The Marlborough Medical Practice Patient Participation Group (PPG) Survey 2015

RESULTS

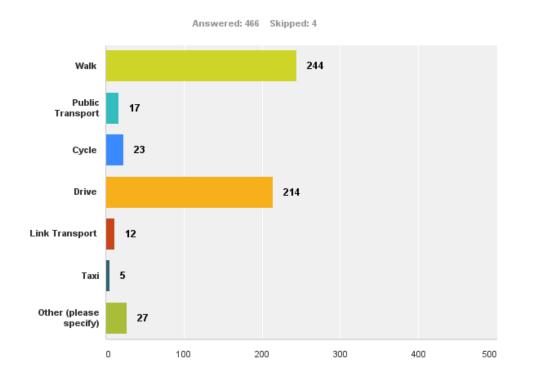
Introduction

The PPG Survey was carried out to allow patients and their carers to feedback on key aspects of the service provided by the Marlborough Medical Practice (MMP). The results from the survey will be used to better prioritise the activities of the PPG based on what practice users have said.

It is worth clarifying that there are very specific areas that the PPG can (and cannot) have an impact on. The PPG has no role in clinical decisions or commissioning, but where there was feedback related to clinical areas, these have been shared with the Partners.

The response to the survey was excellent, and overall, it was pleasing to see that the vast majority of feedback was positive, and where it wasn't, it was constructive. We received 470 responses, with a good mix of on-line and paper respondents.

ACCESS / AT THE SURGERY

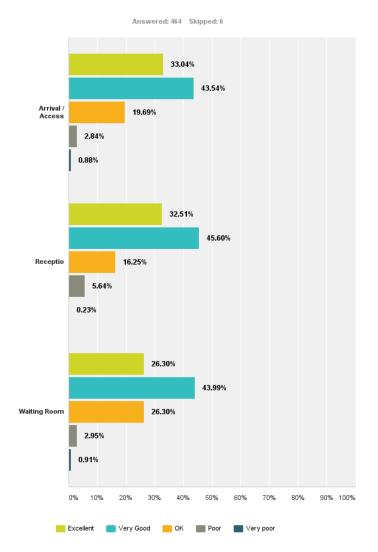


How do you normally travel to the surgery?

The most common answer for 'Other' was mobility scooter. 46% of respondents drive to the surgery and 52% walk, which largely reflects the central location of the practice, coupled with the number of villages the practice covers.

Thinking about your last visit to the surgery, please rate your experience prior to your clinical appointment, from arrival at the practice:

76.6% of respondents felt that their <u>Arrival</u> experience was Excellent or very good
78.1% of respondents felt that their experience of <u>Reception</u> was Excellent or very good
70.3% of respondents felt that their experience of the <u>Waiting Room</u> was Excellent or very good



It was clear from the results that the over 65 age group were, on the whole, more satisfied with their experience prior to their appointment:

85% of respondents <u>over 65</u> felt that their <u>arrival</u> experience was Excellent or very good 87% of respondents <u>over 65</u> felt that their experience of <u>Reception</u> was Excellent or very good 80% of respondents <u>over 65</u> felt that their experience of the <u>Waiting Room</u> was Excellent or very good

Specifically, under 65 women were least satisfied.

63.3% of respondents <u>under 65 women</u> felt that their <u>arrival</u> experience was Excellent or very good 62.5% of respondents <u>under 65 women</u> felt that their experience of <u>Reception</u> was Excellent or very good 53.8% of respondents <u>under 65 women</u> felt that their experience of the <u>Waiting Room</u> was Excellent or very good

It was not clear from the comments why this satisfaction rating was so much lower.

Some of the positive comments we received included:

"...it is always good friendly and pleasant" "The surgery is always very clean and the staff very pleasant and helpful"

However, we had a significant number of comments about parking including:

"It's such a pain not having a car parking space. I don't like having to pay for an hour on the car parking meter and then spending on average 15 minutes in the doctors' surgery."

People also voiced concerns about the cramped reception and waiting room:

"Reception area too small for facilities offered, crowded." "Waiting room looks a bit dated and displays seem cluttered but display space is limited"

However, while the majority of respondents were complimentary about practice staff, there was a division of opinion:

"All staff very helpful and professional" "Receptionist was unfriendly and quite rude" "I have always found the people in the dispensary and reception extremely helpful"

There was also a mixed feeling towards the self check-in screen:

"On screen check-in worked efficiently" "Self check-in seldom works leading to queues" "Short booking in times with automated machine"

A number of respondents felt the locked double doors to the waiting room caused problems:

"Door is infuriating, especially leaving wheelchair users, those unsteady on their feet and those with pushchairs relying on others to let them out."

