

Survey of Patients' Opinion carried out by Dartmouth Medical Practice Patients Participation Group in February 2015

Summary Report and Response from the Dartmouth Medical Practice¹

In February 2014 Dartmouth Medical Practice (DMP) kindly assisted their Patients' Participation Group (PPG) in undertaking a Survey of patients' opinion. This was the first time the PPG had collected patients' views on the health care they receive from the DMP.

314 questionnaires were completed, about 4% of the patient community (10% of families). The age distribution of respondents reflected the demographic character of the Dartmouth area with 30% aged 65 or more.

Main findings

The Survey asked specific questions related to the appointments system, prescriptions and continuity of care. Respondents were also invited to comment on both the specific questions and more generally regarding the DMP's provision of health care. A complete set of these comments is attached to the Main Report; none has been excluded except those mentioning specific individuals.

Overall, respondents expressed themselves either fully satisfied (49 %) or moderately satisfied (45%), with the services provided by DMP. Many comments were highly appreciative of the care the respondents had received (e.g. "DMP really cannot do enough for me, thank you", "both my wife and I are proud of our Dartmouth Practice", and "it's great how well you treat temporary patients").

While about a third of the comments were positive, two thirds were critical. This is not surprising, as it is human nature to have specific concerns, even while expressing broad satisfaction. Fewer than 5% declared the services to be unsatisfactory.

A number of important specific issues were raised. Some of these were widely shared. They included:

1. Long delays in getting an appointment to see one's registered or preferred doctor.
2. Lack of continuity of care, especially with regard to a specific episode of ill-health.
3. Problems in obtaining prescriptions (e.g. in renewing medication, scrip getting lost between the Surgery and the chemist, etc.)
4. Some were unhappy with the manner they were treated by either a receptionist or a doctor. In contrast, others were full of praise for the way they were treated.

¹ Copies of the full report can be obtained by writing to the PPG Chair (pierrelandellmills@gmail.com)

5. Lack of follow up with surviving spouse after bereavement.
6. Lack of DMP after-hours care
7. A number of management matters (e.g. delays in getting phone calls answered, problems parking, DMP website not kept up-to-date, poor information dissemination).

Suggestions and Recommendations

In all 752 comments were received. Among these were a number of significant recommendations summarised below that are merit DMP consideration. This list is selective and does not repeat the principal concerns about the difficulty of getting appointments, too few full time doctors, and the consequent lack of continuity of care. For a complete list of respondents' suggestions and recommendations, please see the Attachment.

A. Phone consultations:

1. Children under a certain age and patients over-70 need a face-to-face assessment (rather than diagnosis by phone) so that secondary issues are not missed.
2. The phone consultation works well, but it would be better if the time for the doctor's call back could be more specific than say "after 1pm", so that you may have to wait in all afternoon before getting a call back.

B. Appointments

3. Where appropriate, allow patients to book an appointment directly with a nurse for some needs rather than first taking up a doctor's time.
4. Allow patients to book with other clinics/practice nurses for special needs (e.g. an asthma nurse).
5. Practice nurse appointments are difficult to obtain - perhaps an extra nurse should be employed.
6. Have fewer part-time doctors and more appointments so it is possible to see the same doctor without having to wait over two weeks.

C. Prescriptions

7. The system for the review and renewal of prescriptions should be given greater publicity. Any medical check-up required should be arranged with plenty of notice.
8. When ordering 2 items (i.e. 2 items of the same drug) on prescription, print as a single prescription rather than 2 separate prescriptions. This would avoid waste and cost the individual for one rather than two prescriptions.

9. Would like to get more than 1 month of prescriptions for life taking medication. Due to work and family commitments I travel quite a bit with work so would appreciate more than a month's prescription at a time. I need to make a doctor's appointment to facilitate this, which is slightly irritating!
10. Repeat prescription forms could be more legible +make passed dates more legible also.
11. Would welcome an "online connection" for prescriptions between doctor and pharmacy instead of doctor's physical signature being taken to pharmacy as it is so often missing, this would I am sure help the doctor.
12. The insistence on prescribing generic medication only should not extend to paediatric meds as flavour matters in small children.
13. Re online prescriptions, an email notifying me when the prescription is ready for collection would be most useful.
14. GP to ring patient when repeat prescription medication not available instead of having to visit surgery to find out yourself then having to go back again at a later time.

D. Palliative and out-of-hours care

15. Provide more palliative care for patients newly out of hospital.
16. DMP to re-institute the provision of weekend and out of hours emergency medical care.

E. DMP Facilities

17. If possible allow more air into the waiting room.
18. Install a display in the waiting rooms to indicate approx. waiting time for each appointment.
19. Improve disabled & double buggy access. A normal double buggy cannot be taken upstairs to the GPs or through the doors to the nurses' rooms. Instead of doctor parking, disabled access spaces or child spaces should be available.
20. Establish a satellite surgery in Townstal—especially needed by young mothers.
21. In planning the longer term, move the Practice to a purpose built facility nearer Townstal, with easy access and parking.

