

## **Wollaton Park Medical Centre**

### **PPG Survey Headlines**

Prepared by members of Wollaton Park Medical Centre for the GP Away Day

Below are some summary points created by the PPG members from the PPG survey. Please note that this summary in itself is quite long as we attempted to summarise all 700 responses. Obviously this has taken us quite some time, so please give it the attention it deserves.

We do however believe that all doctors and members of the management team should see the full results of the survey (attached) as it would be a dis-service to the patients who have taken the time to provide comprehensive feedback of the challenges and difficulties they are experiencing and the impact. Some of the comments demonstrate the distress, as quite personal stories have been shared. We do appreciate you are all busy, but we think once you start to read through the comments you will understand why we are suggesting this.

Firstly, the positive notes

- Emergency appointments (however there were still issues with this)
- Texts to confirm appointments
- The GPs themselves
- Online prescription ordering

Overall comments:

- Patient safety, care and treatment is being comprised, not only because the appointment system is not fit for purpose but also because patients are being given the wrong information, especially by the reception staff. For instance waiting too long to see a GP and/or for test results and on occasions been given the wrong results.
- The majority of respondents cannot get an appointment when they need one and/or wait far too long on the phone, resulting in patients not getting the care they need in a timely manner, consequently forcing them to say their problem is urgent as it is felt it is the only way to get an appointment!
- The expression of prejudicial views towards certain sections of the registered population, specifically retired, unemployed and those perceived to be foreigners is a cause for concern. The failures of the practice and its systems is causing resentment to be misplaced, which has the potential to negatively impact community relations.
- A significant number of respondents noted the incivility of reception staff. They were also perceived to be performing a policing, security role and found the initial contact for an appointment to be very intrusive, resembling a pre-triage system being performed by staff not medically qualified to assess the urgency of an appointment. Patients felt that their credibility was being called into question. Leaving them feeling belittled and problematised. The worry and stress about feeling unwell was therefore, exacerbated.

- As is evident from the survey the cumulative effect of the long wait on the phone to get through to the surgery, the intrusion and incivility of reception staff and the complicated appointment system, meant some patients delayed seeking help, thus delaying diagnosis and treatment.
- Related to the above point, it is also unfair to expect an unqualified patient and then an unqualified member of reception staff to decide if a problem is urgent or not, prior to being booked for triage by a doctor.
- It is also unacceptable to be given certain times to call for an emergency or to be told the list is full for today for emergency calls and to call the next day. If it is an emergency, it should be dealt with that day either by a doctor or a nurse.
- Post-Covid, issues were raised regarding the limited availability of face to face appointments, as exemplified by an empty waiting room. Suggesting that measures put in place during Covid have become the new norm, which while it may work for the GPs, raises considerable challenges for patients. For example not everyone has the privacy in their home, or workplace, to openly discuss health concerns and therefore confidentiality can be compromised by a phone consultation as you cannot be sure if your conversation is being overheard, which in turn can be a safeguarding issue.
- In theory, the GP/patient ratio does not appear to be problematic, yet patients have consistently reported problems with securing a timely appointment with a GP (even if it is not the GP they would routinely see). It would really help to understand how this is the case. It appears that the problems are due to the current system rather than a capacity issue.

### **Summary of suggestions for improvement**

- Changes to the appointment system are difficult to keep abreast of (some assumed the old 8am release of appointments and some unaware the online system is now available again), so suggestion that any changes be communicated in the telephone message, via text message and also website + a patient information leaflet (which should be visible to everyone upon entering the surgery)
- There is an issue about transparency, when you follow the system and things go wrong, no explanation or reason is given, so patients don't know what they could/should do differently and are often left feeling blamed. This is exemplified by the on-line repeat prescription ordering system and using the notes field in which a message can be typed for the GP. However, the message does not get picked up by anyone, which means patients have to ring up and bring the message to someone's attention. Why then have a function that serves no purpose, and is misleading? It either needs to be tweaked to work, or removed
- Use the phone message to communicate with patients current capacity issues and challenges that the practice is experiencing (given we can't use social media), this will help patients to be more understanding and manage the interaction between patients and staff

- Separate phone lines for general enquiries and test results from calls for appointments
- Increase number of staff on phone line at peak times to reduce wait times and ensure patients can get an appointment in a timely manner
- Extend routine appointment booking time, stagger it throughout the day to avoid bottle neck that is a cause of frustration for the patients. This also offers flexibility, especially for people who are working and unable to ring at 10/10.30
- Also save a percentage of on-line booking slots for the evening, for people who are working 9-5 or different shift patterns and cannot access the system or contact the surgery during opening times
- More non-urgent/routine appointment slots needed in general, plus the ability to book an appointment more than two weeks in advance. We understand that in the past this has caused issues with patient no shows, but if a text were sent the day prior to an appointment, as a reminder and stating to ring the surgery to cancel if the appointment is no longer needed, then this should help address the problem of DNA's
- Introduce afternoon triage system, will add flexibility in system in case of emergencies. Perhaps need to adopt the principle of rules and exception to rules, especially in the case of emergencies, don't hold patients to ransom with the restrictive times for when you can ring in case of an emergency. This will save the practice money too!
- GPs to make the appointment for the patient in cases where of follow-up is required, though some PPG members are aware that this options is already available, it appears patients are being sent back to reception to make follow up appointments. Given the difficulties the patients experience with current appointment system, securing an appointment within the GP specified timeframe is near to impossible, leading to anxiety and stress for the patient
- If annual, medical or medication review required then admin should ring the patient and agree a date and time with the patient rather than texting the patient to ring the surgery to make an appointment. This was noted by patients, to be an overwhelmingly stressful and time-consuming encounter. In the case of medication reviews, this would then also reduce the worry about running out of medication whilst waiting for an appointment. It would also reduce the number of calls to the surgery that can unnecessarily clog up the system
- Give patients the ability to choose a specific GP who knows their history, without having to repeatedly ring the surgery and missing the short window of opportunity when appointments are released which creates a long wait time. This is incredibly important to those who have long term conditions or serious illnesses as it offers continuity of care, reassurance, confidence and trust as patients are not having to go through their whole history each time
- Give patients the option of face to face or a phone appointment, do not automatically book phone appointments and the face to face should not come at a cost of extra wait time

