THE FULLARTON PRACTICE

Report of Patients' Group Meeting

WEDNESDAY 11th March 2009

@ 10am

Attendees:

Apologies:

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 December 2008.

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 during September to December 2008 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 four 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. 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. The practice manager allocated individual GPs a number ranging from 1-5 to ensure that each GP reached their target. Patients added the individual doctor's name when completing the questionnaire.

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. However, it took almost 14 weeks for each doctor to reach their required quota of 50 returns.

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 two volunteers who were invited to attend the meeting on 11th March. However, as it had proved difficult to "recruit" patients, the practice manager extended an invitation to eight patients from the practice carers' group. Three apologies were received, three patients accepted the invitation and two patients did not respond.

2.2 Presentation of Results

It had previously been agreed by the practice team that 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.

Joanne Gibson firstly gave the group a tour of the administration area and provided an explanation of the various roles and tasks undertaken. The group informally discussed the practice results during and following a short power- point presentation. (attached at Appendix 3).

Analyses of these results is limited given that we have no information, or knowledge of the practices that we are benchmarked against.

Section 3 – Main discussion points

- **Satisfaction with availability of particular doctor**

Noted practice average as 56% against mean benchmark of 60%. 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. It was noted that our mean score of 56% represented a 2% increased on the 2007-08 mean score of 54%.

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 part-time female GP retainer in the practice.

The group discussed availability of a particular doctor and the resultant waiting times which one member of the group had experienced.

- **Satisfaction with availability of any doctor**

Noted practice average as 68% against mean benchmark of 69%. Although, it is also interesting to note that 55% 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**

The practice scored above the mean in this area i.e. 63% against 59%. However, the practice recently received correspondence from a patient outlining difficulties in contacting the practice by telephone. This demonstrated an improvement (2%) on the mean achieved in 2007-08 and could be attributed to the additional appointment line which the practice had recently implemented as explained in the extract below:

extract from patient group report 07-08

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. However, the practice have recently discussed possible solutions with their telephone provider and an interim solution has been suggested. This would bring the available appointment lines to two during busy periods. The practice agreed to implement this solution, to monitor the result and to provide feedback to the group

One member of the group (not in attendance at the meeting) had asked whether the prescription line opening hours could be extended. The practice manager explained the staffing requirements and noted that other processes for reordering prescriptions are in place e.g. the Practice website has a facility to allow e-mail ordering of repeat prescriptions – the uptake of this method continues to grow. However, as one member of group was unaware of the service, there is clearly a need for awareness raising.
Action: practice manager will add a note about the service to all prescriptions.

- **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. 24% and 23% of respondents would like additional practice hours during weekends and evenings. **Interestingly members of the patients' group all expressed a view that they were satisfied with the practice hours as they were currently. One member of the group did express a view that the telephone triage service operated by NHS24 was less "user friendly" than that previously offered by ADOC.**
The practice manager provided an update to the group on the availability of early morning appointments.

Section 4 – Actions to be taken by the practice

- **The importance of flexibility of annual review appointments for particular patients.**

  The practice manager noted this point and will advise admin – appointment staff.

- **Satisfaction with availability of particular doctor**

  The practice will continue to monitor this.

- **Practice boundary restrictions**

  The practice manager confirmed the practice boundary area and explained the reasons why it had been defined.

- **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 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