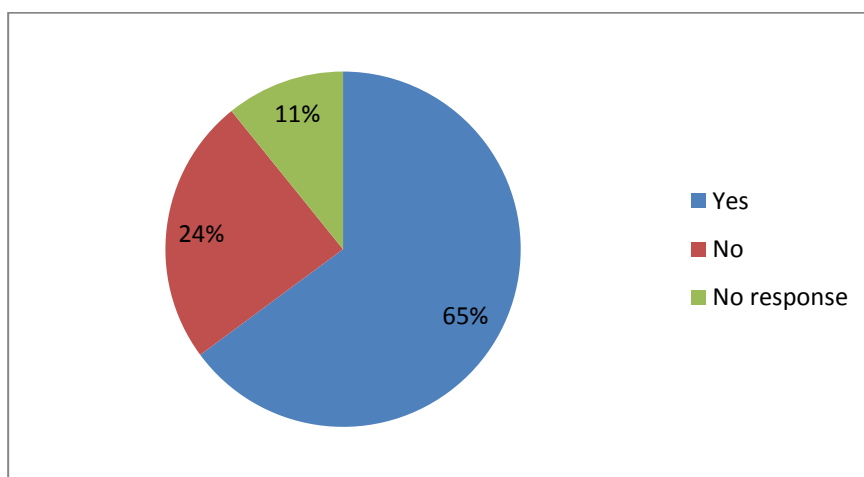
- Encourage more use of 111 - the more that 111 is used, the better it should become.
  - Advertise more heavily in practice (dedicated display on all the things it can be used for?)
  - Highlight the % of calls that resulted in a referral to walk-in/A&E. This would hopefully increase the number of patients who felt it was a useful service and encourage use of it (60% are told that they do need to seek medical help).
  - Highlight to patients that 111 can be a ‘one-stop shop’ - if patients are in any doubt about whether it is an emergency or not and they do not want to ‘trouble’ 999, they should call 111 rather than the alternative of not seeking any advice at all (the result of most calls is that patients were deemed to require some form of medical attention)
  - Highlight message that 111 can divert calls to 999 if appropriate. Patients often call the surgery with chest pain etc and our receptionists will advise they call 999 or will call 999 for them. However, 111 operators are more suited to triage and so patients might be better calling 111 in such cases as they can put them directly through (unlike how we do it, which inevitably takes longer)
- Do what we can to facilitate improvement in 111 service. Enable effective feedback where it has been found not to be useful and the reasons for this should help improve the service.
  - Speak to 111 to agree facility for the practice to feedback issues (perhaps they already have a feedback form we could make available to patients?).
  - Link on website, comments form on reception etc?

### Part 3 - St Oswald's Hospital

Q12: In the past two years, have you been referred to a hospital for further investigation or treatment?



Q13: If so, did your GP or nurse discuss whether you could be seen at St Oswald's?



As the survey said, it is possible that where St Oswalds was not offered or discussed, the clinic needed was not provided there. However, given the strength of feeling in the town re the under usage of St Oswalds, we should do more to ensure that patients are aware of why they cannot be seen there.

#### **Action**

- More information at the point of referral with the GP/nurse
  - whether there is a clinic run for the speciality required
  - the waiting time if known
- Promoting in practice via leaflets/website/posters to ask about referral options so that patients are actively encouraged/given 'permission' to remind their GP/nurse if it does not come up
- More general information on usage of St Oswalds for all interested patients
  - I believe statistics are being gathered now, and if I am allowed to share I could publicise these/updates when received and promote generally in the surgery/newsletter