The PPG asked the practice about this, who explained that the doors have been locked to help keep patient and staff only areas safe and secure. In addition, the locked doors help ensure patients check in before going into the waiting room. This has helped reduce missed appointments, as if practice staff do not know that patients have arrived, they will not be called into their appointment.

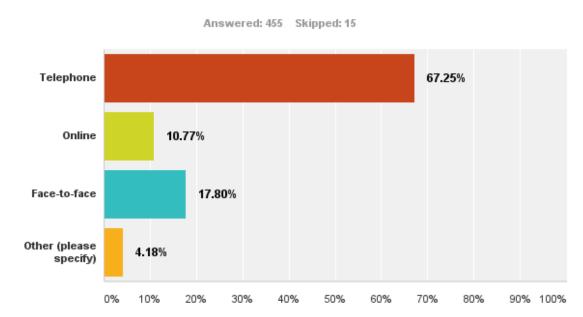
All appointments are booked through our clinical system. The different members of the practice team can access this system to different degrees. When you book an appointment, it is added to the relevant GP's surgery, and is given a specific colour by the clinical system. Once patients arrive at the practice, they need to be 'arrived' on our clinical system, which changes the colour of the appointment. This is done either by speaking to a receptionist, or through the self check-in screen in reception. By 'arriving' a patient, the clinician is aware that the patient is in the practice, as well as when they checked-in.

This information is used by clinicians to see the right patients at the appropriate time. It is also essential that the surgery has this information in case of a fire as a full list of all the people in the building can be printed off and used at the fire assembly point to ensure no one is left in the building. If patients do not check in, then neither the clinicians nor anyone in a potential fire situation knows they are in the building.

The locking doors were introduced for a number of reasons, but ensuring patients alert staff that they have arrived and do not simply wait for their name to be called is a significant one. If patients are not marked as arrived then clinicians will not call for them, meaning that patients will miss their appointments despite being present.

We will discuss all the comments received with the practice to see if there are any improvements that can be made to help people with their arrival at the practice, and review the specific variation in satisfaction between ages. The PPG is considering what further research it can do to understand more clearly what causes this disparity in satisfaction levels.

APPOINTMENT PROCESS AND ONLINE ACCESS



How do you prefer to book appointments:

Overwhelmingly, people prefer to book their appointments using the telephone. However, comments from those that do use online booking suggest they find a greater selection of appointment times, GP availability, etc. (*see below for more on SystmOnline*).

When this question is broken down, it is clear that there is a distinct split in people who use the online system, as such, an area the PPG can help out with is targeting the low use groups, and helping them to get online and be comfortable with how it works, and also using different mechanisms for publicising the online system, specifically to the younger members of the practice population.

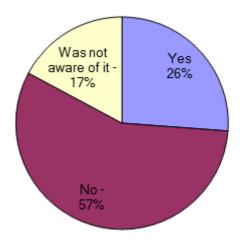
45% of people who book on-line see it as their preferred method of booking appointments¹, but only 26% of patients use it. Which would indicate that once using it, satisfaction is good. This can also be broken down by age² and gender, and shows some clear preferences in certain categories:

	All	Over 65 Women	Over 65 Men	Under 65 Women	Under 65 Men
Prefer to book appointments online	11% (49)	5%	12%	14%	26%
Use SystmOnline	26% (108)	20%	30%	26%	44%
Don't use	57%	70%	59%	44%	34%
Not aware	17%	9%	11%	30%	22%

¹ Of those who responded. More people skipped the question asking if they used online access

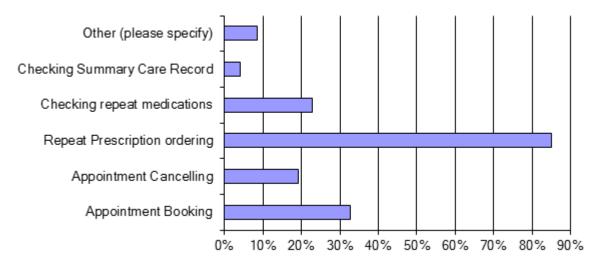
²Under 65 was used as the most likely distinction between those who work, and those who have retired.

