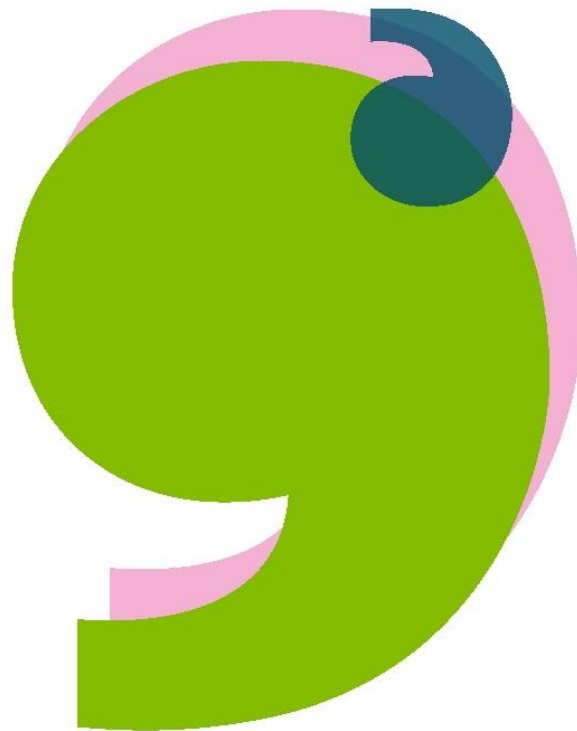




Executive Summary of
Thematic Report of findings:
8 GP surgery Enter and View
visits, April -July 2016.



Between May and July 2016, 8 Enter and View visits were carried out across Herefordshire gathering patient experience feedback, in 8 GP surgeries, from 227 patients.

The Enter & View visits showed that we are very fortunate in Herefordshire to have good Primary Care services. A minority of patients raised issues impacting negatively on their experience. These are covered in full so that services can further improve **but should be kept in proportion given that the vast majority of patients are very happy with their GP surgery.**

Analysis led to the view that many of the few but common issues raised by patients, across practices, could be addressed by a combination of:

- Effective and functioning information technology.
- Good personnel management and good customer service.
- Effective joint working between different NHS and social care providers, and good patient engagement.
- Clear consistent policy.

The attached summary grid shows the issues of concern to patients, their occurrence across surgeries, and where the above are recommended to address common issues raised by patients across practices. Many of the areas that patients raised may benefit from joint or strategic approaches and these are indicated in the full report.

Effective and functioning information technology.

Where information technology does not work well or properly it causes patient frustration and solutions, that inform patients, seem relatively simple to provide, for example:

- Telephone queuing systems to resolve engaged telephone lines. (Raised by patients in 3 Surgeries).
- Functioning sign-in systems that give accurate wait times. (Raised by patients in 4 Surgeries).

Surgeries in general offered good up to date websites, digital in-surgery slides and telephone messages.

Improvements could be made by adding more locally relevant information about services available, referral waiting times (with links to third party websites), and self-help and patient responsibility advice. (Raised by patients in 3 Surgeries)

Good personnel management and good customer service.

A very high percentage of all patients thought that staff were approachable, knowledgeable and caring. (Nurses 99%, 99%, 99%, Doctors 96%, 96%, 97%, Receptionists 91%, 96%, 96%.)

Receptionists as gatekeepers often take the brunt of patient discontent around access to appointments and this led to the highest figure of 9% of patients saying that receptionists were not good at being approachable.

Patient concerns, were mainly issues around making appointments. Overall 21% said their experience was “not good”, 79% said “good”.

Key issues included:

1. Patient concerns around continuity of care (6 surgeries), which is allied to staff shortage and recruitment issues (7 surgeries).
2. Patient concerns around appointments: (5 Surgeries). E.g. many patients do not understand the purpose of telephone triage. Many do not like it (2 surgeries).
3. Unsatisfactory staff/practitioner to patient communication, in particular with patients

that have disabilities and mental health difficulties. (8 surgeries)

4. Fabric related issues: (8 surgeries) E.g. lack of confidentiality/ privacy at reception, (2 surgeries) and consulting rooms (2 surgeries) and no reception counter at wheelchair friendly height (7 surgeries).

