

THE FULLARTON PRACTICE

Report of Patients' Group Meeting

Tuesday 22nd February 2005

@ 6.00 pm

**Attendees: Mrs Valerie Ferguson, Patient Group.
Mrs Jean Dickie, Patient Group.
Mrs Janet Deuchar, Patient Group.
Mr Henry Walker, Patient Group.**

**Dr Stuart Holms, Senior Partner.
Mrs Joanne Gibson, Practice Manager.**

Apologies: Mr Gordon Maxwell, Patient Group.

BACKGROUND

The Fullarton Practice has a longstanding commitment to improving the services provided to patients and has regularly undertaken surveys to gather patients' opinions on the services received.

The implementation of the new General Medical Services Contract requires that such surveys are undertaken annually and that the results are discussed, not only by the practice team, but also by a patients' group. This report focuses on the results from the patient survey carried out between September and October 2004.

The report has the following sections:

Section 1 - tools and methodology

Section 2 –patients' group and presentation of survey results

Section 3 – main discussion points

Section 4 – actions to be taken by the practice

Section 5 - Appendices

Section 1 – Tools and Methodology

Tools

Patient survey undertaken in the practice over a 4-6 week period September to October 2004 using the General Practice Assessment Questionnaire (GPAQ).

(Attached at Appendix 1).

Methodology

Patients attending the practice were randomly selected by reception staff and invited to complete the questionnaire whilst waiting for their appointment. Most patients elected to complete the survey whilst they were in the surgery. However, approximately six patients elected to return their response by mail and were provided with a SAE for this purpose.

All returns, either in person, or by post were completely anonymous. To ensure anonymity patient's returns were "posted" by them into a sealed box in the reception area. Postal returns were addressed to the practice manager and again no patient identifiers were included.

Sample Group

We agreed that our minimum requirement was 50 questionnaires per individual GP giving us a total sample group of 250. GPs were not named on the questionnaire. However, the practice manager allocated individual GPs a number ranging from 1-5 simply to ensure that each GP reached their target.

We anticipated that it would take us between four and six weeks to gather the required number of returns for each GP and felt that by completing over a six week period we would be able to widen our selected group i.e. to include patients attending for routine and emergency appointments, frequent and infrequent attenders.

Section 2 – Forming a patients’ group and presentation of survey results

2.1 Forming a Patients’ Group

Reception staff were provided with a flyer (attached at Appendix 2) explaining the purpose of the group and inviting patients to register their interest. Through this process we received six volunteers who were invited to attend the first meeting on 22nd February and four of the group did so.

2.2 Presentation of Results

It had previously been agreed by the practice team that Dr Stuart Holms, Senior Partner and Joanne Gibson, Practice Manager should present the results to the group and this should be done in the practice to give patients an opportunity to “see behind the scenes”.

Overall, our practice combined and individual GP results were very good. However, our stated aim was to target those areas where we fell slightly above, or below the mean benchmark and to identify possible improvements.

Dr Holms firstly gave the group a tour of the administration area and provided an explanation of the various roles and tasks undertaken. Dr Holms also provided the group with the information contained in Section 1 and 2 of this report. Thereafter he presented practice results in the format of a power-point presentation (attached at Appendix 3).

When viewing these results it should be remembered that we have been unable to examine, in any detail, the mean benchmark used.

Section 3 – Main discussion points

◆ Satisfaction with availability of particular doctor

Noted practice average as 50% against mean benchmark of 58%. However, we are unable to carry out further analysis on this result i.e. were these respondents asking for a particular GP during a time when he/she was on holiday? We recognise that at times, patients may wait to see the doctor of their choice which is unavoidable given that we have a patient list size of >8,000 and five GPs. We also recognise that patients may need to wait particularly, if they want to see our female GP. This situation should have been alleviated as we currently have a female registrar in the practice.

As a Primary Care Collaborative member practice we monitor (on a daily and weekly basis) the percentage of patients who have been able to see a doctor of their choice and regularly record a satisfaction rate of 80-90%.

