

Wokingham PPG Forum Health Survey

June 2014

Executive Summary

A survey conducted by 10 of the 13 Patient Participation Groups in the Wokingham CCG area in June 2014.

Topics

Care.data

NHS 111

A&E attendance

Discharge from hospital

Quality of home care

Wokingham PPG Area Forum

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Background

This report is based on a joint survey of five health and social care issues carried out by 10 of the 13 Wokingham GP practices Patient Participation Groups (PPGs) in June and early July 2014.

The participating PPGs used a common set of questions and the responses were recorded either directly or indirectly into a Survey Monkey Questionnaire.

The participating practices had a combined list size of 126,592 people (80.7% of all Wokingham Borough practices). Their PPGs are reporting that they have the contact details of 4217 people (3.3%) in their Patient Reference Groups (PRGs)

Access to the survey was provided to these PRG members but was extended at some practices to non PRG patients. Healthwatch Wokingham Borough also published a link to the survey.

In total there were 1347 responses of which 25 were incomplete. The 1347 responses represent the views of 1.1% of the patient lists of the participating practices and 0.86% of the registered patients in the Wokingham CCG area.

The practices that did not take part were Twyford, Wilderness Road and Loddon Vale. This was either through choice (Loddon Vale) or because they have no known Patient Reference Group..

Demographics

- 50% of participants were 65 yrs or older
- 61.7% were female
- 91.5% gave their ethnicity as white, 3.7% Asian or Asian British and 2.8% didn't answer.

Results

Care.data proposals (uploading GP records to a National database)

- 76.7% (1025/1347) were aware or partly aware of the proposals
- 52.0% thought it was a good idea
- 83.7% were concerned that their records would get into the wrong hands
- 54.7% were concerned about the security of their records
- 41.5% suspected the motivation of the authorities

Full details are available in the main report (p 3 to p9). There was evidence of substantial misunderstanding of the proposals and of widespread distrust of the Department of Health and the NHS insofar as data security or IT project delivery was concerned.

NHS 111

- 19.7% (264/1341) had used NHS 111 in the last 12 months

- 7.0% (18/259) rated speed of response as poor or unacceptable (P or U), 81.5% (211/259) as good or excellent (G or E).
- 13.0% (33/254) rated the time taken to give advice as P or U, 68.5% (174/254) as G or E
- 16.5% (42/254) rated the efficiency of the adviser as P or U, 63.8% (162/254) as G or E.

Concerns were expressed about the inflexibility of the use of scripts and of unnecessary referrals to A&E. See main report p 10 to p11 for details.

A&E

- 25.8% (345/1338) had attended an A&E dept. in the last 12 months
- Of those 293 (84.9%) had attended the Royal Berkshire Hospital (RBH)
- 73 of the RBH patients had self referred. On investigation, few appeared inappropriate.
- 15.6% (44/283) said that they had waited for more than 4 hours. 2 went home untreated.
- 75.1% (212/282) were satisfied with the outcome but 6.7% (19) were not
- 39.7% (110/277) rated "Car parking" as poor
- 29.6% (80/270) rated "Availability of refreshments" as poor
- 23.4% (65/278) rated "Seating in the waiting areas" as poor
- 17.9% (50/279) rated "Privacy at reception" as poor.

We are aware of recent improvements. See main report (p 12 to p 17) for details.

Discharge from Hospital – self or a close relative

- 25.0% (334/1334) had been discharged from a General Hospital in the last 12 months.
- Of these 251 (75.1%) had been discharged from the RBH
- The majority of these RBH patients had reported a delay in discharge of more than 2 hrs
 - 44.5% (112/251) waiting for medication with 17.5% (44/251) more than 4hrs
 - 4.4% (11/251) waiting for home care to be arranged
- 13.2% (33/251) had been provided with short term care on discharge
 - 78% were satisfied with the quality and 71% with the duration of that care.

See main report (p 17 to p20) for details

Recommendations

The recommendations set out below are abridged. See the Main report for details / justifications.

Care.data

- Urgent need to publicise the significant improvements in security of data
- Urgent need to address damaging misconceptions about how the data will be used and where it will be available.
- Urgent need to clarify who will have access to identifiable data and what it will be used for. Identifiable includes data that can be cross linked with other databases.
- Need to address the significant public distrust of both the NHS and the Dept of Health so far as data security is concerned. Need to get GPs onside. Most people trust GPs.
- Need to guarantee that individuals will be able to access their own data held on the system to check integrity and accuracy

NHS111

- A better and more comprehensive method of feeding back patient and public experience of 111 calls is recommended together with related training for individual operatives.

- A routine review of the appropriateness of referrals is recommended. To be done by individual operator and at increased frequency for less experienced staff.
- It is recommended that a summary of the advice given be texted or e-mailed to callers together with some form of link for rating the advisor and the advice.

A&E

- That the RBH provides a plausible explanation for the reduction in the number of patients experiencing a wait of more than 4 hours for treatment from the 15% reported in this Survey to less than 5% as reported in current published data.
- That the RBH notes that only 75% of people attending A&E reported that they were happy with the outcome and that this is compared to the results of the Friends and Family test (before adjustments to the net promoter score) to identify if there is any anomaly.
- That the RBH notes the considerable dissatisfaction with car parking and the availability of refreshments and that it reviews the arrangements made for the provision of refreshments with some degree of urgency.
- That the RBH notes the dissatisfaction with the quality of seating in the waiting areas and with the privacy arrangements when talking to reception and that these are borne in mind when enhancements are made to the A&E department.

Discharge from Hospital

- That the RBH analyses the pathway for the fulfilment of prescriptions, identifies the factors that result in delays and takes appropriate action to ensure that all prescriptions are made up and delivered to wards and the discharge lounge much faster than at present
- That the responsibility for ensuring that prescriptions are ready on time is allocated to specific members of staff.
- That RBH discharges outside of normal hours are only made with the consent of either the patient or, if incapable of consent, the carer or care organisation responsible.
- That the RBH, together with the CCG, reviews patients experience of short term care following discharge to determine whether it is being implemented appropriately.

The Quality of homecare services

After carefully reviewing the responses it was felt that there is insufficient data to justify any specific recommendations. Certain comments made by respondents were however of concern and are highlighted in the main report It is recommended that Optalis and the local authority note these comments and ensure that current procedures would reduce the risk of recurrence

Acknowledgements

We would like to thank all those that have contributed their time, their ideas and their enthusiasm and in the case of the CCG, their financial support, in making the survey a success. This includes the contribution of PPG members and practice managers. Without their efforts we would not have had such a high level of responses
We would also like to thank Healthwatch Wokingham for helping to promote the Survey.

Comments and Feedback

Please refer any comments and queries to either Tony Lloyd (tonylloyd25@googlemail.com) or Tom Berman (Bermantomjanet@aol.com)