

BRIDGE MEDICAL CENTRE

PATIENT SATISFACTION SURVEY 2013

Bridge Medical Centre sent 36 survey requests to our Friends of BMC
 To date we have received 8 completed surveys.
 And find the following;

Box 1 for Poor
 Box 2 for Satisfactory
 Box 3 for Good
 or
Box 4 for Excellent

	No	QUESTION	POOR	SATISFACTORY	GOOD	EXCELLENT
Overall	1	Our Reception staff	2	1	2	3
	2	Our waiting room		4	2	2
	3	Patient parking	1	4	1	2
	4	Getting through on the phone	2	2	2	2
	5	Surgery opening hours	2	2	2	2
	6	Our Doctors			3	5
	7	Our Nurses			2	6
Thinking about booking your appointment	8	Being able to talk to a Doctor or Nurse on the same day	1	2	1	4
	9	Being able to make an appointment in advance	3	2	1	3
Ordering a prescription	10	Having your prescription ready in 2 working days		2	1	5
	11	Making sure your prescriptions sent to a pharmacy 3 N/A			1	4
	12	Did you know that you could				

		order your prescription on line?	YES x7		NO x1	
	No	QUESTION	1	2	3	4
Thinking about Your Doctor appointment	13	The Doctor listened to your problems and concerns			3	5
	14	The Doctor explained what was wrong and the treatment and the tests needed			3	5
	15	You were involved in the decisions about your care			3	5
	16	The amount of time you spent with the Doctor		1	2	5
	17	Your overall satisfaction			3	5
	No	QUESTION	1	2	3	4
Thinking about Your Doctor appointment	18	The time you had to wait in the waiting room between your appointment time and when you were seen		2	4	2
	19	You were treated with friendliness and dignity			3	5
	20	Took your problems seriously			2	5
Our triage Service	21	Convenience	1	1	4	2
	22	Deals with your problem over the phone	1	1	3	2
	23	Gives you an appointment when you want one	3	1	3	2
	24	Uses time efficiently	1	1	1	3
	25	The information provided to	1	1	2	2

		prevent illness and stay healthy				
Thinking about the services available at the surgery	26	How would you rate the range of services available at the surgery	1	2	3	3
	27	What suggestions would you make				
	28	Any other comments				

I have tried every possible way to complete the questionnaire, for some reason it will not allow me to add my comments. Most of the time we have excellent service occasionally the phones are busy. Cutting to the chase I believe you know my opinion of our surgery, they do a great job, especially with all the pressure of new patients being added with the immigration situation.

It's almost a pleasure to be ill.

A little background music in the waiting room. It's totally silent in there; it would make the ambience better.

Practice reply – Certainly something we can look into for you – I believe we would need to obtain permission from the Performing Rights and no doubt at a cost but something the partners will investigate.

If I ring and want an appointment with a specific doctor, it's annoying when you want to get continuity with the same doctor and cannot get an appointment pre-booked. Either on holiday, all appointments gone etc etc. Most frustrating.

Practice reply – we hear what you say and are always looking at ways to improve accessibility to Doctors of choice.

On line appointment booking

Practice reply – we are currently working with our clinical provider for this, we currently have online requests for repeat medication and had hoped to have added online appointments by year end but our clinical IT system is not currently compatible with our practice website. We will be looking to implement in 2014.

Open at lunch time

Practice reply – we have discussed this option at length on a number of occasions (at length on 7th March) this could well be on the cards during 2014 and more likely to be implemented in 2015.

Facility to see the same doctor to provide continuity of care

Practice reply – we do try to provide continuity of care. I try to encourage the Doctors to pre-book a follow up appointment with the patient at the time of the original appointment. I do also expect the clerical administrators to ask the patients if there is a preferred Doctor

Very difficult to make a non-urgent appointment in advance – often there are no appointments available in the next 2 weeks and you can not book further ahead. This means you have to use the triage system and book on the day, which does not allow you choice of day and time.

