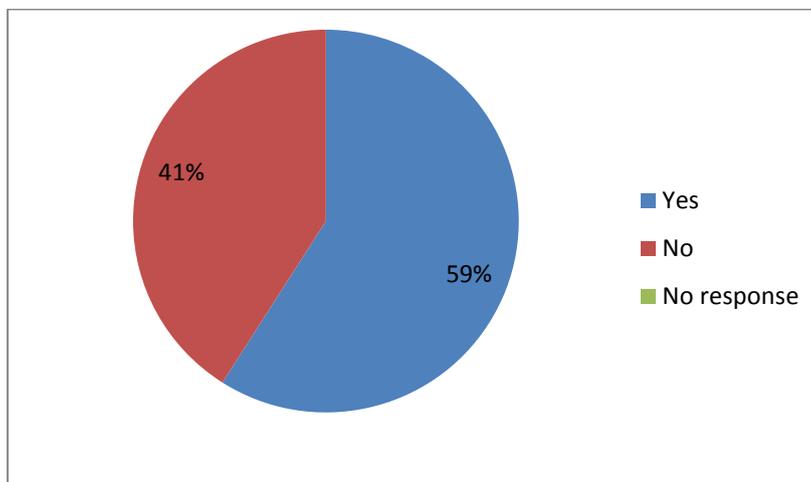


Results of the Patient Survey January 2014

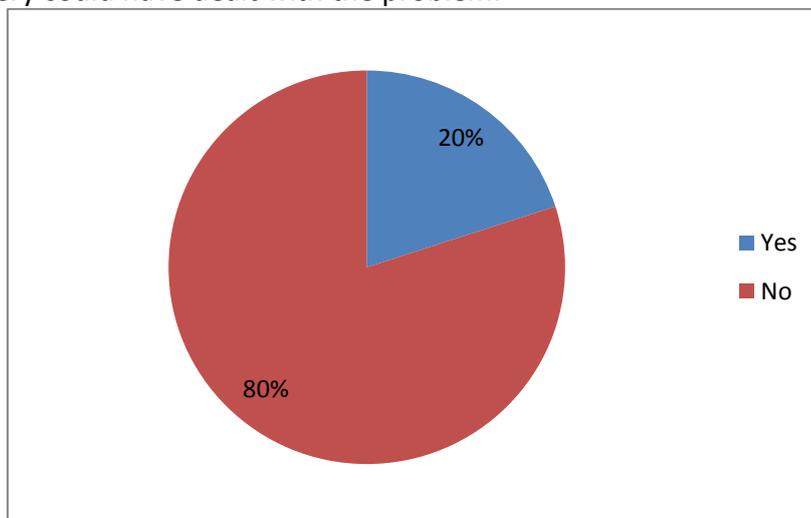
Part 1 – Use of Accident and Emergency services

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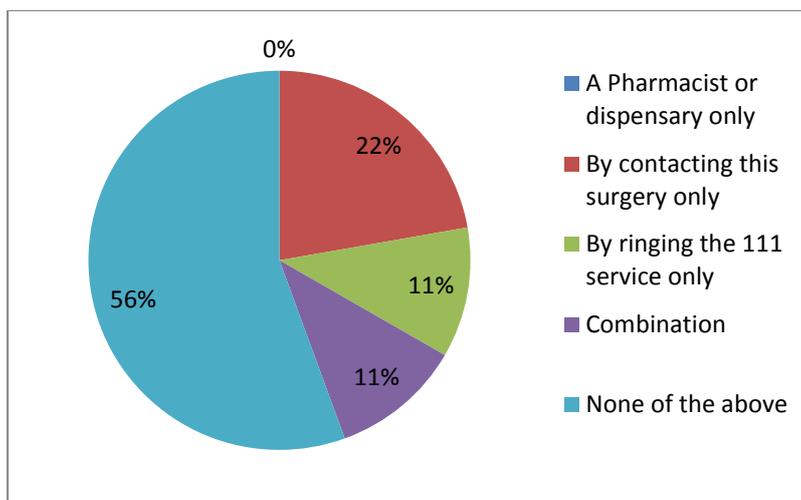
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Q3: Before going to A&E, did you seek advice from any of the following?

