# Patient participation group (PPG) survey report

The Kirkham Health Centre (KHC) patient participation group (PPG) was set up in October 2017. Its members are a small group of patient representative volunteers supported by a practice GP and a practice administrator.

The principle aim of the PPG is to improve relations between the practice and patients by:

* Providing a forum for patients to collaborate with the practice and provide a patient perspective.
* Promoting the wellbeing of patients and supporting the practice to provide a high quality of care and service delivery.
* Enabling patients to influence local healthcare services.

During the week beginning 3 September 2018, the PPG carried out a survey of KHC patients. This was done by PPG volunteers attending the surgery on all five mornings and three afternoons of that week and handing out questionnaires to those patients with appointments to see either a GP or a nurse.

This simple survey questionnaire was designed by the PPG members to determine patients’ views on the adequacy and effectiveness of KHC’s services. There were 17 questions and all but four required boxes to be ticked. Three of the other four were for brief explanations of adverse tick box answers and the fourth for any general comments about KHC. Patients were also requested to give their age in one of five ranges.

Almost 320 questionnaires were handed out. This represented more than 95 per cent of those attending the surgery. A few patients were missed and a small number, with valid reasons (eg they felt too unwell), declined to fill it in. The overriding impression was that patients were pleased that the survey was being carried out.

The volunteers assisted patients to complete the survey when requested. A small number were either incompletely filled in or incorrectly completed in part (eg ticks placed between boxes) so that not all those answers were usable. Nonetheless, the overwhelming majority of answers were usable and around 300 different sets of data were available. To put this number into perspective, there are around 9,000 patients registered with KHC, about 30 of who failed to attend for their appointment that week.

**The survey questions**

The survey asked for:

* Patient’s age – in one of five age ranges
* Usual method of contacting the surgery
* Ease of booking the most recent appointment
* Appointment waiting time
* View as to whether or not that wait was reasonable
* Rating of recent experience in reception
* Rating of recent experience with healthcare professional
* How well any appointment problems were dealt with by KHC
* How well routine health needs were met by KHC
* Awareness of range of nursing services in the surgery
* Whether or not they would like any more information on nursing services
* Awareness of extended hours’ routine healthcare services in Fylde and Wyre
* Whether or not they would like any more information on these services
* General comments on KHC
* Comments on ‘unsatisfactory’ or ‘poor’ ratings for questions six, seven and eight.

**Survey results**

The survey data showed:

Of the reported appointments that week:

* 10% were prearranged or review appointments
* 20% were seen on the day they contacted the surgery
* 15% were seen within one or two days
* 25% were seen within two to four days, and
* 30% were seen in five or more days. Of these about two thirds judged this wait to be reasonable (most often because their appointment was not urgent). (This proportion could be further reduced if patients did not miss appointments – by up to 30% for the survey week.)

For their most recent appointment:

More than 60% of patients contacted the surgery using a telephone

Almost 10% by visiting the surgery

Slightly fewer than 20% by using the internet or myGP app and

About 10% by using more than one method, with almost half of these being those having to wait to see a healthcare professional for five or more days.

Almost 95% said that it was easy or very easy to contact the surgery but for those who had to wait five or more days this fell to about 85%. The 95% rating for ‘very easy’ and ‘easy’ was divided about 50-50 between the two; except for those who had to wait for five or more days when ‘very easy’ fell to 20%.

More than 95% rated their most recent experience at KHC reception as either ‘good’ or ‘very good’ (about 50-50 between the two ratings) with only about one per cent judging it to be poor.

Almost 99% rated their most recent experience with a surgery healthcare professional as either ‘good’ or ‘very good’ (about 50-50 between the two ratings) with fewer than one per cent judging it as ‘poor’.

Almost 90% said their routine healthcare requirements were fully met by KHC, but this fell below 80% for those who had to wait for five or more days for their most recent appointment. None said that their healthcare requirements were seldom met.

Only about 60% answered the question on appointment problems but many of those who did not answer wrote ‘N/A’. The overwhelming majority were satisfied, or generally more than satisfied, with the way their problem was dealt with. Only two per cent (six patients) considered their problem had been dealt with poorly and of these two referred to treatment difficulties (and are considered below), two referred to difficulties ‘a long time ago’ and another for a shift worker (who wanted more detail on the extended access service).

About 65% said they were unaware of the six different nursing services available

Most (60%) of those wanted further information (together with more than 10% who knew about the service). So in total almost half would like to receive further information on the nurses’ roles.

About 65% said they were unaware of the routine extended access services available in Fleetwood and Freckleton. Most (more than 60%) of those wanted further information (together with more than 20% who knew about the service). So in total about half would like to receive further information on the extended access service.

In the detail of the data and particularly in accompanying comments opportunities for improvement were identified. These are described below.

About 100 comments were made mainly in the four boxes provided, but together with others which were annotated on the questionnaire. Two of the four boxes were for explanations of dissatisfaction with the most recent visit. Most comments were made under general comments about KHC. About 60% of all comments were positive. It is noted that this proportion fell to about 30% for those patients who had to wait for five or more days for an appointment (30% of the comments). Apart from those with a prearranged appointment making no adverse comments there were no other marked variations.