◆ Satisfaction with availability of any doctor

Noted practice average as 65% against mean benchmark of 67%. We were surprised that the findings in this area fell slightly below the mean, particularly as we scored above the mean in overall satisfaction.

As a Primary Care Collaborative member practice it is our intention to introduce advanced access within the appointments system. A brief explanation of advanced access is included at Appendix 4.

It is also interesting to note that 76% of respondents were able to see a GP on the same day if they needed an urgent appointment and children are also given an immediate appointment.

◆ **Satisfaction with phoning through to the practice**

It was noted that analysis of this result does not allow us to pinpoint whether patients are having difficulty getting through to the main practice number, or to the prescription line.

The Practice is in the process of setting up a website which will have the facility to allow e-mail ordering of repeat prescriptions. This should help to reduce telephone requests and make contacting the surgery quicker.

It should also be noted that often telephone lines can be tied up for some time as receptionists offer various appointment choices to patients. The implementation of Advanced Access should impact on this and again free up telephone lines.

The practice has two appointment lines both of which are manned from 8.20 am – 5.30 pm. We currently have no capacity within our staffing levels to improve this either in staffing levels or telephone lines.

◆ **Nurse Feedback**

Nursing staff scored particularly well in all areas and were commended by the patient group for the service they provide.

◆ **What Additional hours would you like the practice to be opened?**

We were surprised that only 2% of respondents were interested in a lunchtime surgery. As we expected 58 and 53 respondents would like additional practice hours during weekends and evenings. However, patient care during evenings and weekends is provided by Ayrshire Doctors on Call and now by NHS 24. The resource implications for practices in providing any additional surgery hours would be incalculable.

Interestingly members of the patients' group all expressed a view that they were satisfied with the practice hours as they were currently.

During a short open discussion the patients' group raised the following issues:

◆ **Waiting times for consultant's reports**

Dr Holms agreed that at times there could be lengthy wait for hospital consultant's letters. Dr Holms had again written to the Medical Director raising concerns, particularly around the delay between dictation and typing of letters. **He will continue to monitor this.**

Dr Holms did note that Ayrshire had the benefit of an efficient laboratory service and that patient's test results were, in general, received very timeously (usually within 24 hours).

◆ **Review of Repeat prescriptions**

Dr Holms explained the systems and processes in place in the practice to ensure that repeat prescriptions were reviewed. He also explained the protocol for reviewing patients within specific disease areas e.g. hypertension clinics.

Section 4 – Actions to be taken by the practice

◆ **Contacting the practice by phone**

A straw poll will be carried out over the course of two weeks to highlight where the perceived problems lie. Is it the prescription line or the practice appointments telephone line? Thereafter possible solutions will be explored.

◆ **Satisfaction with availability of particular doctor**

The practice will continue to monitor patient satisfaction on a daily and weekly basis and take remedial action should the % fall below 70. The practice will continue to develop plans to move to Advanced Access.

◆ **Satisfaction with phoning through to the practice**

The Practice is in the process of setting up a website which will have the facility to allow e-mail ordering of repeat prescriptions. This should help to reduce telephone requests and make contacting the surgery quicker.

Implementing Advanced Access should also impact on this and again free up telephone lines quicker.

◆ **Reporting to the patients' Group**

Agreed to provide a written report and to meet again should members of the group feel it is necessary.

The patient satisfaction survey will be repeated late 2005 and we will again invite patients to take part, both in the immediate survey and in the presentation of results.

In the meantime we will provide a patient's suggestion box in the waiting room area.

The Fullarton Practice would like to thank members of the patients' group for the time and commitment they have shown.

Section 5 – Appendices

Appendix 1 General Practice Assessment Questionnaire

Appendix 2 Patients' Group information flyer

Appendix 3 Power-point presentation handouts

Appendix 4 Advanced Access Information leaflet

