

## Summary of findings of the POD patient survey 2014

During the year 2013-14, the Jubilee Street Practice offered General Medical Services and Enhanced Services between 8:30-19:00, Monday-Friday. Appointment bookings are according to the Doctor Direct system, where appointments can be made by calling reception on 020 7780 8000 for clinical triage (the aim is to offer same day appointments), or alternatively by booking appointments online.

On 12<sup>th</sup> March 2014, the patient participation group Critical Friends met to discuss the priorities and objectives of the 2014 patient survey. Critical Friends is a patient participation group which has been active since February 2008. Invites to members were initially sent on a nomination basis from each GP, with a view to representing practice patients in a similar way to their composition. Difficulties have ensued in recruiting ethnically diverse backgrounds and diverse age ranges, but after several attempts at organization and re-organization, lunchtime meetings have proved to generate (and maintain) highest attendance levels. Attendance sheets of all the meetings are recorded, and patients continue to be recruited opportunistically, with dates for future meetings made available within the practice newsletter.

Over the course of three weeks during the month of February 2014, patients were proactively handed surveys by clinicians and reception staff upon attending their appointment. As the practice electronic survey pod was not functioning at the time of this data collection, all data was collected on paper.

The survey was advertised in the practice newsletter, which is available in paper format, on the practice website, and on NHS Choices. It was also advertised on the Practice's Facebook profile.

Results were counted manually. Patients handed in paper responses which were counted and tallied manually within an Excel spreadsheet by the accounts administrator, Helen Olajorin, and the practice secretary, Christine Hulbert.

310 surveys were collected and used.

### RESULTS

Year on year, volume of calls and appointment counts show that demand on the practice is increasing. In addition to this, in October the practice introduced a system called Doctor Direct which has fundamentally changed the way practice demand is addressed. When a patient now wants an appointment, he/she is asked to ring the practice, to then be rung back by a GP (preferably the patient's own) to arrange the appointment if this is needed, or to otherwise access telephone advice. This has had an impact in many ways. Whilst it has had a positive impact on managing frequent attenders, it has opened telephone access for patients, making this far more challenging due to the sheer volume of calls. Our expectations in setting up Doctor Direct were that, within a safer system, patient perception of 48 hour access would improve, but before starting the survey we also hypothesized that perception of telephone access might have taken a hit. Both these perceptions are confirmed from the results below.

- 81.6% of patients state that they can see a doctor within 48 hours. This is an improvement from last year, when the number was 79%, and from 2012 when the number was 65.5%. We are immensely proud of this year-on-year improvement, which we have worked hard to achieve. We also feel we are managing well with educating patients within the Doctor Direct system. Last year 9.5% of patients felt they did not need to be seen quickly, whilst this year 14% expresses this feeling. We are hopeful that

the more proactive interaction with the GP is helping in shaping patient expectation, where patients are now better able to recognize an urgent “need”, and differentiate this from an urgent “want”.

