

Greenview Surgery Patient Survey Report

1. Introduction

In October 2014 Healthwatch Northamptonshire visited Greenview Surgery in Northampton 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 12 patients at Greenview Surgery 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.

On a separate occasion a Deaf, British Sign Language (BSL)-using Healthwatch Northamptonshire volunteer made an unannounced visit to the practice to investigate how easily a Deaf person could access services (see section 3.5).

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

Greenview Surgery is a small/medium-sized practice (approximately 7,002 patients) with six doctors (four female, two male), five practice nurses (three nurse practitioners) and a phlebotomist, plus a team of district nurses and health visitors.

The practice is an accredited GP Training Practice and two of the doctors supervise the training of qualified doctors wishing to specialise in General Practice. One of the doctors at the practice is due to retire within the next two years.

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

² http://gp-patient.co.uk

2.2 Services provided

The practice provides a range of services, including; chronic disease management, blood tests, a diabetic clinic and minor operations. A leg ulcer clinic and minor injuries clinic are under consideration.

Specialists: All doctors provide mental health care but one in particular has experience with links to St. Andrew's.

Shared services: Administering flu jabs are shared with another surgery.

Extended opening: The practice opens early at 7.30am on Monday to Wednesday and 7am on Thursday and Friday, and late until 7pm on Friday.

Home visits: The practice conducts home visits and a triage system is being considered. Also, the doctors cover three local care homes.

2.3 Appointment booking system

The surgery offers appointments on-the-day, within 48 hours and up to two weeks in advance. When making an appointment, patients are asked if a telephone consultation with the doctor or nurse practitioner would be more suitable.

Missed appointments

2.4 Patient Participation Group (PPG)

The PPG meets locally and there has been some difficulty in getting a representative range of patients, particularly younger people and young parents. Recruitment is via the noticeboard, newsletter and website, and a virtual group has been proposed.

2.5 Complaints system

Information about complaints and concerns is displayed in the surgery and there is also a leaflet. All complaints are dealt with by the practise manager.

3. Patient experience

3.1 Appointment system

Five of the patients we spoke to found it easy (four) or very easy (one) to get an appointment when they wanted one. Four people thought it 'OK' and another difficult. The other person said it was easy to get an appointment with a nurse but not with a doctor.

Positive comments included:

- There is no wait.
- Able to get an appointment when necessary.

Other comments were:

• If trying to make appointment at specific time due to work can be difficult.

- Time consuming. Call back situation can mean long delays and may not be available.
- Occasionally difficult, as the receptionists can be rude.

3.2 Choice of doctor

Four patients said they were usually able to see the doctor of their choice. Of the seven people who did not, five would have liked to and two said that it did not matter to them.

- Four patients said that seeing the same doctor gave continuity of care.
- Two patients would like to be able to specify the gender of the doctor they see.
- One patient commented that they could see their preferred GP if they could wait.

3.3 Treatment and quality of care and service

All the patients that responded said that they were always (four) or usually (six) satisfied with the treatment and service they receive. When asked to tell us more:

- One person said that they were "very satisfied".
- Another mentioned that they had been poorly diagnosed in the past but not recently.

We asked people what they thought could improve the quality of care. Three people commented:

- One person would like Saturday morning appointments.
- One person thought that the receptionists attitude could be improved.
- Another person would like to see less turnover with the GPs.

We also asked people what works well. Five people gave the following answers:

- Four people thought everything (two) or almost everything (two) works well.
- One person said that the GPs were very approachable.

3.4 Communication and additional needs

Nine of the patients said that they had no problems communicating with staff or doctors. One person said that it can be difficult to get past the admin staff, and another has had problems getting through by telephone and having emails answered.

We also asked if any of the patients had any additional needs that required support (such as hearing or visual impairment, learning or physical disabilities, English as a second language) and whether their needs were met. None of the patients we spoke to had additional needs.

3.5 Deaf access audit

One of our deaf volunteers visited the practice in December 2014 and looked at five areas from the point of view of a deaf patient: arrival, how to register, how to book appointments, interpretation services, and waiting room access. The volunteer's first language is British Sign Language (BSL).

Arrival:

The receptionist communicated with the volunteer by writing on a piece of paper. They did not know any basic BSL signing.

Registering:

Registration was via a form. The volunteer thinks the form should include a questions that asks if the patient needs anything additional to access services, such as an interpreter.

Booking an appointment:

This would be difficult for a deaf person as they will have to phone or visit to arrange an appointment. There were no apparent online booking, email or text message facilities but they did have a Typetalk Minicom. The practice was trying to set up online booking for the future and was looking into using SignVideo³.

Interpreters:

The practice does provide BSL interpreters.

Waiting room access:

The volunteer was not clear about how a deaf person would know that their name had been called out when it was time for their appointment.

3.6 Additional comments

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

Positive:

- Two people described themselves as "satisfied customers".
- Two people reiterated that they were "very satisfied".
- One patient commented on the "excellent" diabetic service

Negative:

One patient said that they frequently had a long wait for their appointment at the surgery.

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:

³ SignVideo are a leading UK provider of British Sign Language interpreting services via Video Relay Services (VRS) and Video Remote Interpreting (VRI), www.signvideo.co.uk.

Issues/pressures

- Although the total patient numbers are fairly stable there is a very high turnover due to the large number of elderly patients.
- It is challenging to recruit new GPs and the surgery needs new partners rather than more salaried doctors.

4. Highlights

According to the results of our survey most patients were able to get an appointment when they wanted one but not all were able to see a doctor of their choice. Patients were usually or always satisfied with the treatment they received at the practice.

5. Recommendations

- 1. Employ more administration staff or adding more phone lines could improve the wait for the phones to be answered that some patients experienced.
- 2. Work on getting a wider range of representative patients involved in the PPG.
- 3. Introduce systems to improve the ability of patients to see the doctor of their choice.
- 4. Consider other extended opening hours, such as Saturday mornings.
- 5. Use and promote additional means of booking appointments (such as text messaging or online booking) to help reduce pressure on the phone lines and to make it easier for deaf patients to make appointments.
- 6. The practice should contact Deafconnect for advice and assistance in improving access for Deaf BSL users.

6. Thanks and acknowledgements

Healthwatch Northamptonshire would like to thank the Practice Manager of Greenview Surgery 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

01. How open is it	to got an an		way pood it? (D/c	aca tick ana)	
Q1: How easy is it	• • • •	OK	Difficult	<i>,</i>	
Very easy	Easy	UK	DIFICUL	Very difficult	
Q2: Please tell us more about your experiences of getting an appointment, <i>including</i>					
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,	but I'd like to	NO, DUT IT D	oesn'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, always Yes, usua		Yes, usually		No	
Please tell us mor	e:				
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			No		
]	
	+ 7				
If so, are they me	ť?	Na	-		
Yes		No	L	on'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?

Q4: Does the practice conduct home visits?

Yes \Box

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.