



**West Pottergate Health Centre surgery**

## **Patient Survey – Oct/Nov 2011**

The practice undertook a survey during October and November 2011, and the questionnaires returned represented 2.5% of our practice population. We are publicising the results and conclusions below for our patients. This information is also being posted to our website.

In addition, the results have been discussed with the Patient Liaison Group (PLG) and the priorities agreed. We always welcome comments and suggestions from patients, and the Suggestions Box situated in the waiting area is emptied daily. All comments are read and discussed with the PLG and we also plan to prepare a separate document which responds to many of the comments we have received.

We welcome constructive comment and suggestions and also encourage our patients, if they have an interest in joining the PLG, to leave their contact details at reception and the Practice Manager, Don Pearson, will get back to you.

### **Summary of conclusions and issues to be addressed for discussion**

During a period of four weeks during October/November, the Practice left patient questionnaires in the waiting area and encouraged as many patients as possible to spend 5 minutes to give us their views on our services.

A questionnaire was also posted on the web site and the views and comments from these are also incorporated, but there were only 6 responses which had no impact on the conclusions from the exercise undertaken at the surgery.

The practice is pleased the people who completed the surveys were individuals who had used the services, and were able to make informed comment. The National Survey in previous years had been issued at random and it was evident many of the patients who completed those questionnaires had not visited the surgery for some time, if at all in some cases.

#### **1. Effectiveness of clinical care.**

**The practice obtained 75.5% excellent and 17.6% good.** There were also 18 positive comments about clinical care and 2 negative experiences. The questionnaire did not seek details and accepts

that not everyone will be pleased; however, we conclude there is nothing significant that requires any change to improve the level of clinical care at West Pottergate.

## **2. Getting an appointment.**

**The results indicate 78% excellent rating plus 21% good.** The endorsement from the surveys is reassuring that our training, policies, and quality of staff is providing an excellent level of delivery.

The practice has always stressed to staff, as well as to patients, that we do care and provide time to listen to patients, help them, and try and fulfil their needs as best we can. Any difficulties are explained and alternatives offered. It is rare if a patient who needs an appointment on the day is unable to obtain one, or at the very least the next day.

Our appointments diary is also available online and we have an increasing number of people who now use this online facility, including patients well into their '80's.

We provide text confirmation of appointments – most of our patients rely on mobile phones as their preferred choice of communication –providing a reminder 24 hours prior to the appointment. This helps especially where an appointment has been booked for up to 6 – 8 weeks in advance.

There are 18 positive and 2 negative comments. We believe the new telephone system has also helped enormously to enable better access to staff to address requests for appointments etc.

Proposed actions:

- We believe there is a case for opening more slots for online booking.
- There is scope for greater awareness about GP time and, where relevant, when a double appointment can be appropriate.

## **3. Reception**

The service provided by our administration staff was **rated 86% excellent and 14% good**. The practice has for some time provided two reception points in the waiting area. For a small practice this is a big commitment to ensure visitors/patients can be seen quickly and with minimum delay. Both points are manned for most of the time the practice is open.

The staff are multi-tasked and trained to undertake a wide range of duties which, in a larger GP practice is not required and where staff tend to specialise in specific areas. This has the advantage that any one member of staff can deal with most issues which are likely to arise from a patient calling at the front desk or phoning in. Therefore, with the pressures they work under to record, file, and administer the complex systems and compliance with protocols, it is an accolade to them they can provide this service in such a helpful and friendly manner.

The 23 positive and complimentary comments made on the questionnaires is testimony to the respect the reception staff would appear to have earned from our patients. There were no negative comments.

We do not plan to make any significant changes to the role or the training of our staff.

#### 4. Satisfaction with opening times.

**A total of 96.1% of respondents feel our opening hours are good.** The surgery is open from 8:00 every morning Monday to Thursday (8:00am on Friday), until 6:00 every evening, with phones manned until 6:30. There is an extended hours session on Thursday until 7:15pm.

The comments are generally supportive of these extensive opening hours. There will always be some people who feel the service should be open weekends.

The introduction of the Walk-in Centre located at Timber Hill in the Mall, and which has operated since July 2009, provides access to a GP and nurse from 07:00 to 21:00 every day of the week, including bank holidays. This service has been highly successful and fulfils the need for patients who require access outside surgery hours.

There is no compelling case for changing or amending our surgery or office hours. The surgery has also been flexible in fitting in patients after surgery time in an emergency, as well as offering access to suit most working arrangements for the vast majority of people.

#### 5. Parking

From the survey 66% of our patients use their cars, this surprised us. More importantly **over 94% of respondents stated they found it easy to park.**

The survey was undertaken at the time we introduced parking restrictions to discourage unauthorised use, and the responses have taken this into account. The matter of parking has been a significant issue for many years. The Health Centre has over 90 staff working at varying times of the day/week. There are 38 parking spaces attached to the premises.

The surgery shares the premises with several other NHS services including Community Nursing, Health Visitors, Wellbeing services, Bereavement Counselling, Red Cross and so on. When you add on regular visitors and meetings, car parking has long been an aggravation to some and an inconvenience for many, including staff.

Proposed actions:

- To monitor complaints and establish patient parking is now available on at least 95% of occasions.
- Explain to patients through a newsletter or specific document that a relatively empty surgery does not mean the car park should be (almost) empty.
- Maintain good relations with the nearby school to ensure parents do not use the car park unnecessarily.

#### 6. General Comments

Many respondents used this space to reinforce their general views and 13 positive comments are encouraging. Nonetheless, there were 4 negative comments on aspects of our service not covered by questions and which the practice has noted and actions considered:

Proposed action:

- **GP commissioning and impact on the service delivery** – we are not sure ourselves how the changes when complete will impact on the work of the surgery. However, we shall try and ensure we reassure patients that GP services as they exist should not be adversely impacted. Perhaps consider some form of update for patients?
- **Booking in** – we introduced the present system over a year ago and removed the use of the cards. This change appears to have worked well. However, it is evident that some patients do get confused about their turn when the waiting area becomes busy. We perhaps should review our arrangements and how we can better inform patients.
- **Repeat prescriptions** – in May 2009 we ceased taking orders for repeat prescriptions over the phone. The reasons at the time were well documented, but the demand and scope for errors were such the Practice had to adopt an equitable way of managing the demand and ensure a good service.  
The practice works closely with several chemists offering a collection/ordering system and often mistakes or errors can occur at either end.  
The PLG has requested the practice undertake an “audit” of our repeat prescription process and monitor every error/mistake, document the circumstances and draw conclusions with any proposal to improve or minimise the risk of repeating errors or mistakes.
- **Double appointments** – receptionists are often able to detect patients who have complicated issues or several issues which could result in the GP allotted time being insufficient. In such cases, where this does not happen or where a patient unwittingly wishes to discuss other matters which could delay the GP, this can lead to embarrassing moments for both parties. The fact that patients’ appointments can be delayed and waiting times extended often leads to patient frustration, even anger, especially for those patients left outside and watching the time drift by.

It is proposed that the practice looks at:

1. Ways of keeping patients informed of delays and offering to rebook
2. Improving communication including reasons for delays.

## PATIENT SURVEY RESULTS