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:

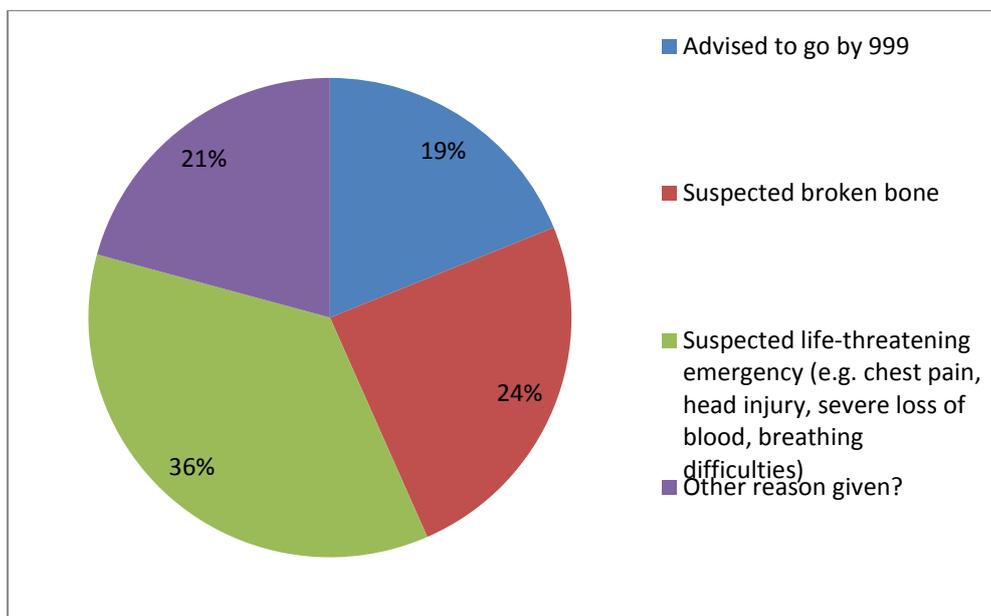
- 50% admitted
- 36% treated
- 7% given advice

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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:

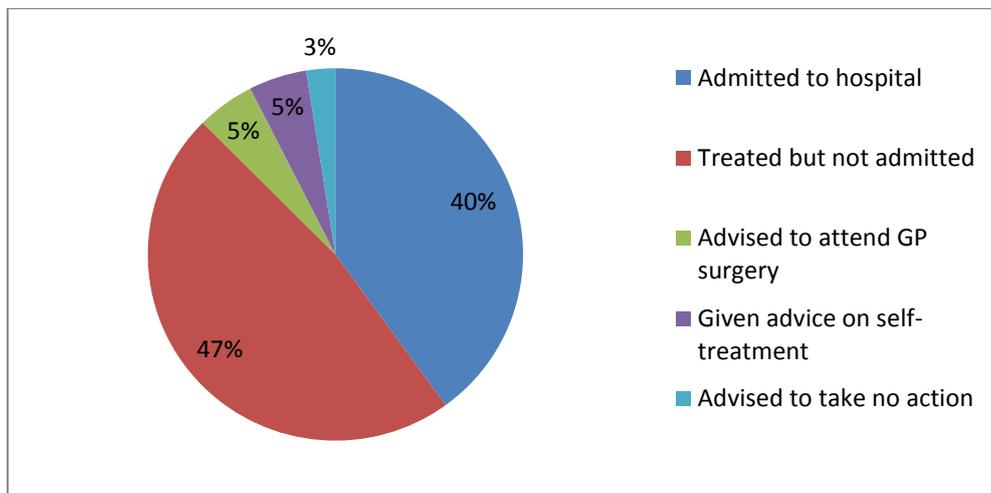
- Where the reason for the visit to A&E was suspected life threatening emergency,
 - 44% were subsequently admitted
 - 31% were treated
 - 13% were given advice only
 - 6% were referred to their GP
 - 6% were advised no action was necessary
- Where the reason for the visit to A&E was a suspected broken 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.