- Whilst working to full capacity, is it possible to defer taking on new patients?
- All urgent requests to see a GP should be put in the triage system regardless of the number of urgent calls in a day. Could triage be carried out by the GP and/or a practice nurse to reduce the load on the GPs?
- When placing patients on the triage list, ask if the patients need to be given a particular time slot or whether they have flexibility to take a call at any time. It is an unfair expectation upon the patient to be available all morning, all afternoon or all day, particularly when one is working and/or unable to take a call in private.
- Would it be possible to have an email account for non-urgent enquiries? This would reduce the volume of phone calls and unnecessary appointment requests. Putting in place a system for patients to communicate via alternative channels regarding issues that do not require a medical assessment/intervention, for example an administrative matter such as request for a letter etc. will help free up time for medical matters
- Is it worth speaking to other surgeries regarding their appointment system and reception staff training? There has been good feedback for Cripps and Saxon Cross
- If vaccinations were all carried out by the pharmacy rather than the practice, then this would free up both GPs and practice nurses to deal with patients who need their level of expertise.

Finally members of the PPG commend the practice for acknowledging the problems patients are experiencing with the current appointment system and that the GPs have planned an away day to specifically look at how the system could be improved.

The PPG was informed about the away day scheduled for the 1<sup>st</sup> of Dec. at the PPG meeting on the 10<sup>th</sup> Nov. and though no expectation was placed on the PPG members by the practice to provide an analysis and results of the survey ahead of the away day, members felt it was crucial that as a minimum, a headline summary of the key points raised by patients, be provided to inform the development of any new appointment system.

The attached summary provides critical insights to some of the challenges, pertaining specifically to the appointment and its impact on the patients, along with some suggestions to consider when developing a new appointment system.

Members of the PPG would also like to express their disappointment at not being consulted or at least being informed of the away day sooner. It would appear that the practice anticipated the appointment system, to be raised by a patients as a major challenge that the practice could no longer ignore.

Members of the PPG have worked with the practice manager and taken on the responsibility of designing, conducted and analysing the survey, all in voluntary capacity, in the spirit of supporting practice improvements and patient experience and outcomes. However to organise a day without consulting or involving the PPG, at a minimum to ascertain whether the results of the survey would be available ahead of the away day, has caused considerable disquiet amongst members about the perceived value and worth of the PPG, its members, role and function and contributions. Members were surprised and disappointed that the GPs

did not wait for the results of the survey and/or invite members of the PPG to join them to offer a patient perspective.

The PPG is made up of a dedicated and committed group of people, who bring a diverse range of knowledge, skills and expertise to the table, volunteering a considerable amount of time to help the practice improve patient outcomes. That said it is important to recognise that members had less than two weeks to conduct an analysis and offer some meaningful feedback ahead of the away, a tall order given the qualitative nature of the survey. With that in mind, it would be unfair for the practice to base the changes solely upon this summary, as this is not a detailed analysis, though it does highlight the scale of the challenge, it certainly should not be used to shift responsibility upon the patients in case of any problems with whatever new system is put in place.

It is also important to note that the survey sought wider views about the practice, including patient/staff interactions, whilst the GPs received overwhelmingly positive feedback, the interaction with reception/admin staff was found less than satisfactory and requires attention. Patients need to be treated with dignity and respect and their vulnerabilities acknowledged.

Feedback regarding the website was rather mixed, with many respondents associating the website with repeat prescriptions and online appointment bookings only, noting that they did not use the website for other information about the practice or health related matters. That is the website was not found to be the first port of call for general information, but those who have tried to use the website, even for repeat prescriptions and booking an appointment, said it was confusing, out of date and difficult to navigate. Given that the practice does not have any social media presence, the website could be used to communicate with patients but this would require some revamping of the website as well exploring options to direct patients to it.

The findings of the survey present the practice with a unique opportunity to understand and address some of the challenges faced by the practice population when trying to access the practice. There were some notable personal narratives that highlight potential risks and the possibility of serious adverse consequences for the patients.

The interdependence of the issues can also be deduced from the initial reading of the survey and that improvements cannot be developed in silos. One part of the system depends on improvements in other parts and therefore an integrated approach is required. It is not just the appointment system that needs to be reviewed but the whole integration of appointments, types of appointments, reception and admin staff, website and wider communication with the registered population and so on. Any changes made need to be tested and have the flexibility to be responsive to feedback, as well as being clearly communicated to the registered practice population.

The survey sought to identify barriers, challenges and solutions to support development of appropriate systems and process that will ensure patients receive the right care and treatment. We hope that this summary of the survey helps facilitate appropriate developments but we also welcome the opportunity to explore how the survey findings could be thoroughly analysed to establish a comprehensive set of findings with clearer recommendations. As well as how the outcomes of the survey can be feedback to patients, it is important that patients' contributions are recognised by the practice to ensure their on-going engagement by way of constructive feedback with a positive impact on the complaints i.e. a reduction.

Thank you