

Abbey Medical Practice Patient Survey Report

1. Introduction

In August 2014 Healthwatch Northamptonshire visited the Abbey Medical Practice in Wellingborough as part of a county-wide survey of GP practices. The survey aimed to find out about access to services, the patient experience, good practice and what pressures there are within the practice. A summary report of the findings from the county-wide survey, including good practice and recommendations, is available on our website¹.

We spoke to ten patients at the Abbey Medical Practice about their views, experiences and satisfaction. By speaking to patients face to face we could add depth to the findings of the National GP Patient Survey². We also spoke to the practice manager to find out about services currently being provided, how they are accessed, what they felt worked well and what pressures there were. The questions used are in Appendix 1 and 2.

All information and figures quoted below were correct at the time of the site visit. This report does not reflect any changes or improvements to procedures since that date.

2. Practice information

2.1 Practice size and staffing

Abbey Medical Practice is a large-sized practice (approximately 16,500 patients) with nine doctors (six male, three male) and six practice nurses (including three nurse prescribers). The practice also has a surgery at Earls Barton and clinical staff work at both surgeries.

The practice is a teaching practice taking students from Cambridge Medical School and the University of Cambridge - three GPs train medical students and both students and their training is supervised.

There is a full complement of staff at the surgery but a need for more GP time has been identified because an increasing patient population. A newly qualified GP (trained at the surgery) is working for six months as a locum.

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¹ www.healthwatchnorthamptonshire.co.uk/about/docs

² http://gp-patient.co.uk

2.2 Services provided

The practice provides a range of services and has a small, well-equipped operating room. Practice nurses deal with minor issues such as changing dressings and blood tests, and there is a pharmacy on-site.

Specialists: The practice employs a clinical psychologist providing counselling and also for higher level psychological issues.

Shared services: Some services are shared - patients are referred to a GP specialist at the Albany Practice for aural procedures.

Extended opening: The practice is open on the first Saturday of each month at Wellingborough or Earls Barton, 8am to 9.45pm. Later evening opening on Thursdays were tried but patients preferred Saturday Mornings.

Home visits: These are organised by patients phoning in the morning and doctors make visits between 12.30pm and 2.30pm but times are flexible to meet patients' needs.

2.3 Appointment booking system

There is a 'book on-the-day' system for emergencies and no patients are turned away. Advanced appointments have a waiting time of between two and four weeks. The surgery has a triage 'call back' system for patients who have difficulties contacting the surgery. Online appointments can be booked 24/7.

Missed appointments

The practice has 4% DNAs (Do Not Attend appointments). Text messages are sent to remind patients about their appointments and there is a dedicated mobile phone number for patients to use for cancellations. If a patient misses more than three consecutive appointments a standard letter is sent asking politely if they would phone to cancel appointments if they are not going to attend. In some cases the patient is invited to come and speak to the Practice Manager. The practice reserves the right to remove a patient from their list if they continue to miss appointments. Also, the practice email goes straight to the practice manager.

2.4 Patient Participation Group (PPG)

The practice website includes an active 'Virtual Discussion Group' to enable patients to communicate about issues that affect access to services. The PPG report in March 2014 reviewed whether the PPG group was representative of all registered patients and demonstrated a good patient/ practice relationship and identified steps needing to be taken to engage with those not represented. The issue of Saturday appointments rather than late evenings was highlighted by the PPG.

2.5 Complaints system

The complaints system is displayed on the waiting room screens. All complaints are taken seriously, addressed with rigour, and responses to a written complaints will be sent within 48 hours. Telephone complaints are dealt with by the practice

manager who refers on to doctors or nurses when necessary and/or appropriate. If the issue is not resolved then the clinician is asked to give a second response. Action plans are drawn up in response to complaints, and complaints are reviewed and lessons to be learned are discussed at monthly meetings.

3. Patient experience

3.1 Appointment system

Five (out of the ten) people we spoke to found making an appointment very easy and two found it difficult.

Most positive or satisfactory experiences of getting an appointment mentioned the wait for an appointment (eight). For example:

- Eight patients said that they are able to get a quick appointment in an emergency or if they are prepared to see any doctor. However six highlighted long waits of four to five weeks if they want to see their 'own' doctor.
- E.g. "It is easy to get an appointment if you are not specific about who you want to see seeing your 'own' doctor could take a month".

3.2 Choice of doctor

Most people (eight out of ten) said that they are able to see the doctor of their choice but did have to wait. Five patients said that they would prefer to see a doctor who knew them and their situation, and five said that this didn't matter. E.g. "I want to have an appointment with someone who knows me and my medical history".

3.3 Treatment and quality of care and service

Five patients said that they were usually satisfied with the treatment and service they receive, two were not and one person said that it depended upon the outcome. When asked to tell us more:

- Three people thought that no improvements are necessary a good team providing an efficient service.
- Two people thought that communications could be improved, including attitude on the telephone.
- One person would like better access to see their own doctor.
- One person is concerned about referrals to consultants.
- One person does not like the triage service and objects to being questioned by receptionists.

3.4 Communication and additional needs

Eight patients said that they have no problems communicating with staff or doctors, one person said they did but did not explain why. When asked to explain further, the following comments were given:

- Two people found no language barriers or problems.
- One person has no problems as long as 'they' speak reasonable English.
- One person said that if all staff spoke clearly then there would be no problems.
- Four people said that they have additional needs but only two said that these are being met, although two people then commented on nonadditional needs.
- One person uses a wheelchair and cannot reach the buttons for the door or lift and has to rely on their carer to use the lift.

3.5 Additional comments

We asked patients if they had any other comments to make about the practice. There were two additional positive comments and one additional negative comment.

Positive:

- One person commented that the practice is good most of the time.
- One person thought that the premises were good.