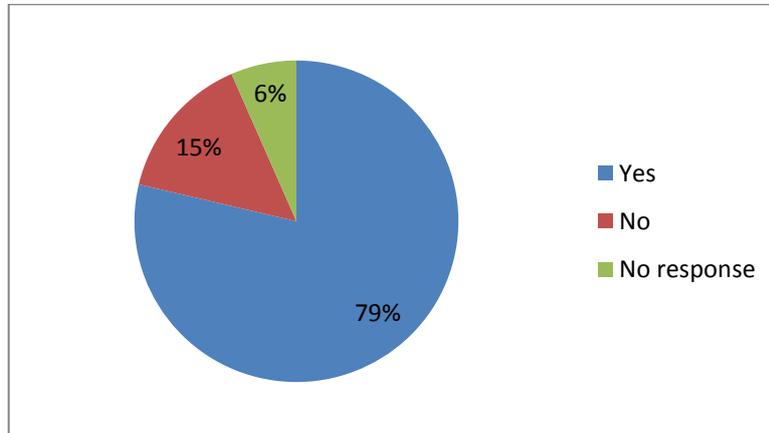
Action:

- 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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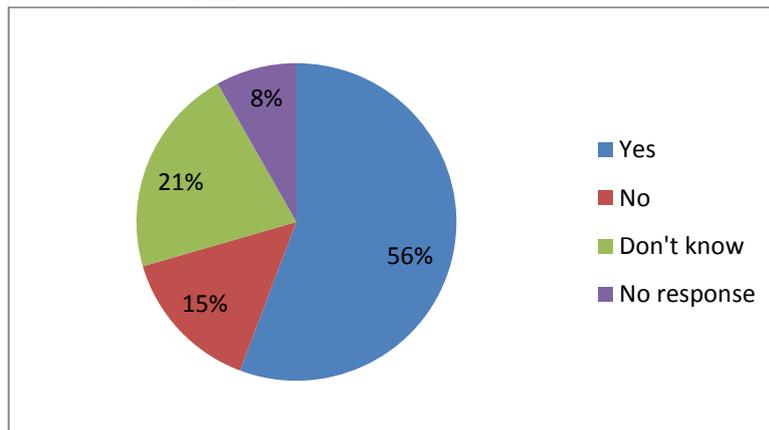
Part 2 - The 111 telephone service

Q6: Are you aware of the 111 telephone service?



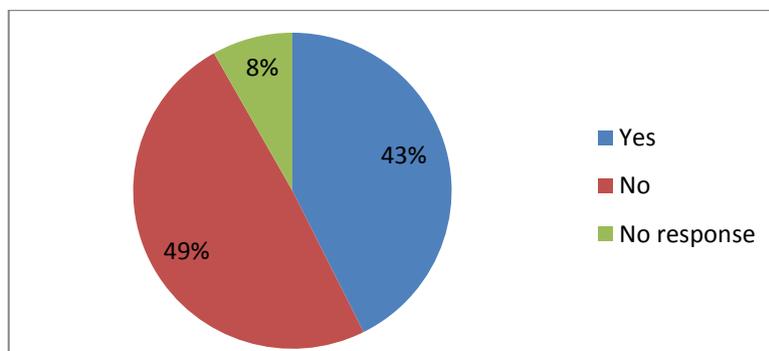
There is a high awareness of the 111 service.

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?