**In summary:**

The majority of comments on the practice were favourable. Several comparisons were made with other surgeries which were all favourable. Comments on the practice included ‘very satisfied’, ‘excellent practice’, ‘professional approach’, ‘far better than our previous surgery’, ‘most efficient and well run’, ‘caring professionals’ and ‘best in the area’. Responding speedily when things go awry, such as an appointment mix-up, was much appreciated. On two occasions this apparently didn’t happen with one patient claiming he didn’t receive such attention and another complaining that they were ‘penalised’ for being ‘unavoidably late for an appointment’.

Reception staff was the only group for whom fewer positive than negative comments were made. The number of adverse comments was still small.

Only three adverse comments including one which was questionable were made about nursing staff. Two of these comments were related to taking blood samples.

A small number of adverse comments were made about GPs, together with a larger number of positive comments, particularly about two named GPs.

Problems in contacting the practice and problems in getting repeat prescriptions (by telephone/visiting the surgery) were identified.

**Improvement opportunities**

**Opportunities for improvements were identified for:**

* Reception staff
* Healthcare professionals
* The use and scope of the internet and myGP app and contacting the practice in general, and
* Most importantly for communications between the practice and its patients.

 **Reception staff**

There was a very high level of satisfaction for reception staff during patients’ most recent visit. However, a small number of critical comments concerning ‘off-hand’ behaviour and attitude were made. Receptionists recognise while it can be difficult for patients to accept the care they want is not necessarily the care they need, on occasions their tone or attitude could be received as being negative. The improvements in recent times in receptionists’ attitudes and behaviours coincide with organisational changes, working practice and resource requirement reviews and a revised approach to training for reception staff. For example, reception supervisors have been introduced. These improvements are part of an ongoing process.

It is noted that some patients need to heed the GP telephone message about the role of receptionists in asking why they need to see a healthcare professional.

**Healthcare professionals**

Nursing staff received an extremely high satisfaction rating (99%+) and a significant number of positive comments on their caring and professional approach compared with a couple of negative comments. Nursing staff will strive to maintain this high standard.

GPs received a very high satisfaction rating (almost 99%) together with mainly positive comments. All of the critical comments about GPs were about attitudes or behaviour and not medical competence/ability. Most were based primarily on differences between patient expectations and GPs’ responsive actions. GPs will attempt to minimise these concerns by trying to ensure patients understand what their diagnosis is and the reasons for it and what further action, if any, is to be taken.

More generally there would be benefit in nurses seeing more patients with ‘minor health issues’.

Adverse comments were made about the need for ‘more than one part-time female GP’ and ‘too many part-time GPs’. KHC agrees there would be benefit in having more than one female GP but it is difficult to recruit female GPs. It is noted that one of the nurse consultant’s specialist areas is women’s health. Recent GP changes have resulted in a marked increase in GP hours worked per week in the practice.

**MyGP app and contacting the practice**

There are advantages to both patients and the practice in the wider use of the app (and more generally the internet, although all patient survey references were to the app) particularly for ordering repeat prescriptions and making routine GP appointments. The direct benefits for the patients are simpler, more efficient and any-time ordering of prescriptions and routine booking of GP appointments. Plus the indirect benefit of the consequent reduction in the number of telephone calls to the surgery. It is recognised the app is not yet, and may never be, appropriate for making urgent appointments. Because of the wide variation in the type of available nursing appointments it is judged that making such appointments using the app is not practicable.

To improve the number of people using the app for ordering repeat prescriptions the PPG has written to the four local pharmacies to ask them to encourage patients to use it and, where necessary, if possible show patients how to set up the app. In addition, in the New Year, if there is a patient need the PPG will make arrangements to show patients how to set up and use the app.

**Communications between practice and patients**

That most people were not aware of the whole range of nursing services available in KHC or the extended access for routine healthcare services which are available in Fleetwood and Freckleton is indicative of limited communications between the practice and patients. A table showing the range of nursing services available will be displayed in the surgery and online. It is the Fylde and Wyre Clinical Commissioning Group which organises the routine out of hours’ service. Once it has completed a proposed change that information will be displayed in the surgery and online.

KHC recognises there was an undue delay in listing Dr Gillooly on the website and the myGP app.

**It is proposed to improve communication between practice and patients by:**

KHC continuing to collect patient mobile phone numbers to facilitate contact with more and more patients through text messaging. This will be beneficial to the practice and patients.

KHC and the PPG starting to issue a quarterly newsletter both online (on the web site) and a printed version made available in the surgery. This will begin in the New Year.

Advising patients to keep an eye on the TV screen to see when a GP can see them. In addition an audible prompt will be added to the visual prompt.

Reducing the overwhelming amount of information in waiting room one and relocating it in the side-room. Different, limited ‘directing’ information will be then be displayed in waiting room one.

Continuing recent efforts to improve the website.

KHC management says, while recognising that parts of the surgery are congested at busy times, making layout changes to the surgery are impracticable in view of the progress being made in the provision of the new surgery.

**Conclusions**

The survey results indicate an impressive all round performance by KHC which is consistent with the recent Care Quality Commission Report (available to view on the KHC website). Nonetheless KHC has agreed readily to further improve this quality service by implementing a number of actions (as indicated above) to make its service to patients even better.

Report prepared by Kirkham Health Centre Patient Participation Group with actions for improvement agreed with the practice partners.

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