Results of the March 2013 Masham and Kirkby Malzeard GP Patient Participation Survey.

Analysed by Dr Steven Broadbent

Aims

Our aim was to canvas opinions of the community we serve as a follow-up from the March 2012 survey and Patient Participation Group (PPG) public meeting.

In particular, we were interested in reviewing this service use of our practices, accessibility the use of online and telephony services and finally GP access.

We also wanted to try and address the representativeness of our PPG demographics as we felt certain groups were underrepresented last time we did the questionnaire.

Methodology

In order to achieve The Patient’s Reference Group (PRG) we utilised our active, Kings Award winning, Patient’s Group and with their consent converted them to the PRG as we did so last year. The PPG actively sought out other members of the community especially in the age ranges which we were deficient in to try and increase the numbers of people in the PRG. Historically from completing the Out Of Hours GP Survey we note that the age groups below 55 are classically very underrepresented.

To ensure that our PRG/PPG demographics match our population that we serve we added in several other methods to try and recruit both broadly and also specifically to the underrepresented cohort of patients.

Our PPG has been running for over 10 years and over this time the group has consistently and with limited success attempted to recruit younger members of the population. Last year, as detailed in our previous questionnaire, we utilised the same measures including direct approaches to patients in the surgery, promotion in community facilities such as the local school and adverts in both surgeries.

A widely publicised PPG public meeting towards the end of 2012 (a regular 3 yearly event) took place with posters in all the surrounding villages not just Masham and Kirkby Malzeard and GP surgeries specifically requesting new members from the working age demographic to come and join the PPG/PRG. At the meeting a range of issues raised from the last questionnaire were debated with possible solutions. Various questions at this meeting were raised as well which allowed the basis for some of the questions that are to be found in the 2013 questionnaire. At least a 100 people attended this meeting at Masham Town Hall and several people joined the PPG/PRG as a result.

Our practice manager then conducted a search after the Town Hall meeting in the following ages ranges (17-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85 and above) then 10 people per age group were chosen at random and sent them a direct mail invitation asking them to join the PPG/PRG.

At the same time written invitations were left at both surgeries at the reception desk for people to collect in an ad hoc basis for approximately one month before the questionnaire was constructed out asking them to join the PRG and engage in the questionnaire forming process and then to respond to it once it had been formed.

GP partners were aware of the groups that were underrepresented and when they came into contact with them would ask if they would like to join the PPG/PRG for several months in the run up to formalisation of the questionnaire.

Areas of priority with the PRG

Last year’s PRG survey and Town Hall discussion highlighted online access to repeat prescriptions and appointment booking as an area of interest but the number of responses was low and we would like to look at this in more detail.

The practice is looking to implement a new online IT system called EMIS Web later this year and we would like to integrate greater online access if there is demand and would therefore wish to carry out a more focused survey on patient’s views around this issue.

The questionnaire was constructed in conjunction with the PRG and Dr Broadbent GP lead. Questions were proposed, ratified and amended by the GP’s and PRG and then Dr Broadbent created an online survey using one of the recommended tools; www.smart-survey.co.uk.

Paper copies of the online questionnaire were made available to people who did not have online access, did not want to use on line resources or specifically asked for one. At least 10 such questionnaires were sent via mail with SAE but none were unfortunately returned back to Dr Broadbent within the allotted time.

Data Analysis Caution

One important point to note is the number of responses I received was low despite our best efforts.

Data was rounded up to the nearest decimal and some of the response percentages were calculated but not everybody answered the question.

We were pleased that 88 people said they would engage in the questionnaire process but were disappointed that only 46 responses in total were received. Our response rate is <0.9% of our population and mimics the 2012 survey which only had 47 responses. As a result of the low response it may be viewed that these views expressed may not be truly representative to the populations viewpoint but we feel our recruitment was robust and would struggle to achieve a greater number of responses. Our OOH surveys which have won National awards have a similar kind of response rate (55%) to direct mail invitations so we feel this response is representative of our practice cohort.

Questionnaire was open for 24 days in case people were away or checked email infrequently.

Data has been presented as a WORD document with built in graphs to allow analysis and will be published on the website on the front page as per the last 2012 and also available as a paper copy in both surgeries.

Patient Group Action Plan in response to Patient Participation Questionnaire 2013

I have written the following document in response to the results of the recent patient participation questionnaire has produced.

I have broken down the key concerns with possible solutions and explanations and we will discuss this at the next Patient Participation Group meeting.

Question 7. Who did patients come to see?

Consultations with doctors was by far the greatest use of our resources in the surgery. 87% of people also used our practice nurses, of which there are proportionally less appointment slots compared with the doctors but this did not seem to translate to an inability for people to access service in an appropriate manner.

Question 8 -10. Scheduling your appointment

Overwhelmingly 2/3 of people booked their appointments via the telephone with the remaining 1/3 booking via face-to-face contact whilst in the surgery and of those booking their appointment through the surgery 92% of people felt it was an easy process.

It was interesting that 2/3 of people with multiple problems do not discuss this whilst booking their appointments and this correlates with the GPs clinical experience; patients sometimes present with multiple problems in a single appointment slot.

A mismatch occurs between the number of appointments booked compared with the number of problems presented to the GP and practice nurses. Mismatch between patient’s expectations regarding the number of problems that could be reasonably covered in a 10 minute appointment can have a deleterious knock-on effect to other patient’s appointments. Please see question 17-20 for further exploration of this.