Practice reply – we have been listening to our patients over the past year or so and are just trying an amended appointment system; implementation was from 1st March 2014. We have reviewed and amended our telephone call back appointments into 2 types. One for the acute on the day urgent call back and the second for the more routine, forward booking, question and query re referrals or medications or certificates. We have also opened the remit of the clerical administrators to be able to forward book more appointments as they will follow structured flow charts. However please remember to do this the staff will need to ask patients more about what/why they need to see the Doctor for. It is a working progress and like many things will need tweaking before we get it right.

Surgery opening hours – The actual surgery opening hours are ok it is the corresponding/limited amount of appointment time that is not good. For example, the surgery is open 08.30-18.00 although quite why it needs to be closed for lunch between 13.00 and 14.00 in this day and age is beyond me – but the appointment time for a Doctor may only be 1.5 hours in a particular day.

Practice reply – our Doctor appointment sessions are booked in slots of 2 ½ hours and are generally between 9am to 11.30am and 3.30pm to 6pm. We may also run a few specialised clinics which are 2 hour sessions and can be 2pm to 4pm, 3pm to 5pm or 4pm to 6pm.

Availability is reflected for each Doctor according to how many sessions per week they are here; this varies for them all between 5 days a week and 3 days a week.

The time you wait in the waiting room between appointment time and when you are seen varies a great deal.

Practice reply – each appointment is generally booked in 10 minute intervals however the reality is each consultation is determined by a patients need on the day. Some problems can need more than 10 minutes whilst other appointments may be quicker.

The information provided to prevent illness and stay health – I think this question is too general.

Although I access the website and read the notice boards when in the waiting room I am afraid to say the range of services does not spring to mind. That may be because I do not need any other services. However I would suggest an 'MOT' service say every 5 or 10 years to review lifestyle/prevention action – particularly for those who do not attend the surgery from one year to the next

Practice reply – the list of services is growing all the time and we do our best to advertise all services. If time and resources allows an MOT service sounds a great idea and something we can look at in the future.

A little more empathy from some, not all, members of the reception team including those answering the phones would increase the score from satisfactory to good or even excellent

Practice reply – thank you for letting us know this, we will take this into consideration when conducting our initial induction training with the staff and an element that we can continually remind all about when providing our regular in house updating training.

With new technology I am concerned how accessible the surgery and its services are to the elderly, vulnerable, less able patients on your list who do not have a family member or friend to help them

Practice reply – yes a very valid point and one which we continually review, it is important to keep up to date with technology and just as important not to forget the basic modes of communications, leaflets, posters and word of mouth.

I did consider virtually all questions were valuable on this occasion

Our Doctors – 1 is unsatisfactory

Practice reply – we are really saddened to read this. Perhaps you could write to me at the practice and explain a little more. I would very much like the opportunity to be able to investigate this further.

Being able to make an advanced appointment – excellent if you are willing to wait 2 weeks
Practice reply – very nice to know we can get it right for some patients some of the time.

The amount of time you spent with the Doctor – 1 is poor
Practice reply – again the opportunity to investigate this further would be appreciated.

More flexibility in being able to see a doctor of my choice and continuity of care by one Doctor
Practice reply – we had hoped you could see the Doctor of choice; the systems should be in place to allow for this.

I need to add to this survey and comment on the NHS in general; since becoming unwell in November, I have had excellent treatment from the surgery and EastSurreyHospital, and tests carried out at Crawley Hospital. Every effort has been made for a diagnosis and certainly I have not experienced any age discrimination – thank you
Practice reply – oh thank you for sharing this positive comment. It is really, really nice to know that we along with our Hospital counterparts can get it right sometimes. I hope we all continue to provide you with the care and attention that you deserve and that you are feeling better very soon.

Keen to see greater patient involvement and the introduction of specialist info sessions to help people with issues such as child rearing and LTC's
Practice reply – I am sure by working with our PPG group members that we will be able to identify the areas to work on. One step at a time, slowly and surely we will get there.