- Last year, 55% of patients had tried to see a doctor within 48 hours over the past six months. This year, 63.2% of patients have attempted the same. This data could be seen in contrast with the conclusion just drawn above (that we are managing to better educate our patient perception), but can also be read in the context of the Doctor Direct system, where patients are asked to ring only on the day that they want and are able to be seen. Our telephone message, in fact, asks patients to wait on hold to be answered only if they are happy to be seen on the day, and we feel this makes a significant impact on when patients call for an appointment (no longer in advance).
- The trend in improved perception around patient access continues when patients are asked whether they *feel* that they are able to see a doctor within 2 working days, if they need to. **In 2012, 57% felt that they could. In 2013, 68% felt they could. This year, 80% feel that they can.** This is undoubtedly the most significant improvement achieved over the past year, both from a qualitative and from a statistical perspective. This is much needed and encouraging news in telling us the system we have chosen is almost certainly in line with meeting patient need and understanding of access. This is what our patients want. And again, our patients confirm a better understanding of urgency, as well: this year 6.9% state they did not feel the need to be seen within 48 hours, as opposed to 3.8% last year.
- We then ask “If you did not receive an appointment for a doctor within 2 working days, what was the main reason?” It is important, based on simple maths from the questions above, to note that this question would address only the 6.8% of patients who declared they were seen within three or more working days (technically impossible within the Doctor Direct system, but this is beside the point). Here, we feel we can demonstrate another measure of the success that Doctor Direct has had on patient education. Last year, 6% felt they did not need to be seen quickly. **This year, 32.9% feel that they did not need to be seen quickly.** These two messages (higher satisfaction with access and better perception of real urgency) seem to be confirmed time and time again. Another interesting note is that last year 49.3% of patients felt that they could not be seen quickly because the appointment time did not suit. **This number has now successfully dropped to 12.8%**, a reflection of the fact that the time and date of the appointment are now agreed directly between the patient and the GP at their mutual convenience. It is interesting, however, that on the converse **34.7% of patients say they were not able to be seen quickly because there was “no appointment available”**. Last year this number was 27.7%. This is not in line with the trends highlighted above, and we wonder whether this might be around the fact that over 60% of patient-GP telephone encounters end with no appointment booked whatsoever (the contact ends with telephone advice). In other words, we wonder if these patients, who have demonstrated very high satisfaction in the previous questions, have read this answer to mean that they simply did not need to access an appointment or were not offered one.
- **94.3% of patients feel that they can speak to a GP urgently on the same day. This is an improvement, as last year the same number was 86%, and the year before it was 74%.** This once again rewards the practice for its substantial (and extremely tolling) investment in Doctor Direct.

- Interestingly (and perhaps predictably) responses around continuity now show a very different distribution. Last year, 74% of patients felt that they could see a doctor of their choice. **This year, 48.7% of patients feel that they can.** This year, the most popular answer (attracting 33.3% of responses) shows that patients now feel they can “sometimes” speak to a doctor of their choice. We feel this is a fair perception, as unless the patient calls when his/her own doctor is in, he/she will be called back by another GP who works on the day of the call. Patients are told they can ring on the day their GP is in (and they are told the day), but many prefer not to ring back and ultimately speak to any of the GPs on call. **There may be scope for some patient education around this point, to raise awareness of GP working days.** On the flip side, last year 7.7% of patients stated they could “never speak to a GP of choice”, **a number that has now dropped to 3.3%.**
- Far fewer surveyed patients are now trying to see a nurse. Last year, 68.3% had tried. This year, 48.2% has tried to see a nurse.
- 74.3% of patients find it easy to book an appointment with the nurse as opposed to last year’s 81.2%, however this year 19.2% did not try booking an appointment (as opposed to last year’s 4%). So this data is probably reflecting either neutrality of marginal improvement as compared to last year’s.
- Satisfaction with opening hours remains almost unvaried at 88.1%.
- The biggest change around opening hours is around when to extend these if the patient had a choice. Only 22% of the patients surveyed would like early mornings, as opposed to 58% last year. 48.7% would like evenings (as compared to 32.7% last year), and 55.2% would like weekends (as opposed to 9% the previous year). The skewed percentages arise from the fact that many patients gave multiple answers to this question. The strong, overall message is however that patients are less interested in early morning appointments (which we know from our difficulty in filling these), and keen on evening and weekend appointments.
- Our question around telephone access this year was worded differently, focusing on “ease” rather than “satisfaction”, so we may well have thrown the axe on our own feet. Indeed, **“satisfaction” of access around the telephone system decreased radically from 83% satisfaction last year to 55.7% perceived ease this year.** Regardless of the change in wording, this is our worst and most predictable outcome, as one of the side effects we have been noticing since opening telephone access. **We recognize this as the single biggest area which will require work over the next 12 months,** although the strategy for managing hundreds of daily calls on limited staff is not yet clear.
- Our satisfaction with the length of time patients have to spend in the waiting room has also gone down, from **67% who felt they did not have to wait too long, to 51.7% this year. Also, while last year 4% of patients stated they were made to wait for “far too long”, this year the number has risen to 11.7%.** This question presents perhaps the first surprise in the survey, and **perceptions of long waits are something we will need to tackle.** Clinical input might serve to inform why patients are spending more time in the waiting rooms, if they are.
- More patients now prefer to book their appointments on the phone (69.3% this year as opposed to 31% last year) and online (11.2% this year as opposed to 4% last year) than in person (30.7% this year as opposed to 65% last year). This is simply for note rather

than for action, but the trend indicates that we can expect even further pressure on the already overstretched telephone system.