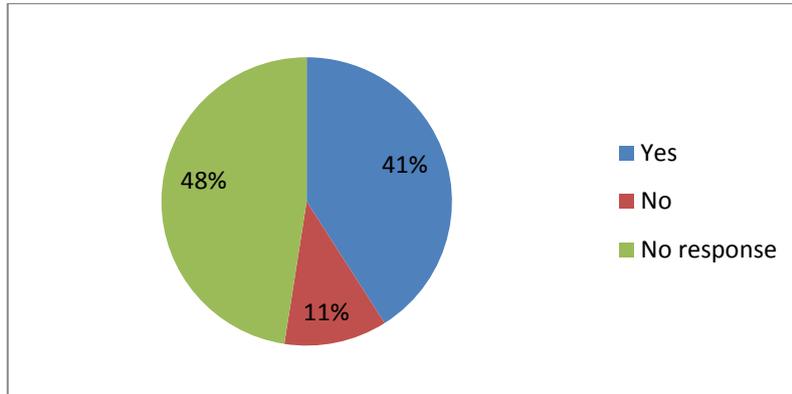


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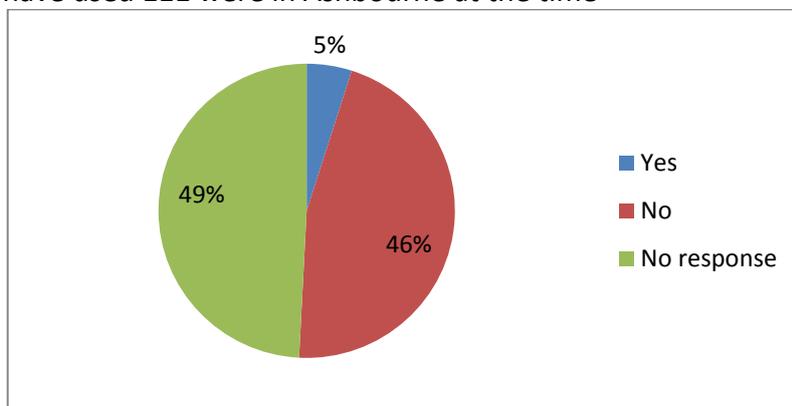
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Q9: If so, were you in Ashbourne at the time?



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

Q10: Was it during normal Surgery hours?



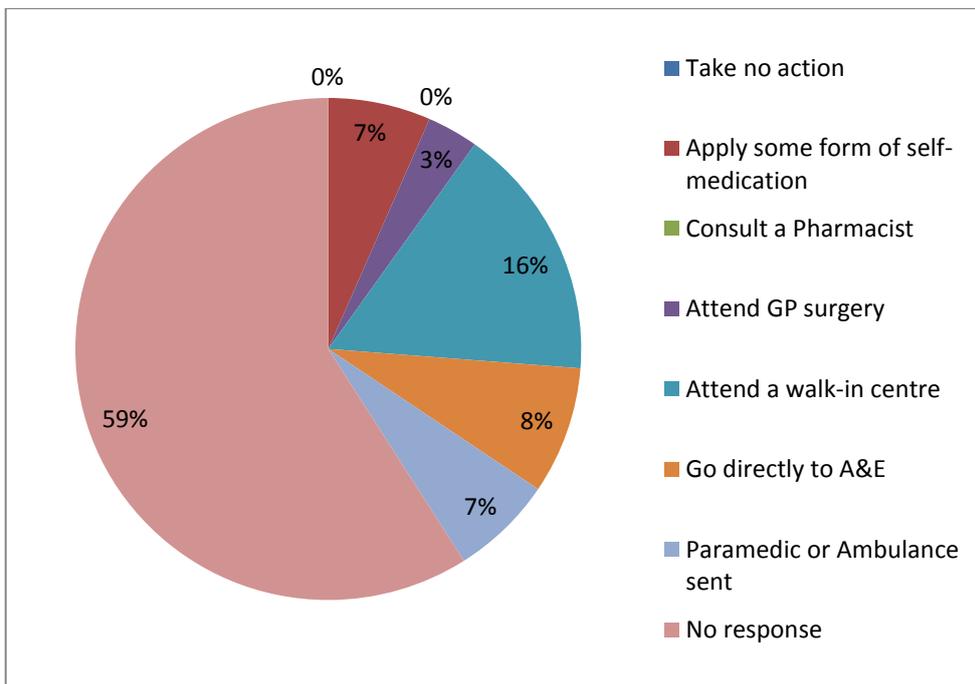
Of the patients who have used 111 and indicated the time of use, 10% called during surgery hours. We have no way of knowing if this might indicate it was because the patient could not get through to the surgery (perhaps as first thing in the morning?), or simply because the patient wanted some advice 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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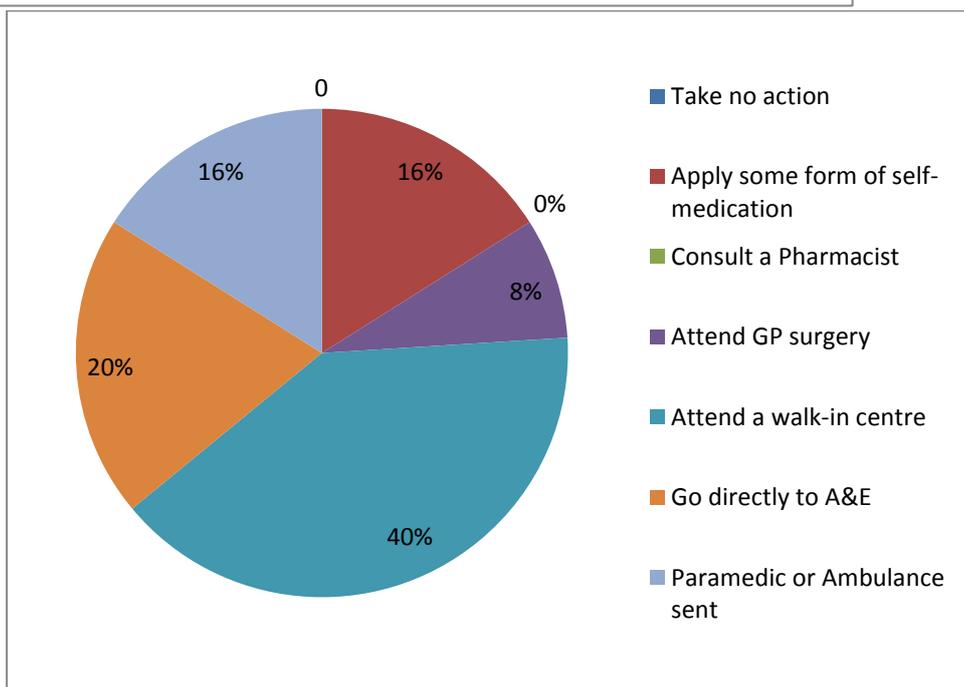
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Q11: What advice were you given? (please tick relevant boxes below – if you have used the service more than once, think of the most recent occasion)