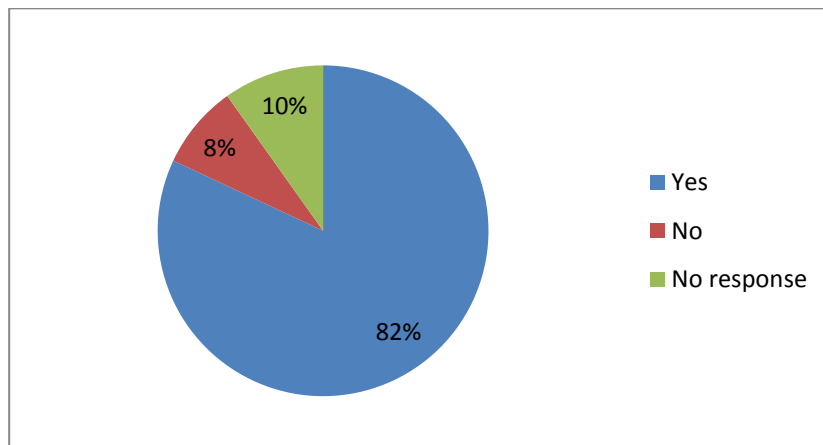
DR A M BROOM  
DR D R WARD  
DR K SHELLY  
DR H MAXWELL-JONES

THE SURGERY  
CLIFTON ROAD  
ASHBOURNE  
DERBYSHIRE  
DE6 1RR

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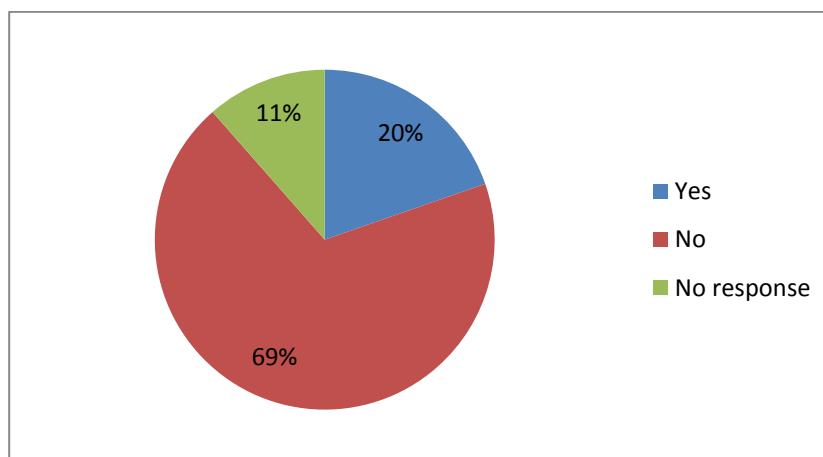
#### Part 4 - Missed appointments

Q14: Are you aware that you can cancel your appointment by telephoning the Surgery?



I am not sure that if you know you can book your appointment by phone (surely 100% of patients would know this?) that you wouldn't also know you could cancel it. Is it possibly an indication of not realising that you *should* cancel it?

Q15: Are you aware that you can cancel your appointment using our website?



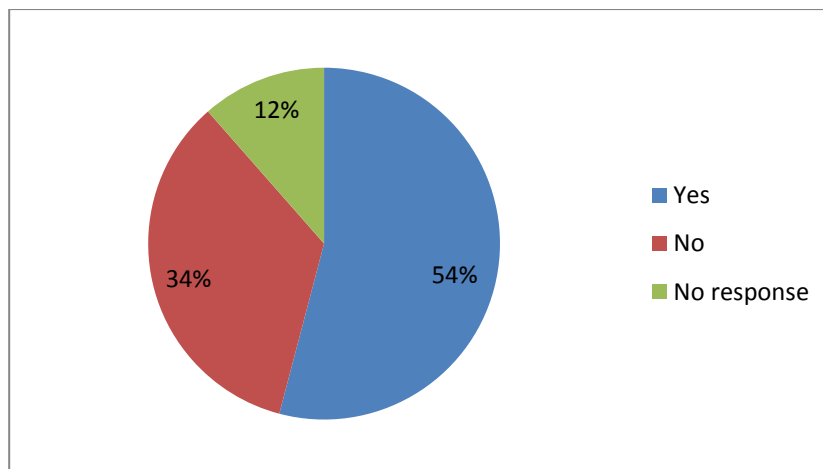
Definitely something to highlight – the facility is hardly ever used, so backs up this finding of low awareness. It can't be used to cancel less than 24 hours before a booked appointment (to ensure that all cancellations are picked up by admin staff) which possibly counts out those who DNA (as I would suspect that DNAs are more likely from those who don't think of it 24 hours before?). Still, it may be more convenient to those patients who do know that something has come up as they can cancel any time (from their sofa at night/weekend on their ipad/laptop for example)

**DR A M BROOM  
DR D R WARD  
DR K SHELLY  
DR H MAXWELL-JONES**

**THE SURGERY  
CLIFTON ROAD  
ASHBOURNE  
DERBYSHIRE  
DE6 1RR**

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Q16: Would you like to have a text message reminder sent to your mobile phone on the day before your appointment?