Do you use the SystmOnline / online access facility:



As noted above, only a quarter of respondents use the SystmOnline facility. The PPG believes they need to communicate more widely the services the online system can be used for, currently it is overwhelmingly most popular for arranging repeat prescriptions, but many of the other services are not widely used.

If you use the SystmOnline / online access facility, what do you use the service for:



It is felt that there would be value in the PPG helping to make people aware that there is more to this service than simply ordering online medication. The surgery could be encouraged to do more to help people to get online and access these services and the PPG is considering what might be effective methods for getting people on-line (and happy), i.e. running drop in sessions to get people online.

MANAGING YOUR HEALTH

The questions in this section produced some of the most challenging results to analyse. We feel that the questions were not as clear as they could have been and this has made it difficult to interpret the information we have received.

However, it is clear that the majority of patients are happy that they know about GPs and have seen them at the practice. It is also clear that many people do not know about Health Care Assistants and the vital role they play in the practice. This will be fed back to the partners, and consideration will be given to providing information about all the members of the nursing team, and how they help support the GPs in providing care to our patients.

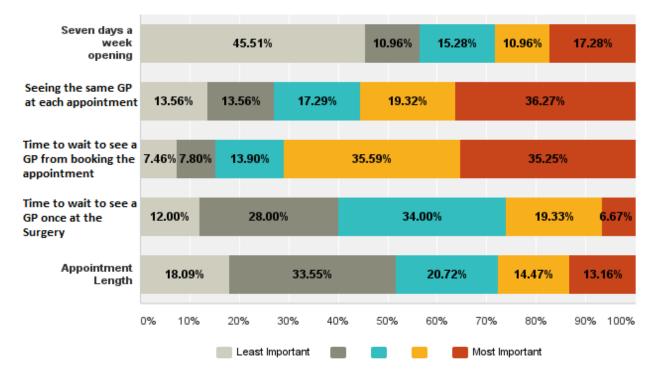
In addition, it is clear that the blood pressure machine in the waiting room is well used. Some patients are aware of all of our services, although we do feel it would be helpful to educate patients about the other services to make sure that all those patients that need to access them are aware of them. This could be done through better use of displays in the waiting room, and there may potentially be a role of the PPG in this to understand how we can better make patients aware of services that might be of benefit to them.

FORWARD PLANNING

	Least or second least	Most or second
	important	most important
Seven day a week opening	56.47%	28.24%
Seeing the same GP at each appointment	27.12%	55.59%
Time to wait to see a GP from booking the appointment	15.26%	70.88%
Time to wait to see a GP once at the surgery	40.00%	26.00%
Appointment Length	51.64%	27.63%

Putting services into a priority order seemed to be challenging to many respondents, who felt that all priorities were equally important. However, of those respondents who provided a clear order, it was clear that *seeing the same GP at each appointment* and *Time to wait to see a GP (from booking appointment)* were important to most people. Seven day a week opening seemed relatively unpopular, and we received a number of comments suggesting that 6 day a week opening might be a better compromise.

Please list the following in order of their priority to you, with 5 being the most important and 1 the least important:



There was an acknowledgement from many that it is very hard to prioritise these services, however this is what general practice is being asked to do.

The results were broken down by age group to see if there were any significant differences in priority. For those over 65, seeing the same GP was top priority for 46.71% of respondents. For those under 65, the time to wait to see a GP from booking was the top priority for 40.5% of patients.

The PPG asked the practice about this. The practice explained that General Practice as a whole is facing unprecedented pressure on services as a result of reduced funding, increasingly demanding health needs, patients living for longer without support, managing multiple conditions, a difficulty in GP training and recruitment and an increase in patient expectations. In addition, there are ongoing structural changes in the NHS that GPs are required to engage in to ensure that services are being commissioned that will be of benefit to patients.

This all takes time, and many GPs feel that there simply are not enough hours in the day to do all the things that are now required of them. The practice appreciates that seeing the same GP on each visit is one of the top priorities for their patient, closely followed by time to wait to see a GP was as important. However, there are many different issues that may contribute to people not being able to see their own GP at a time that suits them. However, it should be stressed that patients can always see their own GP, but this may mean waiting longer than if patients are willing to see any clinician.