F. Communications

22. Health promotion to be given higher profile e.g. using videos.

23. Keep email addresses and use them, for example, to inform about flu jabs, other health care services and treatments and health education and information on preventative health care.
24. Doctors to use skypeing with patients that have the internet.
25. When blood etc. tests are sent for analysis patients are only given the result if the result is 'bad'. Sending a quick email or text message would allay fear of mistakes.
26. More effective use of the DMP website for health care messages and enhanced efforts to keep the information up-to-date and to keep patients informed of staff changes and other relevant matters.

It is not possible in this Summary to do full justice to the rich set of comments and suggestions made by respondents, so those interested are urged to read the Main Report, including its Attachment, where the Survey responses are set out in full.

26 April 2014

Response of the Dartmouth Medical Practice to the Survey

The Practice is grateful to the PPG and in particular to the Chair, Pierre Landell-Mills, for producing a comprehensive, detailed and challenging report.

It is gratifying that an overwhelming proportion of patients canvassed (91%) indicated that they were satisfied with the services provided. The shared aim of the DMP and the PPG is not only to further increase the number of satisfied patients by addressing those areas identified from the survey as being areas in need of further development and itemised above as 'Suggestions and Recommendations', but also to identify other areas of need and explore how service provision might be expanded to meet these needs.

Below the 'suggestions and recommendations' are responded to in the numerical order in which they appear above. The 'suggestions, recommendations and responses' have been utilised to identify key priority areas; the DMP's responses are in italics. These priorities form the basis of an 'action plan' agreed with the PPG. The plan is congruent with the 'bullet point' plan forwarded to NHS England in May 2014.

A. Phone consultations:

1. Children under a certain age and patients over-70 need a face-to-face assessment (rather than diagnosis by phone) so that secondary issues are not missed.

All patients under 5 years seeking on the day assessment will be offered a face-to-face appointment with the doctor conducting the phone consultation. The particular needs of the elderly with respect to telephone consultations will be reviewed but the introduction of a 'blanket policy for this heterogeneous group would seem inappropriate at this time and might impact on the care offered to other groups.

2. The phone consultation works well, but it would be better if the time for the doctor's call back could be more specific than say "after 1pm", so that you may have to wait in all afternoon before getting a call back.

The DMP recognises the difficulties experienced by some patients in this area and will work towards establishing indicative response times. We are also aware of the importance to establishing confidentiality issues for the patient receiving a 'call-back' and will instruct all doctors to establish that the patient is willing to take the call at the outset.

B. Appointments

3. Where appropriate, allow patients to book an appointment directly with a nurse for some needs rather than first taking up a doctor's time.

Patients are already able to book an appointment with the Nurse as the first contact. However the DMP acknowledges that the clinical non-medical team has not been fully developed for the purposes of patient access nor broadening services. Strengthening the skill-mix of the team will form an important component of service development.

4. Allow patients to book with other clinics/practice nurses for special needs (e.g. an asthma nurse).

This is permitted, although in practice most such consultations are initiated by the DMP.

5. Practice nurse appointments are difficult to obtain - perhaps an extra nurse should be employed.

The DMP has experienced major staff changes in the nursing team. We have now recruited a new experienced nurse who is undergoing training for practice nursing. Providing appropriate appointments with the clinical non-medical team requires a review of the skill-mix, so that patients have speedy access to the most appropriate clinician. This has training implications which we are addressing.

6. Have fewer part-time doctors and more appointments so it is possible to see the same doctor without having to wait over two weeks.

The implied concern here is continuity of care, a concern we acknowledge as running through the survey and highlighted from various sources. The DMP is in a phase of transition and it is hoped that the appointment of a new female partner will address some of these concerns. It is also important to appreciate that continuity of care is delivered in a variety of ways, only one of which is through direct contact with patients. The DMP needs to improve communication in this area to reassure patients that their named doctor is actively involved in their care even though they might not have recently had a meeting with them. Exploring alternate communication systems to support continuity might also be usefully explored. It also needs to be acknowledged that the majority of GPs do not work full-time—our practice is not unique in this. Furthermore, a number of the doctors hold senior roles in healthcare and that this not only reflects their enthusiasm for primary care, but also enables them to ensure that the DMP is kept informed of healthcare developments, which is to the benefit of our patients

C. Prescriptions

7. The system for the review and renewal of prescriptions should be given greater publicity. Any medical check-up required should be arranged with plenty of notice.

We agree and will review our systems. One of the challenges is non-responders and improved communication might reduce this problem.

8. When ordering 2 items (i.e. 2 items of the same drug) on prescription, print as a single prescription rather than 2 separate prescriptions. This

would avoid waste and cost the individual for one rather than two prescriptions.