Negative:

One person advised not to ever complain.

We also asked the Practice Manager if they were any more issues, pressures or examples of good practice that they wanted to tell us about:

What works well?

- Elderly and/ or high risk patients have a dedicated telephone number for fast access to the practice, as part of the strategy to reduce pressure on A&E.
- Two members of staff are dedicated full time to answering the phone and reading text messages and will respond direct to patients.

4. Highlights

According to the results of both our patient survey and the National GP Patient Survey the practice seems to be fairly good and consistent with getting patients appointments when they need them, although sometimes patients have found the appointment booking system difficult. Most of the patients were usually satisfied with the treatment they received and the majority found no issues with communicating with doctors and practice staff. Some patients said their additional needs were being met, although two patients said that they were not. One patient also explained that when using the facilities of the practice, specifically pressing the buttons to get in and out of the practice, her disability was not taken into consideration.

5. Recommendations

- 1. Although it is clear that extended opening hours on Thursday evenings was tried and tested but didn't sit well with the patients, the practice could attempt to extend opening hours on a different evening during the week, or include more Saturday hours as this was a favourable day for patients.
- 2. Most patients were able to see a doctor of their choice but had to wait longer to do so. The practice could look at how to reduce the length of time patients have to wait to see a doctor of choice.
- 3. We carried out deaf access mystery shopping at 5 of the 25 practices we visited across the county and have found the access and provisions for deaf and hard of hearing patients could be improved. Whilst we did not specifically assess this practice for deaf awareness and access we recommend that the practice carries out a self-assessment of their deaf access and shares the findings with Healthwatch Northamptonshire and Deafconnect with a view to improving deaf access and awareness.

6. Thanks and acknowledgements

Healthwatch Northamptonshire would like to thank the Practice Manager of Abbey Medical Practice for taking the time to talk to us and facilitate our visit, all the patients who were willing to take part in our survey and the Healthwatch Northamptonshire volunteers who visited the practice.

Appendix 1 - Patient survey questions

Q1: How easy is it to get an appointment when you need it? (Please tick one)						
Very easy	Easy	OK	Difficult	Very difficult		
Q2: Please tell us more about your experiences of getting an appointment, including						
how it is easy or difficult, how long you have to wait to get an appointment, and						
whether the system works well for you:						
Q3: Do you usually get to see the doctor/nurse/health professional of your choice?						
Yes	No, bu	ut I'd like to	No, but it d	loesn't matter to me		
Please tell us more about how this is important to you or not:						
Q4: Are there any problems when communicating with staff or doctors?						
Yes			No			
Please tell us more:						
Q5: Are you satisfied with the treatment and service you receive here?						
Yes, alway	/S	Yes, usually		No		
Please tell us mo	re:					
Q6: What do you think could improve the patient experience at your GP practice and						
what do you think works particularly well?						
Improvements: Works well:						
Q7: Do you have any additional needs that require support? Such as hearing or visual						
impairment, learning or physical disabilities, English as a second language, etc.						
	Yes		N	0		
]		
If so, are they me	et?					
Yes		No	I	Don't Know		
Please tell us more:						
Q8: Is there anything else you would like to tell us?						

Appendix 2 - Practice Manager survey questions

Q1: What is the staff makeup of the surgery (+ see briefing)? Do you have any nurse practitioners / prescribers and do you provide a mental health service? E.g. Have there been any changes to the surgery staff since the briefing? What are they? E.g. Which staff provide mental health care and advice?

Q2: Have you any GP or staff vacancies? How long have these posts been vacant?

Q3: How does your appointment booking system work? (only need to ask about what is different to the briefing)

E.g. the role of the receptionist, whether there is online booking, how far in advance patients can book appointments, how much choice patients have over time and GP, whether they use an 0845 number, how many phone lines they have, telephone triage? What do you do with temporary or unregistered patients? Have any significant patient criticisms of the appointment system been reported by the PPG and how have these been addressed?

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Q4: Does the practice conduct home visits?					
Yes □	No □				
How are these organised?					

Q5: What additional facilities does the practice have? (only need to ask about what is different to the briefing) (E.g. specialist clinics, counsellors, blood tests, specialist doctors, dressing changing facilities, drop in sessions)

Do you share facilities with any other GP practices in your locality? Or does your practice or GP cluster have any specialisms/clinics or specialist doctors?

If so, what and is this working? Would you like to see any more? Is there anything else working well in your locality? Are there any plans for further sharing of resources?

Q6: Does your practice have any extended opening hours or do you plan to (if not mentioned in briefing)? Has this been requested by your PPG?

Q7: Is the 111 Service prominently advertised by the Practice and does the service provide adequately for your patients and for their out of hours requirements? (Also see PPG and Patient Surveys and Reports)

Q8: Do you have an active patient engagement group? How is advertised and how can people join? Is it funded by the practice and how often do they meet? (Other than what is mentioned in the briefing)

Q9: Where is your complaints system publically displayed?

E.g. Is it in the patient information leaflet, noticeboard, reception desk? How are complaints dealt with?

Q10. How else do you communicate with patients?

E.g. noticeboards, leaflets, website, guidelines about best times to call

Q11: What is your equality and diversity policy? How is it implemented? E.g. How provide access for those with physical, visual, hearing, and/or learning disabilities and autism and non-English speakers. BSL/interpreters? Is there staff training or understanding of obligations?

Q12: What other staff training does your practice have? What decision aids/training are receptionists given?

Q13. Are there more patients attending your practice than there used to be? Have you any thoughts on why that is or why there is pressure on GP practices?

Q14: Is there anything else you would like to tell us about? E.g. things that are working well, challenges the practice faces, additional support needs they have, thoughts about A&E attendance, etc.