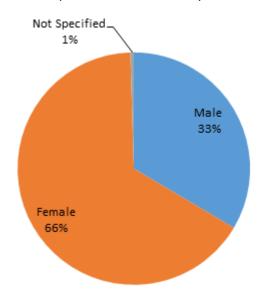
The health of patients will always be the top priority for the practice, but there is also a need for patients to take some responsibility for their health. If patients appreciate the difficulties within the current system they can help themselves and the surgery by deciding if it is more important that they, for instance, see the same GP on every visit or that they see a GP at a time convenient to them. It is not possible, given the increasing pressures, for patients to demand both.

INFORMATION ABOUT YOU

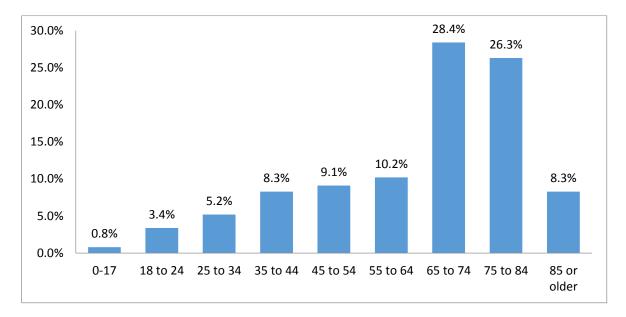
When did you last visit the surgery?

There was great variation for when people last visited the surgery. However, 48% of respondents had been within the last month, with only 3% not having been to the surgery for at least a year. Many of the patients may have attended the surgery to receive an annual flu vaccination and so this may not clearly represent how frequently the respondents visit the surgery.

The majority of our respondents were female. However, some of these seemed to be answering on behalf of their partner as well, as many of the comments were written as a 'we'.



What is your age?



We were delighted with the spread of ages of the respondents. As we attended a number of flu clinics, we are slightly weighted to those over 65 (as all patients aged over 65 are invited to have a flu vaccine). However, through publicising this survey in many different forums, we were able to attain responses from a broad spectrum of our patients.

GENERAL FEEDBACK

Is there any other feedback you would like to provide about your overall experience with the practice?

The PPG were very pleased with the number of comments we received, as many patients took the time to share their opinions and experiences. PPG extremely pleased to see that where people had taken the opportunity to feedback comments, these were overwhelmingly positive or constructive. Patients were generally happy with the service they receive, although it is clear there are some frustrations, and some areas that could be improved upon, but as already noted, it will not be possible to please all of the people all of the time, as people see different things as being a priority.

The themes taken from the general comments included the following:

Many patients were genuinely happy with the service of the practice and the GP:

"I think that we are extremely privileged to have the Marlborough Surgery. Since living in the town since the mid 1980s I have had only praise for the Surgery. The staff and medical staff are amazing and I can only thank them for being there for the public when needed."

"I have received excellent care from my GP and from other doctors, nurses and reception staff. The surgery practice is well appointed and pleasant to visit, thank you"

"Excellent service on all counts. Kind and efficient GPs, helpful receptionists. How fortunate we are in Marlborough! Thank you all."

"I have always found the practice very friendly and helpful."

"the service is first class we are v lucky"

"staff are friendly nice and generally helpful"

"I am quite happy with all aspects of surgery and staff"

However, there were clearly concerns over time to wait to see GPs, and seeing the same GP:

"I feel that you should be able to book an appointment either the week you phone up or after not a month after and also I feel that you should be able to see your GP more as I have hardly been able to see mine when she is the preferred doctor I would like to see "

"Find it very annoying that when you call for an appointment there is a 3 week (at least!) waiting period... I personally would probably not be calling unless I need to see a GP to sort out a problem reasonably urgently. I normally hope that the issue would of gone by 3 weeks!"

There did not seem to be the same level of concern about seeing other clinical staff, ie nurses, who had overwhelmingly positive reviews:

"wonderful, wonderful practice nurses"

"The support by the practice cessation nurse was all that one could hope for - absolutely excellent"

The other clear area of concern was about the location of the practice and the facilities, most noticeably the parking was an area of concern:

"As a carer for a disabled person, parking is very difficult..."

"Considering the totally unsuitable premises the practice has to operate in, I think they muddle through well, but at the expense of patient convenience, ie no car park, cramped conclusions, outdated premises."