Of the 8 questionnaires returned we identified the following;

3 are from male patients
4 are from female patients
1 return did not specify gender

1 male is in the 55 to 64 year old age bracket
1 male is in the 75 to 84 year old bracket
3 females are in the 55 to 64 year old bracket
1 female is in the 75 to 84 year old bracket
2 returns did not specify an age bracket

The 3 male and 4 female returns identified as White British
1 return did not specify ethnicity

Annual 2013 Patient Survey/Questionnaire Results

Those present at the Patient Survey review meeting on Friday 7th March 2014, confirmed they had been able to review the data received and agreed the majority of responses' are in the Satisfactory, Good and Excellent columns.

Peter began leading the discussion on each of the questions and scores;

Question 1 (Reception Staff) – 5 out of 8 scores are good and excellent

Question 2 (Waiting Room) – 8 scores are satisfactory to excellent – those present discussed benches vs chairs. Peter said this was also discussed at the practice Away Day and Dr Cooper confirmed it is an area the practice will continue to review with a possible view to replace existing benches, but as they are attached to the brick walls the renovation work in the waiting room would be a large piece of work and would no doubt continue to be discussed at the next practice away day which is scheduled for sometime in June or July.

Question 3 (Parking) – 7 out of 8 scored satisfactory to excellent but 1 scored poor. 1 member present said they struggled to park in the car park today for this meeting but generally didn't find parking too much of a problem. There was a large discussion around patient numbers and the different days of the week and the different times of day when surgeries were on. Agreed compared to some surgeries BMC parking is quite good and does have an allocated disabled parking bay. Dr Cooper advised the partners have looked for alternative surgery site but alas so far have not found a suitable alternative site in Three Bridges.

Question 4 (Phones) - an equal mix in scores, 2 poor, 2 satisfactory, 2 good and 2 excellent. This reflects the earlier comments made at the Away Day session. Sharon reported that from 1st March, a 'new' appointment system was introduced which included 2 different types to telephone call back options. We will still have and use our highly effective first line acute GP telephone call back option first thing in the morning and with the afternoon Duty Doctor but we will also be providing a telephone call back option with a Doctor of choice for the more routine question and or query request, these will be at the end of a morning surgery and at the end of an afternoon surgery.

Question 5 (Opening Hours) again an equal score base, 2 for each. Those present asked why the surgery was closed at lunch time. Sharon explained in line with current surgery times this is the time when GPs are generally out of the building on home visits. Sharon also explained the associated HR issues of working hours and our predominantly part time work force. It is BMC policy to ensure there is no lone working so we need to have at least 2 members of staff at any time. Staff are able to work up to 6 hours before legislation states they must have a break therefore the working day for the non-clinical administration team is to work a 5 or 5 1/2 hour session. With this in mind we can cover the surgery between 1 and 2pm with skeleton staff ie 2 people. Sharon also reminded how the practice participate in Extended Access by way of a late 6.30 to 7.30pm appointments on a Tuesday evening and a Saturday morning surgery every other Saturday. These appointments must be pre-booked and the surgery is not open for any other services. However having said that this will be an area that will be relooked at over the coming year as contract changes come into force and the practice has to look at 8am to 8pm opening hours 7 days a week so watch this space for further changes.

Question 9 (Making appointments in advance) Joe said that in his opinion the problem area is appointments, Questions 9 to 23 are all connected to making an appointment and from the comments we need to pick up on the frustrations some patients are experiencing ie being unable to pre-book appointments too far in advance.

Dr Cooper and Sharon said pre-booking too far in advance has always contributed to the large number of patients who do not turn up for the appointment as they forget the appointment or the problem has resolved and the appointment is no

longer needed. Sharon also explained the administration team can pre-book up to 2 weeks in advance however the GP can always make that clinical judgment and pre-book your follow up appointment as far in the future as is necessary. But that said we will take back to practice the patient need to pre-book further than 2 weeks in advance – we will keep you posted on this topic

Question 10, 11, &12 (Prescriptions) – our scores are quite good, we do make a 48 hour turn around from prescription request to prescription issued and we do encourage patients to use the local pharmacies for ordering and collection services. We also offer on line prescription ordering. Good general discussion around patients who end up using local A & E services when they have forgotten to order their meds on time and run out in the evening or over a weekend. Perhaps we need to do an advertising campaign to let patients know that the local chemist can often help with repeat medication rather than going to A & E when the surgery is closed.