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

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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.

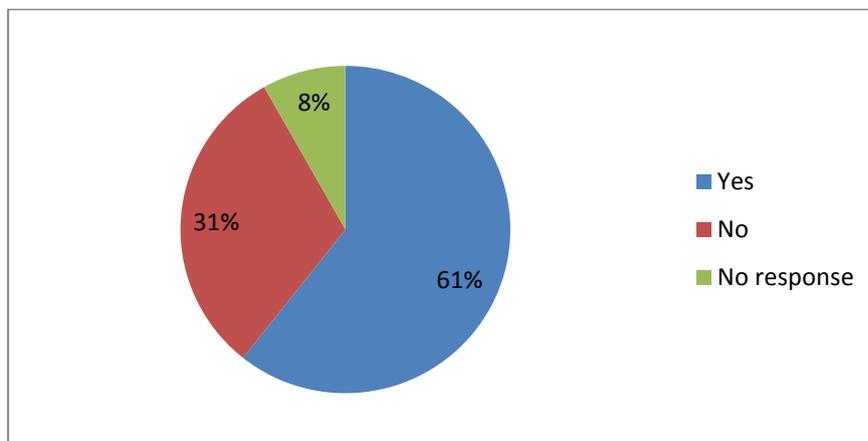
16% resulted in a 999 call being placed on their behalf.

Possible action:

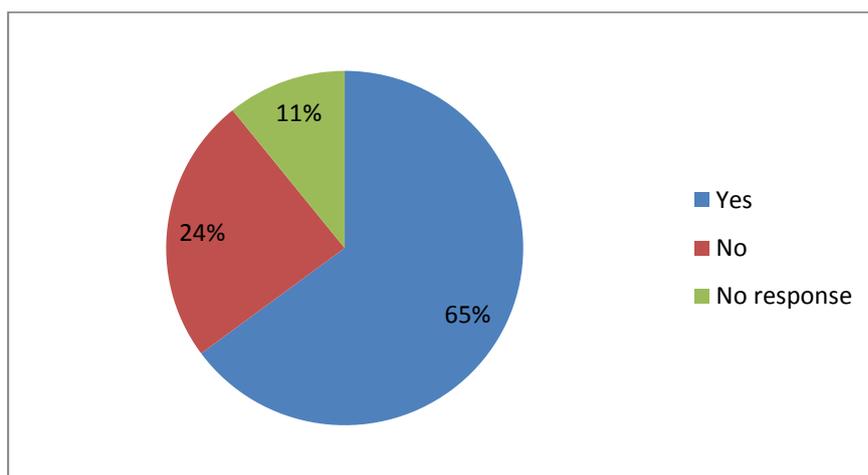
- Encourage more use of 111 - the more that 111 is used, the better it should become.
 - Advertise more heavily in practice (dedicated display on all the things it can be used for?)
 - Highlight the % of calls that resulted in a referral to walk-in/A&E. This would hopefully increase the number of patients 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