Unfortunately, the PPG is unable to affect any significant change in this area due to the limitation of the practice being based in the current premises and the shortage of parking in Marlborough as a whole. We will continue to make the practice aware of patient's concerns in this area, but it will be difficult to prioritise any changes in this area due to the significant limitations that cannot be changed.

As a result of the feedback, we put a number of questions to the Partners at the Practice to both highlight the main areas of concern as shown by the survey, and to allow the practice an opportunity to provide further information about areas of concern that patients may not be aware of.

PRACTICE QUESTION AND ANSWERS

What more can be done about missed appointments?

Although this is a significant problem for the practice, it is also a national trend. We are doing what we can to help people use their appointment or cancel it so that another patient can use it. We have been publicising in the local papers about how to cancel appointments, which can be done 24 hours a day.

We have looked into texting patients reminders of their appointments, but there is inconsistency between patients that want to receive texts and those that are very adamant they do not want a text. We are looking at our in house processes to see if there is a way to be more consistent in sending reminders as it does seem that they are appreciated by many people, and potentially also expand this service to see if patients can cancel their appointment by text. However, this project will take time to implement and so we ask that patients take responsibility and make every effort to attend a booked appointment.

There were many suggestions that we fine people who miss appointments or strike them off the practice list. Not only would it be illegal to fine people, in many cases it would be inappropriate to do so as some people legitimately cannot attend an appointment or let the practice know, ie they may have been hospitalised, have difficulties that prevent them from leaving the house, etc. We will continue to support people to attend appointments appropriate to them.

<u>ACTION</u>: Practice to look into better use of technology to remind patients who wish to be reminded, of appointments and allow them to cancel.

Why is the practice shut over lunchtime?

We are not – the practice as a whole is open every weekday from 08:00 until 18:30. Since March 2015, our phone lines have been are open from 09:00 - 18:30, and we provide a recorded message with emergency contact details for when the telephone lines are closed. Due to our current staffing levels, it is not possible for dispensary to give out medications between 1 pm and 2 pm, however, we hope to be able to review this situation in due course. GP do not routinely offer appointments throughout the day as there are other tasks they must perform that are outside of the practice, eg home visits, care home ward rounds. GPs do not simply see patients at the practice, but must provide care to all those in our catchment area.

Patients are therefore able to drop off requests, repeat prescription requests, speak to a receptionist, leave messages for clinicians, etc throughout the day. We would be happy to discuss with the PPG if there is more that patients may require during our opening times.

<u>ACTION</u>: PPG and Practice to discuss what more the practice could offer during opening hours.

Why is it so difficult to get appointments with some GPs?

We do not think that it is always difficult to get an appointment with a GP, and patients will be seen by a GP on the same day if it is clinically necessary to do so. Some GPs have fewer appointments to offer than others for numerous reasons, but if patients are happy to see any GP, then they may be able to be seen sooner.

We know that there are times of the year when there is a higher level of patient demand, ie over winter, and so there may be more of a wait. However, we are encouraging patients to look after themselves, and to use the practice only when appropriate, and to self-care throughout the year. In addition, patients can help as it is not always necessary to see a GP, but another member of the clinical team could see you sooner. There are times of the year when it is relatively easy to be seen by a GP, as there is a reduction of demand, however it is often hard to predict when these times will happen.

In addition, the practice has had some difficulty with GP recruitment over the last few years. This reflects the national crisis in GP recruitment that has been widely publicised in the national press. We have now been able to recruit a number of salaried GPs and we hope that patients are now confident in seeing any GP employed by the practice.

How do patients know which clinician they should see or which services they could use?

The Practice have a lot of systems in place to try and optimise the use of the clinical staff, but often these are not known to patients as they relate more to the day-to-day operating of the practice. As the PPG have highlighted this as an area of concern, the practice would be happy to work with the PPG to help increase the understanding of how patients can work with the practice to make best use of all resources.

<u>ACTION</u>: PPG members, with the GP partners, to work on different methods to publicise how patients can get the best treatment for your medical needs.

Why is there often such a wait to see a clinician when you are in the practice, and can patients be told how long a delay their will be?

Those patients that use our self-check-in machine are told how many patients there are booked in before them, and our reception team do their best to provide this information to those that check in at the desk, although this may not happen on every occasion.