Good personnel management and customer care can improve patient experience, relatively easily by respectively:

1. Looking at ways to reduce long waits to see “own GP” for continuity of care, especially for patients with emerging or existing, long and complex medical conditions. Offer a mix of practitioners alongside GP’s, e.g. Nurse practitioners, Locums, Trainee doctors. Sharing, (jointly employing). Offer information to educate patients, so that they understand and trust alternatives. Reassure patients that systems are in place to ensure good communication and quality of care. Read patient notes before they arrive.
2. Explaining appointment systems and telephone triage. Good communication with Patient Participation Groups (PPG’s). Contacting all patients when major changes are made. Being open to adapting the system to support people with special or additional needs.
3. Disability awareness staff training/ discussion and reflection.
4. Creating alternative counters or patient friendly queuing systems.

Effective joint working with other organisations in health and social care, and good patient engagement. Key issues included:

1. Clarity and consistency with regard to referral pathways and thresholds, and communication of likely waiting times e.g. Physio, Cardiology, Mental Health, MRI scans. (6 Surgeries).
2. Patients with memory issues, those who travelled a lot, those with many complex issues, treatments and medication, were concerned about being relied upon to recount conditions and medication across different practitioners and organisations. (4 Surgeries).
3. Patients were not able to be more proactive in their care or their surgery as they did not understand appointment systems, staff roles, respective responsibilities around referral, and were not aware of Patient Participation Group (PPG) existence, purpose and ways to get involved or of Healthwatch. Patients felt that surgeries did not provide enough information to help them make choices about alternatives to buying prescription drugs, healthy lifestyles and self-help. (8 Surgeries)
4. Patients not knowing how to make a complaint and lack of clarity and timely resolution and communication. (5 surgeries) Ways to make raising issues less intimidating for special groups e.g. people experiencing poor mental health. (1 surgery - Given subject likely to be more?)
5. Poor speed of record transfer for new patients. Long delays are worrying especially for patients with complex conditions and those whose work entails much travel. (2 Surgeries).

Effective joint working and patient engagement could improve patient experience, by respectively:

1. Developing joint ways to help primary care practitioners to keep abreast of pathways and thresholds.
2. Good quality, up to date electronic medical records. 17 patients felt that a “Passport” would be a great idea to be able to hand to the practitioner or show on a digital device. It was seen partly as a way to ensure continuity of care, but also a way to understand their condition and communicate their needs and wishes in a more confident and consistent fashion.
3. Communicating clearly to patients and engaging them in what will happen and what patients need to do regarding: Calling for results, making follow-up appointments at the surgery, referrals. Where it is the patients’ responsibility, providing the information they

need. Supporting patients where necessary. Offering links to self-help information, and resources.

4. Be open and welcome/encourage feedback. Work hard at being approachable and caring. Listen and take complaint seriously, and respond in a timely manner. Offer anonymous routes e.g. suggestion boxes and online; Friendly, approachable, receptionists and practitioners; Direct access to approachable Practice Managers; Show evidence that suggestions are cheerfully listened to and responded to; Provide information about Healthwatch Herefordshire.
5. It is very hard to comprehend why electronic record transfer should be so slow. Even paper records reputedly take up to 9 months. This could be looked at by commissioners.

Clear consistent policy.

A number of issues were raised by patients and practices due to a variation in policy, or unclear policy, or inconsistent application of policy, which they found confusing or difficult to understand e.g.: Sample bottle charges: (1 Surgery); Nebuliser policy/A&E: (1surgery); Locum follow up work load and GP shortage. (1 Surgery); Home visit dressing changing: (1 Surgery).