This is a detailed comment and it is difficult to ensure the response is complete. If a drug is a repeat medication, it will be printed as two separate items in order to record the number of issues and track the impact on disease through the medication review process.

9. Would like to get more than 1 month of prescriptions for life taking medication. Due to work and family commitments I travel quite a bit with work so would appreciate more than a month's prescription at a time. I need to make a doctor's appointment to facilitate this, which is slightly irritating!

Clear guidance from the NHS is to issue medication in one month blocks. This is to reduce wastage and contribute to patient safety. . In particular circumstances e.g. prolonged overseas travel, and where the GP is confident the need for a particular medication is established, up to 3 months prescriptions may be made available; each item incurring a prescription charge if applicable.

10. Repeat prescription forms could be more legible and make passed dates more legible also.

Presumed to be a printer problem. This will be reviewed with our computer expert.

11. Would welcome an "online connection" for prescriptions between doctor and pharmacy instead of doctor's physical signature being taken to the pharmacy as it is so often missing; this would, I am sure, help the doctor.

Promoting electronic prescribing would address this issue and we are actively promoting this. More could be done and the PPG might usefully contribute to this.

12. The insistence on prescribing generic medication only should not extend to paediatric meds as flavour matters in small children.

It is acknowledged that the flavour is important in ensuring that children take their medicine. There is no 'insistence' on prescribing generic medicines, but generally generic medication is as effective and is more cost-effective. If a child has a particular difficulty with a medicine then there is flexibility to prescribe accordingly.

13. Re online prescriptions, an email notifying me when the prescription is ready for collection would be most useful.

This would seem to be a pharmacy issue and will be further discussed with them.

14. GP to ring patient when repeat prescription medication not available instead of having to visit surgery to find out yourself then having to go back again at a later time.

Very specific and difficult to comment. Sometimes requests for repeat medications are not received in a timely fashion and this creates challenges to issue the script in time for collection. The issue of timely prescription dispensing is a pharmacy responsibility. Many of the problems experienced by patients with regard to prescriptions are to be addressed by expanding electronic prescribing and we intend to further promote this.

D. Palliative and out-of-hours care

15. Provide more palliative care for patients newly out of hospital.

The care of this patient group is important to us and one of the partners meets regularly with the palliative care team. This is a formalised meeting, with a record made, which seeks to address care needs by drawing on the wider multi-disciplinary team. For the patient very recently discharged it has to be recognised that often the doctors are not made aware of the discharge. Additionally, patients have input from other members of the team and it can be uncertain to know where the doctor 'fits in'. What might be helpful is to make it clear to patients being discharged that they are welcome to contact their doctor in these circumstances. Again, we will explore whether communications can be improved.

16. DMP to re-institute the provision of weekend and out of hours emergency medical care.

This is currently beyond the remit of the DMP.

E. DMP Facilities

17. If possible allow more air into the waiting room.

Agreed. Health and Safety prevents the upstairs waiting room window being opened and recently the air conditioning has been faulty. This will be corrected.

18. Install a display in the waiting rooms to indicate approx. waiting time for each appointment.

The receptionists usually inform patients when they book-in if the doctor is running late. This might be reviewed to provide more accurate information. A display might also be explored.

19. Improve disabled & double buggy access. A normal double buggy cannot be taken upstairs to the GPs or through the doors to the nurses' rooms. Instead of doctor parking, disabled access spaces or child spaces should be available.

Agreed. This and other comments highlight the need for new purpose-built surgery premises. This is an area we are actively pursuing.

20. Establish a satellite surgery in Townstal—especially needed by young mothers.

Any new surgery is likely to be in and around the Townstal area.

21. In planning the longer term, move the Practice to a purpose built facility nearer Townstal, with easy access and parking.

Agreed. This is an area the PPG and practice need to work together on.

F. Communications

22. Health promotion to be given higher profile e.g. using videos.

Agree and we are putting in place changes to deliver this

23. Keep email addresses and use them, for example, to inform about flu jabs, other health care services and treatments and health education and information on preventative health care.

Agreed. We acknowledge that communication via various media is expanding and that we need to ensure we utilised these options to reach the various patient groups, who communicate in different ways.

24. Doctors to use skypeing with patients that have the internet.

Agreed and we intent to explore this media further.

25. When blood etc. tests are sent for analysis patients are only given the result if the result is 'bad'. Sending a quick email or text message would allay fear of mistakes.

Logistically this would be a major challenge and divert resources from other aspects of care. Patients are invited to contact the surgery following tests and it is acknowledged that the information provided might be improved. We will review our responses in this area.

26. More effective use of the DMP website for health care messages and enhanced efforts to keep the information up-to-date and to keep patients informed of staff changes and other relevant matters.

Agreed. This will be a priority. This is in addition to the patient information leaflet, which is being produced jointly with the PPG.

5 June 2014