- We are thrilled that satisfaction with overall care at the practice has happily increased from 78% to 90.7%. Of all the responses received, each year this is the one we value most highly as we feel it holds the most holistic view of the surgery. The number of our “not at all satisfied” patients has also dropped from 3.4% of patients to 1.3%.
- For the first time ever, we introduce the Friends and Family question. We are thrilled that 92.3% of patients would recommend us to their friends and family.
- In a quirky twist of events, only 65% of this year’s respondents are aware of our online access for appointments and prescriptions, as opposed to last year’s 89.2% (this may be due to the nature of our population, since paper questionnaires mean that more people less familiar with technology are likely to have been surveyed this year).
- ...And in line with the above reflection, only 35.7% of patients would be interested in accessing practice information through Facebook and Twitter, as opposed to last year’s 80%.
- 39.6% of respondents were male, 60.4% female.
- Last year’s sample was younger than this year’s (again a reflection of the paper version of the survey?), with 26.5% of the population over the age of 55 this year (as opposed to 13.8% last year).
- We feel this year’s sample reflects the ethnicity of our population far more accurately: 29.8% white British, 48.1% Bangladeshi, 5.5% other white backgrounds. Last year’s main categories were 12.8% white British, 10.3% white Irish, 10.3% other white backgrounds, 9.8% Bangladeshi, 9.4% black African.  
Recruiting more ethnically representative patients to ensure that a broad base of the practice population completed the survey was one of our actions from last year’s plan, so we feel we have achieved this successfully.

From the survey we can confirm that we need to think of creative ways of managing telephone demand, and learn that we also need to think of how to minimize impact of the time perceived spent in the waiting areas. We may also need to consider ways of educating patients around the days worked by their registered GP.

It is however striking, to a level that feels almost unbelievable, that we have managed to make such incredible strides around access and patient perception of care at a time when general practice is literally on its knees, financially and in relation to workload. Doctor Direct has come at an incredible cost to the practice, and has been the object of infinite discussions, debates, away days and workshops. The fact that our decision is so highly valued by our patients is by far the strongest incentive we could receive for the efforts invested.

## **ACTION PLAN**

- **Difficulties getting through on the phone:**

**Action:** Patients commented that awareness needs to be raised amongst patients about the reasons for no longer being able to just 'leave a message for their doctor'. Needs to be more patient education around when patient's own doctors are available.

**Plan:** Education campaign using posters in the waiting room, messages on envisage, information on the website regarding days doctors work (updated) and at points of contact with patients such as registration

**Action:** Need to reduce congestion on the phone by tackling prescribing issues

1. Patients ringing in to check if prescriptions are ready to collect

**Plan:** Message to ask patients not to ring in for this but to either call in person at the practice or ring their chemist to collect where possible.

2. Patients ringing to request new set of repeat dispensing items

**Plan:** Discourage patients from ringing in- can be message played whilst patients are waiting to be answered on the phone. Also encourage patients to get chemist to request this on their behalf and if the patient needs to be called for review, the doctor will action this when the request comes in electronically. Message to go on right hand side of prescription FP10s

3. Patients ringing in to request repeat prescriptions- this is sometimes due to the medicines needing to be re-authorised

**Plan:** Encourage patients to use on line prescribing requests or to inform their pharmacist when running out of medicines so that they can request the prescription from us.

**Action:** Need to reduce congestion on the phone by tackling repeated calls from the same patients (some patients keep ringing back after missed calls).

**Plan:** Educate patients both when taking their message and when doctor calls to leave a message that there is no need to ring back. They will be tried and if phone unavailable then the doctor will try again.

**Action:** Make patients aware of the on line booking system.

**Plan:** Keep up education on the on line booking system via website, envisage, registration information, consultations, newsletter etc.

- **Managing perceptions of continuity**

**Action:** Need to improve continuity with usual doctor.

**Plan:** More patient education around doctor's regular days to encourage patients to ring on the days when their doctor is available for non-urgent matters.