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**PATIENTS FORUM SURVEY 2015 REPORT**

**SUMMARY**

**OVERVIEW**

The Patients Forum Survey 2015, distributed during February 2015, sought feedback on various aspects of service delivery at the Oakwood Lane Medical Practice. 117 service-users from the Practice completed the survey, which covered matters such as the ‘appointments system’, issues around ‘support, respect and confidentiality’, ‘community involvement’ and ‘complaints’. Respondents were invited to rate and comment upon a number of questions relevant to the above, as well as offer suggestions as to how the Practice could improve the services it delivers. Quantitative and qualitative (thematic) analysis was conducted upon the findings.

In terms of appointment booking, 60% of survey respondents were either ‘Very Satisfied’ or ‘Satisfied’ with the appointment booking system by telephone and internet, respectively, with 70% reporting the same on booking at Reception. However, analysis of comments suggested high dissatisfaction from several respondents with a) the telephone system and b) the length of waiting time to obtain an appointment. This would be a recurring theme across the remainder of the survey and further questions.

A small but significant number of service-users (17%) reported that they needed help and support accessing Practice services. Some received home visits but mobility and transportation issues were the primary reason given for difficulties with access. Most participants (59%) accessed the Practice by car, followed by 45% who walked.

With reference to patient confidentiality, 90% of respondents felt they could speak with Practice doctors confidentially, 87% to nurses and a lower rating of 56% to reception staff. Comments suggest that this lower rating is connected with the open-ness of the Reception area and lack of privacy, especially when it is busy. 97.5% of respondents agreed that they were treated with respect and dignity by Practice doctors, 89% by nurses and 76% by reception staff. Reasons for dissatisfaction related to a perceived loss of the ‘personal touch’ between practitioners and patients, interpersonal matters and time constraints within appointments. 75% reported being ‘Very Satisfied’ or ‘Satisfied’ with discussions concerning their care and treatment. Reasons for dissatisfaction were not too dissimilar from those given above.

The ‘community involvement’ section was supported by 56% of respondents and various suggestions were made for different kinds of groups and events, health-related and social, although there was some confusion around the meaning of ‘community space’. It is suggested that this may be a factor of patients not associating their GP surgery with being a ‘social hub’. Complaints were reported by 15% of respondents, although it was not always specified whether these were made formally or informally. Suggestions for improving the Practice services largely related to the appointments system and the Reception/ waiting area but there were further recommendations. These, alongside the nature of complaints and implications for future patient care, are discussed in the body of the report. Sight of the full report is available on request. (To be viewed on the Practice premises.)

*Suggestions for Use of the Community Space*

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| ***CATEGORY*** | ***Suggestions*** |
| ***Babies, children and younger people:*** | *-“Baby group and cheap, healthy food café.”**-“Mum and tot groups, drop-in clinics.”**-“Playground for children, vegetable patch, fruit trees.”**-“Park and playground for snotty children.”**-“Healthy eating habits. Kids’ diets need education.”**-“Providing services for young families and other groups for elderly and those who need it.”* |
| ***Diet and Nutrition:*** | *-“Discussions on healthy eating.”**-“Maybe a slimming group or exercise class.”**-“Weight management clinics.”* *-“A free or cheap weight-management session, preferably in mornings.”* |
| ***Fitness, Exercise and Well-Being:*** | *-“T’ai chi, yoga (all a yes!), meditation.”**-“Taster sessions of exercises, i.e. T’ai chi, seated exercises.”**-“Turn it into community centre for health and fitness groups.”**-“You need to find a demand [for] a health and well-being service.”* |
| ***Complementary Medicine:*** | *-“Complementary care practitioners offering trial sessions.”**-“Alternative health.”* |
| ***Supplementary Medical/ Health Services:*** | - *“Occupational therapist clinics.”* *-“Counselling clinics.”*- *“Physio.”*- *“Create more consulting rooms and employ more nurses and/or doctors.”* |
| ***Social Support and Community Groups:*** | -*“Dementia café.”**-“Meeting/ coffee area for organised discussions on current medical problems or topics.”**-“Meeting place for older people who are on their own and lonely.”*-*“It would be great for a mental health group to go and talk.”*- *“Talks, different interest groups, social events, clubs.”*- *“For support work.”* |
| ***Practical and Informational:*** | - *“Information desk.”*- *“Open patient forums.”*- *“Interesting discussions/ talks/ sessions.”**-“First aid lessons.”**-“Provide details of upcoming events and organizations in the area (related to health).”**- “For people to get together and discuss walking groups or community events.”**-“Patient group sessions to improve patient knowledge of systems, services and how to use them and improving knowledge and self-management.”**-“Other organisations, i.e. Age UK, Feel Good Factor, etc., could be involved.”**- “Possible events to explain how the health service works and how the medical practice fits into this.”* |
| ***Creative and Business Enterprises:*** | *-“Craft group.”**-“Artwork, local info., positive stories.”**-“Available to hire by local businesses and agencies.”**-“Artwork on walls.”**-“More plants.”* |