It is difficult to know how long an appointment with a GP may last. Each patient is allocated 10 minutes for a routine appointment, which is at the top end of the national average appointment length.³ However, during this time it might become apparent that there is something very wrong with a patient that needs dealing with right away. Our clinicians will prioritise providing the appropriate care to the patient in front of them at the expense of keeping to time for other appointments, and we hope all patients appreciate why this must be the case.

Where the reception team are aware of a significant delay in a clinic, they will endeavour to tell the patients they see that this is the case. However, it is impossible to accurately predict how long a delay may last for, as some patients do not need the whole 10 minutes allocated to them. In addition, some patients chose to bring a list of ailments with them that will take longer than a 10 minute appointment. If patients have a time constraint, they can make the receptionist aware of this, and they may be able to pass this on to the doctor, however, this will not always be possible.

As this is an area that clearly irritates many patients, the practice will work with the PPG to formulate ways in which patients can be better informed about any delay to their appointment when they check-in. In addition, it might be that some of the face-to-face consultations that currently take place could be conducted over the telephone, which would allow patients to speak to a GP without attending the practice. However, there will be limitations to what could be discussed, and so further thought as to how this might work is required.

<u>ACTION</u>: PPG and Practice to discuss how best to utilise clinicians time and to educate patients about this, ie use of telephone appointments, requesting double appointments, bringing lists, etc.

What do the GPs do when they are working but not seeing patients?

The following are the most common things, but we do a lot more besides:

Writing referrals Clinical meetings, ie other professionals, multidisciplinary teams Arranging palliative care and other support packages Death certificate Care home ward rounds Home visits Part 2 – cremation forms – safeguarding Providing management input into the practice Clinical Commissioning Group (CCG) meetings Authenticating prescription

Can you do anything about the general facilities, especially providing better parking?

The practice is lucky to be situated in a central location, allowing many patients registered in the town to walk to the surgery to access services. There is no more space around the practice that we can use, and so we are not able to offer any parking spaces for patients as priority has to be given to the staff and those that cannot walk, ie disabled parking spaces. In view of the number of patients that do currently walk, we would not want to disadvantage them by moving premises to an out of town location that all patients and staff would need to drive to, but we do realise that those patients that live in local villages might struggle.

We are aware that the building is at capacity in terms of the services we are able to provide from it. Nationally, the buildings in primary care are increasingly no longer fit for purpose as it is expected that GPs will provide an increasing number of services that used to be provided in hospital, in a patient's own home or not at all. The local CCG has commissioned a study of the building, which will give us suggestions of areas of improvement, but unless we have more space to offer services it will be difficult to do things.

³ NHS Choices website, (<u>http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-appointments.aspx</u>). Accessed Dec 15, checked 22-1-16.

ACTION ITEMS

Overall, the PPG felt undertaking the survey was very worthwhile and will aim to undertake a survey annually, if possible. The format of the survey is likely to change slightly, as we have learnt a lot about how to structure a survey to make it as easy as possible for people to respond to.

In terms of actions resulting from the survey, over the coming months, the PPG will focus on the following:

- Providing education and support for people wishing to get on-line. This will be coupled with additional sign-posting around how to get on and the services it offers.
- Produce a diagram that clearly shows what different members of the practice staff do and when you should see them.
- Set up and engage with those patients who volunteered to be part of a virtual PPG.
- PPG members to undertake discussions with the practice about:
 - specific feedback with the practice around the arrival process and waiting room and see if there is anything that can reasonably and practically be done to improve people's experience
 - how best to utilise clinicians' time and to educate patient about this, ie use of telephone appointments, requesting double appointments, bringing lists, etc.
 - $\circ~$ how to make better use of technology to remind patients who wish to be reminded, of appointments and allow them to cancel.
 - \circ different methods that could be used to publicise how patients can get the best treatment for their medical needs.
 - what more the practice could offer during opening hours.

CONCLUSION

We hope that you find this report informative. If you would like to ask any further questions, or you wish to provide any further feedback, this should be directed to the PPG via email to <u>MarlboroughPPG@gmail.com</u>. Alternatively, any comments can be posted to the PPG at the following address: The Patient Participation Group, C/O Amy Lacey, Marlborough Medical Practice, The Surgery, George Lane, Marlborough, SN8 4BY.

Thank you to everyone who took the time to complete the survey, your feedback is much appreciated.