We didn't ask why – could be partly because some people don't use a mobile. However, it could indicate some might find it intrusive, so would need to thoroughly promote/advertise that we would use mobile numbers in this way and make clear the need to opt out. Can't possibly know whether those filling in the survey would ever be patients who DNA, but an occasional DNA can happen to anyone and any appointments saved is good for our population as a whole. And it seems there is an appetite for reminders from a significant number of patients, if for no other reason than a useful reminder. It is common across other NHS services (secondary care in particular) so many patients will have experienced it (particularly patients in the 61% who have been referred in the last two years who have a mobile phone)

#### **Action**

- Promote the need to cancel appointments – show the benefits
  - Investigate whether it is possible to keep count and highlight how many thoughtful patients freed up an appointment for their fellow patients to use, instead of letting it be wasted
- Highlight the impact it has – continue to show the level of DNAs
- Highlight the website cancellation facility
- Investigate the costs of an automated message reminder system
  - Discuss with the partners whether costs allow it
  - If so, promote/advertise our intention of its introduction giving chance to opt out before going live
  - Ensure that patients can always opt out at any point thereafter
- Monitor DNAs to see if they reduce

*Please note the percentages do not always total 100% as not all respondents answered all questions*

**APPENDIX C - Action Plan from the Patient Survey done in March 2014**

**FINAL Action Plan**

**Part 1 – Use of Accident and Emergency services**

**Action:** - report on progress at summer PPG meeting

- Potential for more education to increase the number of people seeking advice before attending A&E e.g. Choose Well campaign, use of 111 etc.
- Encourage the CCG/St Oswalds to increase XRay provision in Ashbourne to avoid having no option but to send patients to Derby (and therefore A&E). This may help prevent patients being treated in A&E by identifying no fractures in St Oswalds and potentially patients can be treated there or referred back to us to treat if presenting during surgery hours
- Continue/increase internal training – *by end of June 2014*
  - Refresh training on fracture identification for clinical staff

**Part 2 - The 111 telephone service**

**Action:** - report on progress at summer PPG meeting

- Encourage more use of 111 - the more that 111 is used, the better it should become.
  - Advertise more heavily in practice (dedicated display on all the things it can be used for?)
  - Highlight the % of calls that resulted in a referral to walk-in/A&E. This would hopefully increase the number of patients who felt it was a useful service and encourage use of it (60% are told that they do need to seek medical help).
  - Highlight to patients that 111 can be a 'one-stop shop' - if patients are in any doubt about whether it is an emergency or not and they do not want to 'trouble' 999, they should call 111 rather than the alternative of not seeking any advice at all (the result of most calls is that patients were deemed to require some form of medical attention)
  - Highlight message that 111 can divert calls to 999 if appropriate. Patients often call the surgery with chest pain etc and our receptionists will advise they call 999 or will call 999 for them. However, 111 operators are more suited to triage and so patients might be better calling 111 in such cases as they can put them directly through (unlike how we do it, which inevitably takes longer)
- Consider hosting/organising a town-wide meeting with a speaker from 111 to promote/highlight etc
- Do what we can to facilitate improvement in 111 service. Enable effective feedback where it has been found not to be useful and the reasons for this should help improve the service.
  - Speak to 111 to agree facility for the practice to feedback issues (perhaps they already have a feedback form we could make available to patients?).
  - Link on website, comments form on reception etc?

**Part 3 - St Oswald's Hospital**

**Action** - report on progress at summer PPG meeting

- More information at the point of referral with the GP/nurse – *by end of May 2014 then ongoing*
  - whether there is a clinic run for the speciality required
  - the waiting time if known

DR A M BROOM  
DR D R WARD  
DR K SHELLY  
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THE SURGERY  
CLIFTON ROAD  
ASHBOURNE  
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DE6 1RR

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- Promoting in practice via leaflets/website/posters to ask about referral options so that patients are actively encouraged/given 'permission' to remind their GP/nurse if it does not come up
- More general information on usage of St Oswalds for all interested patients - I believe statistics are being gathered now, and if I am allowed to share I could publicise these/updates when received and promote generally in the surgery/newsletter
- Encourage and arrange for easy feedback for patients to say 'we want this speciality to be available at St Oswalds' via the practice (e.g. when told it is not available)

#### **Part 4 - Missed appointments**

##### ***Action - report on progress at summer PPG meeting***

- Encourage patients to cancel appointments – *by end of April 2014 then ongoing*
  - Make sure it is mentioned on appointment reminder slip given to patients upon booking
  - Highlight the impact it has – continue to show the level of DNAs and impact on other patients in terms of appointment hours lost
- Promote the need to cancel appointments – show the benefits – *by end of April 2014 then ongoing*
  - Investigate whether it is possible to keep count and highlight how many thoughtful patients freed up an appointment for their fellow patients to use, instead of letting it be wasted
- Highlight the website cancellation facility – *by end of April 2014 then ongoing*
- Investigate the costs of an automated message reminder system – *by end of August 2014*
  - Discuss with the partners whether costs allow it
  - If so, promote/advertise our intention of its introduction giving chance to opt out before going live
  - Ensure that patients can always opt out at any point thereafter
- Investigate whether it is possible to have option to cancel on phone system (speed up time it takes to get through on the phone to cancel) – *by end of May 2014 then ongoing*
- Monitor DNAs to see if they reduce - *ongoing*