 *Areas of Complaint*

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| **CATEGORY** | **COMPLAINTS: Example Comments** |
| ***Telephone system*** | *-“First time I was on hold then transferred to a ringing tone but never got a response. I put this on the website page but never got a response or explanation.”* |
| ***Appointment delays*** | *-“Waiting times are ridiculous. Two weeks for an appointment is madness.”**-“Wish it was easier to get an appointment with a doctor or a nurse.”**-“A waiting time of up to a month for an appointment is not acceptable.”**-“Nurse appointments are too haphazard- waiting 3 weeks for ear-syringing was too long.”* |
| ***In-surgery waiting times***  | *-“My doctor seeing me at the actual time, not 1 hour later. No excuses!”**-“Appointments always run over and patients are made to wait.”**-“Speed of waiting time to the patient is very important when one is in pain and*  *discomfort.”**-“I find it irrational that I finally get in to see a doctor 40 mins after appointment time;*  *yet, if I arrived 40 mins late I would not be seen. If there is not enough time do not try*  *[to] make it. You are wasting my time.”* *-“Given when an appointment is made, appointment time is never honoured.”* |
| ***Reception area*** | *- “Such long queues. Receptionists seem to be doing 3 jobs at once- seems to be problems*  *when some patients don’t speak English therefore taking up precious time so long queues* *begin.”**-“Reception smells of body odour.”* |
| ***Prescriptions & documents*** | *-“2 days later I am sat here still waiting for my prescription.”**-“Long delay for doctor’s letter- unfit to travel. Needing 3-4 visits.”**-“Mix-up between docs and pharmacy after requesting a script sent to latter. Tablets*  *needed that day. Worried about daughter having to run backwards and*  *forwards chasing it up. Were blaming each other- turned out it was the doctor’s fault.”* |
| ***Perceived attitudes of staff*** | - *“Fobbed off with trivial excuses by the doctor and by the receptionist.*  *THEY DO NOT CARE!”**-“There is no personal touch any more- that care that receptionists used to give you;* *you are just a number.”* *-“Think it is silly that I have to speak to a doctor before I can get an appointment, then the* *doctor makes me feel like I don’t need an appointment.”* |
| ***Perceived lack of clarity/ resolution*** | *-“Still being dealt with.”**-“Unaware if any action has been taken”**-“Everything- it’s all a shambles now. The whole system is a joke. What has happened?*  *I am 51 years old and I don’t believe in the doctors any more. Our lives are just a lottery.”* |
| ***Operational protocols*** | *-“Protocol in leaflet has not been followed. Response (acknowledgement letter) not*  *acceptable and incorrectly signed off i.e. ‘Operations Manager’ when a formal complaint*  *should be acknowledged by ‘Complaints Manager.”**-“When calling for a home visit with a doctor, why do we get a nurse practitioner instead?”**-“Receptionist should not tell me that I am unable to see my doctor or tell me I cannot leave a message, or that she will call me back. There’s a difference if she’s on holiday. Receptionists are not qualified doctors. They have no right telling me what I can do/ don’t. My doctor says to me ‘You know you can call and leave a message for me.’”* |
| ***Impact of relocation*** | *-“Since coming from ‘The Lodge’ medical centre, service level has gone down.”**-“This form is my first complaint. I am hoping that the surgery is just suffering from*  *teething problems but the care provided has fallen significantly since moving surgeries.”* |