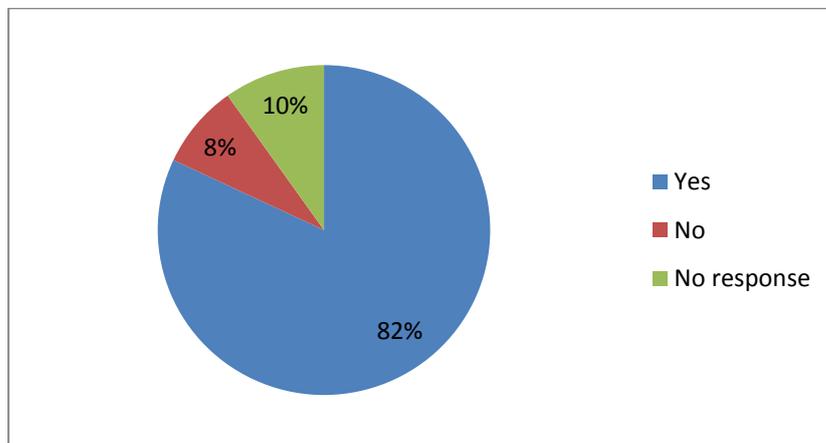
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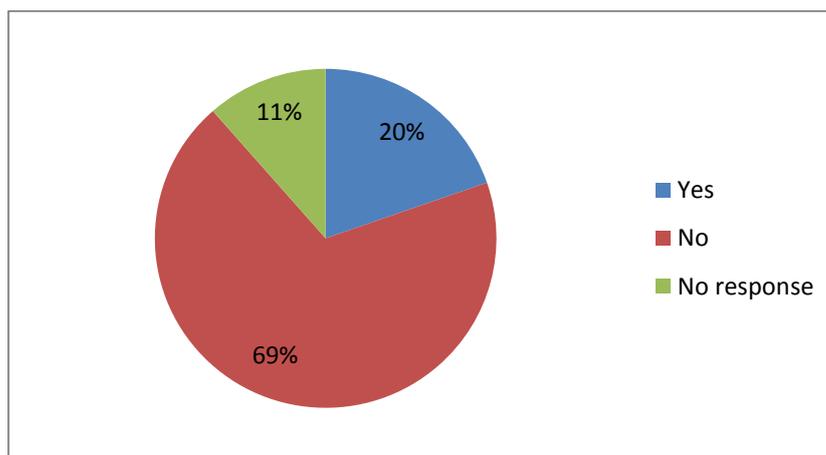
Part 4 - Missed appointments

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?



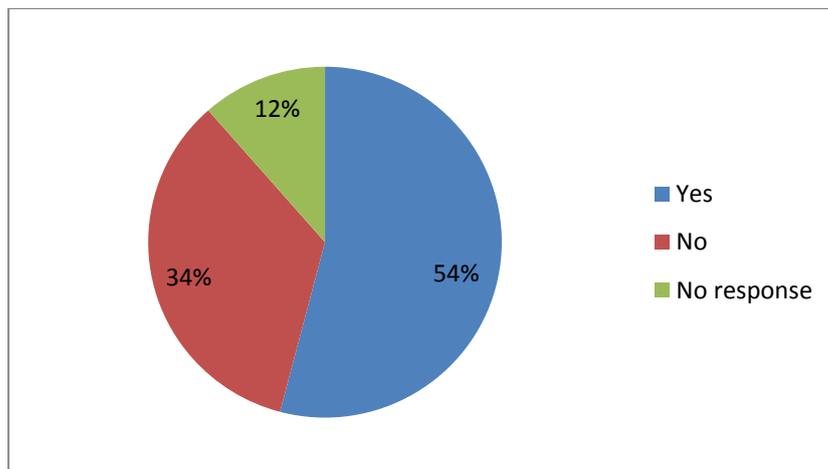
Definitely something to highlight – the facility is hardly ever used, so backs up this finding of low awareness. It can't be used to cancel less than 24 hours before a booked appointment (to ensure that all cancellations are picked up by admin staff) which possibly counts out those who DNA (as I would 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)

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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