19% of people felt that the booking via the telephone system could be improved despite the new holding system which has been instigated since the last survey was conducted in 2012. The GP lead for the telephone service will be looking into this with the Practice Manager to see if further improvements could be made.

One comment that caught our attention was patient perception that the phone lines were available after 8 AM. Out of hours GP service runs from 18:00 hours until 08:30 hours which means that the telephone shall be answered by the out of hours service in these times. I would propose that the next time we do a patient newsletter that we ensure that this information is included.

Online Access

85% of people wanted to be able to book appointments via online showing a particular interest in booked surgeries and practice nurse appointments.

49% of people would also like to book the open surgery by the online resource but we do not feel that this at the current stage is particularly feasible.

We would look to develop the capability of booking online appointments booked GP surgeries and practice nurse appointments with the instigation of the new EMIS Web IT system which should occur later this year. One would hope that with the increased online accessibility this will reduce the number of telephone calls coming into the surgery and therefore improve the 19% of people’s responses who felt that appointment scheduling over the telephone could be improved.

Whether or not people could book singular appointments or block book two appointments back to back is something that we will explore with the Patient’s Group, but at the moment singular appointments is likely to be the only option to book by the online system at this stage; if patients want to look multiple appointments and they should call the reception staff to discuss their needs.

Overwhelmingly 85% of patients would like to be able to ask for repeat prescriptions by online website which is something that we will look into when the new IT system is in place later this year as this is something the partners would be keen to develop.

13% of people did express worry regarding online access and the security of their personal data and once the new IT system is in place we will cover how this works and what data is available in the Patient’s Group Newsletter.

Telephone access and use

61% of people would like the availability to have a booked surgery telephone appointment with a doctor. At the moment some GPs use this typically when following up a patient with a well-known condition to both themselves and the patient and to determine whether an intervention has helped that patient. An example of this is to phone a patient up to determine whether a increase in analgesia has helped their pain.

One of the problems with booked surgery telephone appointments is it could actually reduce accessibility for patients to see the doctors. An example is where a patient would phone to speak to their doctor feeling that the appointment could be dealt with over the telephone. It could then transpire that this actually requires a face-to-face meeting; as a result two appointments will be used in comparison to one appointment if a classical face-to-face doctor-patient meeting had occurred. At this stage we have decided that booked surgery telephone appointments will be done on a case-by-case basis in discussion between the patient and their doctor usually for follow-up of chronic problems.

Telephone Triaging

We were pleased to see that 78% of our patients are happy to leave clinical details with our excellent reception staff who view confidentiality with the utmost seriousness.

28% of people do not feel their able to leave clinical details unless this is with the doctor or nurse.

Our surgery does not have a duty doctor who will triage the telephone calls (but all messages have been reviewed by the end of the day) so clinical details are left with our reception staff; if people do not feel able to leave these clinical details it can sometimes make triaging our workload difficult thus resulting in some time inefficiencies as GP’s may need to telephone patients to determine their clinical need.

We are sensitive to the fact that most people are happy to leave details but some people do not feel able to do so and we will leave the current situation as it stands as it is inappropriate to make people leave clinical details if they do not feel comfortable to do so.

Waiting times to see your GP-Booked Surgeries

42% of people felt they had to wait longer than expected to make an appointment but access is always available everyday to see a doctor in the open surgeries.

97% of people were seen within 30 minutes and 66% of people were seen within 10 minutes.

We were very pleased with our practice nurses who despite their increasing workload are able to see 94% of their patients within 10 minutes of their appointment time.

We were particularly interested to see people’s responses to determine how they felt when the healthcare professional is late with 53% of people expecting delays, 33% of people would like to stop this and 18% of people it annoys. One of the statistics we could not explain was 27% of patients felt neutral regarding this question.

Multiple problems in single GP appointments

Following the lively debate that we had at the Town Hall and in the PRG we knew that this question would polarise many people’s opinions.

72% of people can understand why most GPs advise ideally limiting patients to one or two problems to which appointment.

Interestingly only 67% of people responded as to how they felt about why GP’s would ideally suggest one appointment for one problem which we could not really explain as we thought people would want to discuss this aspect especially following the debate in the Town Hall.

Of the 67% of people who responded giving their views 43% of people felt it was very appropriate/appropriate and 40% felt it was not appropriate. Interestingly 17% had a neutral feeling to the matter

As we have discussed in the Town Hall and PRG/PPG meetings we would strongly encourage our patients, if at all possible, to try to limit themselves to one or two problems per consultation.

Medicine has changed in the last few years placing greater emphasis on prevention strategies for health and the quality of documentation in a patient’s notes. Constraints such as these need to be reconciled with 10 minute appointments.

As doctors we are aware that this is not an approach would like but we know that 72% of people understand why we would suggest this approach. As clinicians we are sensitive to the fact that this is not always achievable but would be very grateful if people could keep this in mind when seeing their doctors and practice nurses and if they felt that one appointment would be insufficient then a double appointment would be more appropriate to prevent the overrun of clinics.

We know from the questionnaire that 33% of patients would like to stop the delays and 18% of patients it annoys and the above is one method to try and reduce this irritation that people experience.

Newsletter

We would like to extend our thanks to the PPG for the excellent work that they did on the news letter with 34% of patients feel it was informative and 65% of people have seen it.

One of the things that we did not know before this questionnaire was how often to produce the newsletter but now know that 54% of people would like to have a newsletter twice a year which we feel is probably an appropriate amount of time between any new developments and the publication via the newsletter.

As we have discussed in the above, there are several topics we feel should be added to the next newsletter.

Any further comments

Were really covered in the above points.