Questions 13-20 (Consultations) all scored well and reflected the high esteem in which clinicians and staff were generally held. It was agreed that the recently implemented system for identifying where you are in the queue for your appointment was a good step forward. It is really helpful to know when booking in that there are 3 people before you to see the Doctor or the Nurse.

Questions 21-24 (customer service, triage etc) all scored reasonably well save for the ability to make convenient appointments.

Question 25-26 (Range of Services) – everyone said the services are satisfactory or better but recognise that the Patient Group can do a lot more to help in getting important messages across. Peter gave the example of the Mothers and Babies group recently formed at Saxonbrook surgery, which had proved an outstanding success. He still wanted to encourage the practice to allow the new mums the opportunity to hold a Mother and Toddler group session at the surgery on a regular basis. Peter and Sharon to discuss further.

As the meeting drew to a close Sharon wanted to make one final comment on the results and that was to say despite only 8 survey returns she was very happy to read all the added comments. She confirmed they are the extra bits that really help us understand what the patients want. And it is always nice to see in black and white the nice comments we receive so we can share with the full team.

Thank you to those who have completed a survey for us, your help with this is really much appreciated.

Overall Practice Comment

Thank you to the 8 patients who took the time to complete our practice survey this year. We have reviewed and will of course take on board what you have all said. We have discussed the returns with our face to face PPG group at our March PPG meeting.

We met on Friday 7th March 2014 here at BMC and had a great meeting. Minutes of the meeting can be found on the PPG pages on our website www.bridgemedicalcentre.co.uk Our primary actions from this years survey results once again focus our attentions on our appointment system, to this end we have worked on and have just implemented a change to the system.

Notice of Appointment Changes

In response to patient feedback regarding difficulty getting an appointment and difficulty in seeing a preferred doctor, we have reviewed our current telephone appointment system and decided upon some changes to address these concerns, and improve our patient experience.

As of March 3rd 2014:

We will be directly booking some of the urgent appointment requests with an appropriately trained nurse, or doctor, without the need for a telephone call back

We will be offering advice to some patients, where appropriate, to seek help elsewhere, e.g. pharmacy, urgent treatment centre (for minor injuries)

Some patients may be booked for a doctor's triage call, where the problem cannot be easily allocated

For patients wanting a specific doctor, requiring follow-up of tests, or with a less urgent query, we will be offering telephone appointments with each doctor on duty that day, at the end of their surgeries. This is where queries can be answered or appointments arranged, where needed. Please remember that many doctors work part-time so may not be available every day. In that scenario you will be offered the next available call with your preferred doctor.

We will also be offering nurse telephone appointments, e.g. for diabetic patients who need nurse advice, but do not need to come in.

We will continue to offer some pre-bookable appointments each day, up to 2 weeks in advance, along with some extended access appointments on Tuesday evenings and alternate Saturday mornings.

We hope to be able to offer on-line booking of appointments in the very near future.

We are grateful for your patience, cooperation and continued feedback during this trial period

Dr Cooper added;

Thank you to all those who took the trouble to complete the practice questionnaire and especially those who took the extra time to make extra comments. Without feedback it is very difficult to know what patients want and so how to improve the practice.

Unfortunately it is difficult to make any firm conclusions from a small number of responses'. Nevertheless in response to your comments we have changed our appointment system and are trying to be more flexible in arranging appointments at convenient times, with the appropriate Doctor. On a normal working day Doctors start consultations at 8.50am and finish morning surgery at 11.45am. Afternoon surgery is from 3.30 until 6.10pm. We will repeat the survey after 12 months and look forward to receiving suggestions on how to continue to improve our practice.