 *Patient suggestions categorized.*

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| **CATEGORY** | **SUGGESTIONS** |
| **Contacting the Practice** | -Telephone options should be shorter/ clearer.-Publish statistics on ‘booked vs actual’ appointment time. -Improve efficiency in answering ‘phone- “*Waiting time is not acceptable at present*.”-Change the voice on automated system. |
| **Appointments** | -Formal/ ongoing review of the appointments system-Better choice and availability of appointment times, i.e. with doctor of choice.-Reduced waiting times for appointments, i.e. 48-hour availability.-Longer opening hours-Consideration for night shift workers |
| **In-surgery waiting times** | -Adherence to agreed appointment time (lessening of waiting times).-Patients should be forewarned of delays in waiting times and offered an approximate guide as to how long they are expected to wait.-Show greater consideration for people with restless/ ill children and people with  disabilities who may be uncomfortable, in pain or anxious waiting for lengthy periods.-A child-friendly play area to make waiting easier for parents and their children.-Means of encouraging social interaction amongst patients to lessen the impact of  waiting times  |
| **Reception area** |  -A line drawn for queue at reception to wait behind so as to offer greater privacy.- Have more receptionists on the desk, or when only one or two receptionists the ability to draw upon extra support when it becomes busy.-Improvements in seating assignations for mobility-impaired service-users.-No radio in reception area- something more ‘smooth’, ‘more neutral’ and ‘calming’.-More varied entertainment options in Reception area, to help alleviate boredom while waiting. |
| **Interactions with staff** | -Listening to [your] patients more.-Longer GP consultations, i.e. “*The GPs are brilliant but have too little time to talk*.”-Availability of specific GPs who patients are more comfortable with when addressing  longstanding and sensitive matters. “Everything ok. More home visits would be appreciated.” [94 year old].-Having enough time with GPs/ nurses |
| **Information- related** | -Occasional Practice newsletter (i.e. containing information about Dr. Green leaving/retiring, new pharmacy attached to Practice).-Knowing brief overview of practice protocol for when problems arise, i.e. whether support staff can help or whether problems should be directed to doctors. |
| **Generic** | -Reducing prescription mix-ups.-Employ more staff.*-“Get your act together!”* |

**CONCLUSIONS/ IMPLICATIONS**

**Brief summary of findings.**

Oakwood Lane Medical Practice has seen unprecedented changes within the last two years, starting with the merging of two medical Practices- Chapeloak Surgery and The Lodge. The subsequent building and move into brand new premises at Oakwood Lane Medical Centre presented a formidable challenge. The efforts of all Practice staff to enable as seamless a transition as possible is commendable. There have been a number of technological and logistical impediments to overcome but the new Practice is beginning to find its identity.

From a large Practice serving up to 13, 000 patients, a survey sample of 117 predominantly white British females is arguably non-representative. Efforts were made to address the diversity of the service-user population in the survey distribution process. Questionnaires were posted to individuals who do not attend the surgery often, sometimes because they were reliant upon home visits. It is important to include their input as a means of assessing their experience of patient care in a non-surgery setting. The lack of e-mail and website responses was disappointing and the means by which future surveys are promoted within this domain needs review. Also, whether it would be possible to make the survey accessible in different languages will be considered. This would necessitate translation services, incurring time and expense unless volunteers could be sought to help. It may also be possible for volunteers to verbally deliver the survey, or assist with completion, to visually-impaired respondents or those who need support with literacy/ articulation.

Irrespective of the above, survey responses did provide strong indications for what is central to patient expectations. Throughout the body of the report there are multiple references to concerns patients have about the appointments system and service delivery in general. There are also frequent examples of what the Practice is perceived to be doing well, considering the degrees of satisfaction experienced in patient support and care. It is predictable that a survey such as this will invite critique, as it provides an anonymous means for expression of dissatisfaction with services. It must be taken into account that some of the issues raised exist at a national level (appointment delays, staff recruitment shortages, etc.) and present an ongoing challenge for all concerned. It is understood that such issues will be reviewed by Practice staff and this report is intended to inform and support this process.

With the development of further clinics and services (i.e. ‘memory clinic’ and future training to make the Practice a ‘Dementia Friendly’ space) and the work to promote the centre as a community hub, these are exciting times for the Practice. Amongst other support staff, the practice now employs a part-time social prescriber, benefits adviser, and carer support worker as a means of addressing some of the more social and economic constraints affecting patients. Much work is being done to involve third-sector organisations and patients themselves (PHCs) in promoting social connectedness and integration, all of which have strong implications for improving patient health and well-being. The coming year will see many of these innovations reach fruition in what should be a constructive process. The Patients Forum will continue to support, evaluate, and hopefully enhance this work.

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