Other reflections that came from the analysis are:

1. There are many common issues across all surgeries. GP practices, strategic bodies and NHS partner organisations can benefit from collaboration, to solve common issues and coordinate smooth referral of patients, improving the quality of their care and experience.
2. Developing a strong engaged PPG can help a practice with communication, patient engagement, give valuable feedback and even help to raise funds for the practice.
3. By developing good, consistent, up to date joint, quality information, to inform patients, many are willing to be more responsible for their journey between organisations their treatment, health and well-being.
 - i. This could release personnel resources from dealing with complaints and lessen confusion, anxiety and continued ill health.
 - ii. There is evidence that a changing culture is acceptable to patients when they understand it and are involved in its direction. More could be done to encourage learning about prevention, self-care, choices and alternatives.
4. Lack of referral information was often put down to lack of communication from the organisation that the patient was referred to, (often Hereford Hospital), rather than the surgery, but surgeries that showed good customer service and assisted patients to clarify delays/ appointments, were appreciated.
5. The ASDA drop in centre is popular with patients, including many from rural practices. While patients acknowledge the more personal service of their local surgery, they liked the consistency of the ASDA drop in service and many stated their concern about its closure.

Overall conclusion

Patients surveyed in the 8 surgeries were overwhelmingly positive about the services they receive. A small number of common issues were raised that give useful feedback for Practices' learning and development and for further service improvement.

Next Steps

The participating 8 GP practices are already improving their practice based on patient feedback.

Other GP practices and PPG's may wish to use the findings to reflect and look at where they may make improvements and learn from good practice elsewhere.

It is hoped that primary care successfully adapts to change, taking into account the patient voice, in this, and other pieces of work.

Enter & View findings summary and overview of themes.

Issues around continuity of care:

- Use of locums
- Alternate practitioners e.g. nurse practitioners.

(6)



Patients not informed of waiting room waiting times.

(4)



Issues around appointment systems:

- Telephone waiting times. (3)
- Telephone triage. (2)

(2)



Recruitment issues:

- Mainly GPs
- Locums
- Nurse Practitioners

(7)



Issues around staff attitudes/ awareness:

Customer care
Listening and communication skills
Awareness of mental health, wheelchair users, other.
Understanding roles

(8)



Issues around referral:

- Referral pathways clarity and consistency - Cardiology, mental health, MRI scans, Physio (3)
- Communication of likely waiting times. (3)
- Border clarity Malvern/Herefordshire. (1)
- Thresholds for equitable service. (1)
- Responsibilities and information. (3)



Issues around medical history:

- Patient confidence in locums/ mixed practitioners (1)
- Speed of record transfer for new patients or travelling patients. (2)
- Passport* (4)
- Adopted patients -tracing medical history. (1)



official policy



Issues around patient engagement:

- Awareness of PPG
- Awareness of Healthwatch
- How many and nature of engagement.

(8)



Issues around information:

- Digital screen relevance, interest and speed. (2)
- Files interest. (1)
- Online and tel. info up to date
- Consider less frequent users esp. re out of hours. (3)
- Notice placement, theming and effectiveness (toilet) (3)
- Holiday vaccinations, drug prices (1)



Issues around complaints/raising issues:

- Offer no. of ways (1)
- HW info. (1)
- Explain how. (2)
- Ways to make less intimidating for special groups e.g. MH. (1)
- Timely resolution and communication (1)



Issues around building fabric:

- Lack of space. (3)
- Parking. (4)
- Signage. (2)
- Roof fix. (1)



Issues around accessibility:

- Space for mobility aids, scooters and push chairs. (2)
- Chairs with arms. (1)
- Power assisted doors. (1)
- Steep slope. (2)
- Disabled access toilet. (1)
- Inaccessible height reception. (7)



Issues around internal building refurbishment:

- Safe enclosed space for lively toddlers. (2).
- Confidentiality:
 - Reception. (7)
 - Toilets/consulting rooms (2)
- Refurb/refresh. (3)
- Sound system clarity. (3)



Issues around policy:

- Sample bottle charges (1)
- Nebuliser policy/A&E.
- Home visit dressing changing (1)
- Lack of local training/ funding issues, quality and coordination. (2)
- Locum follow up work load and GP shortage. (1)

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KEY

Survey themes: Access, Staff, Communication and Joint Working, Knowledge of medical history, Patient Engagement, Information, Raising issues, Fabric, Policy

Thematic report broad themes:



Information/Technology, Personnel/Customer Care, Joint working and Patient Engagement, Policy.

(X) = Number of surgeries receiving this patient feedback. Surgeries: Allton Street, Belmont, Colwall, Fownhope, Golden Valley, Kington, The Marches, Quay House