



Throckley Surgery

Drs Bookless, Grainger, Joughin & Jones

PATIENT SURVEY REPORT

2007 / 08

Patient Survey 2007 / 08

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INTRODUCTION

Practice Objectives

To set out and achieve high standards of care in line with Primary Care Trust objectives and the governments National Service Framework.

The Team

Throckley Surgery has 4 GP Partners, 2 GP Retainers, 2 GP Registrars and 3 Practice Nurses and one Health Care Assistant.

Methodology

The practice uses the General Practice Assessment Questionnaire (GPAQ)¹, to explore patient satisfaction. GPAQ is a patient questionnaire which has been developed at the National Primary Care Research and Development Centre (NPCRDC) at The University of Manchester. The survey was carried out in the surgery after consultations in the surgery. All GPs are included in the survey.

For the purposes of GP appraisal, we have continued to survey patients until we reach the target of 50 responses for each GP as recommended by the NPCRDC.

1 - <http://www.gpaq.info/>

The QOF Requirements²

PE 2 Patient Surveys (1)

The practice will have undertaken an approved patient survey each year.

PE 5 Patient Surveys (2)

The practice will have undertaken a patient survey each year and, having reflected on the results, will produce an action plan that:

- 1 summarises the findings of the survey;
- 2 summarises the findings of the previous year's survey; and
- 3 reports on the activities undertaken in the past year to address patient experience issues.

PE 6 Patient Surveys (3)

The practice will have undertaken a patient survey each year and, having reflected on the results, will produce an action plan that:

- 1 sets priorities for the next 2 years;
- 2 describes how the practice will report the findings to patients (for example, posters in the practice, a meeting with a patient practice group or a PCO approved patient representative);
- 3 describes the plans for achieving the priorities, including indicating the lead person in the practice; and
- 4 considers the case for collecting additional information on patient experience; for example, through surveys of patients with specific illnesses, or consultation with a patient group.

2 - <http://www.bma.org.uk/ap.nsf/Content/qof06~patientexp>

SUMMARY OF FINDINGS OF SURVEY

Survey 2007 / 08

(QOF Reference PE 5.1)

Demographic summary

The demographic summary showed that 66.9% of the respondents were female with an average age of 53 years. 27.5% of the respondents were aged 65 years or over – which corresponds with our age-sex register figures of 19.9% over 65s and 9.5% over 75s. 51.4 % of respondents had a long-standing illness, disability or infirmity. Only 41.4% of the respondents were employed and 32.7% were retired – reflecting the relatively old and low socio-economic status of our population. 96% of the respondents were White, reflecting the very low Ethnic population in our practice.

Survey Questions

Number of consultations in past 12 months (Q1)

The survey showed that 77% of respondents had visited the doctor more than twice in the last 12 months. The survey demonstrated how our patients are 'high users' of the surgery, with 47% of respondents seeing the doctor or nurse at least 5 times in the preceding 12 months.

Receptionists rating (Q2)

Patients expressed high satisfaction with the receptionists, with 84.8% of respondents rating their satisfaction as very good or excellent (scoring 7 points above the GPAQ benchmark).

Opening hours (Q3a and Q3b)

Patient satisfaction indicated 97.2% rated opening hours fair or better (scoring 5 points above the GPAQ benchmark). However, 49.6% requested additional surgery hours, covering early morning (3.2%), lunchtimes (4.3%), evening (14.4%) or weekend (27.7%) appointments.

Access to usual doctor (Q4a and Q4b)

Patients were generally satisfied with the availability of their preferred doctor (scoring 10 points above the GPAQ benchmark) – with 48.6% of respondents being able to see their preferred doctor on the same day and 76.9% within two working days.

Access to any doctor (Q5a and Q5b)

Again there was high satisfaction with access to any doctor. 69.7% of respondents were able to see any doctor on the same day, with 88% being able to see any doctor within two working days (scoring 8 points above the GPAQ benchmark).

Seeing a GP urgently (Q6)

Patients also reported that 91.3% of urgent cases were seen on the same day, after eliminating those for whom this situation had never arisen. The survey does not include a corresponding rating for patient satisfaction or GPAQ benchmark, so no evidence is provided to show what might be acceptable in this context, although the absence of complaints on this score suggests that this is not a problem.

Waiting times in practice (Q7)

Waiting times at the practice scored 4 points above the GPAQ benchmark, with 94.8% of patients having been seen within 20 minutes.

Ability to get through to practice on phone (Q8a and Q8b)

82.9% of respondents felt that their ability to get through to the practice on the phone was fair or better (scoring 4 points below the GPAQ benchmark).

Satisfaction with speaking to a doctor for advice showed 61.3% rated this as fair or better (scoring 6 points above the GPAQ benchmark).

Continuity of care (Q9a and Q9b)

Continuity of care was good with 69% of respondents reported that they were able to see their usual doctor 'a lot of the time' or better (scoring 1 point above the GPAQ benchmark).

Doctors' consulting skills (Q10a – h)

Satisfaction with doctors' consulting skills was highly rated (scoring between 1 and 3 points above the GPAQ benchmarks).

Ability to understand and cope with problem and keep healthy after seeing doctor (Q11a, Q11b and Q11c)

Some minor inconsistencies were noted, particularly between the score for Q10e (scoring 3 points above the GPAQ benchmark) showing high levels of satisfaction with explanations provided during consultations, and that for Q11a (scoring 3 points below the GPAQ benchmark) showing a relative inability to understand the problems afterwards. Ability to keep healthy after visiting the doctor rated well (scoring 1 point above the GPAQ benchmark).

Patient Comments

Patient comments were generally positive, but analysis has identified one or two areas of concern, some of which reinforce the findings from the structured questions, whilst others may suggest other points for further consideration. Comments included:

Good	Improve	Other comments
Confidence in the doctors	Getting through on the phone	Quite satisfied
Care given by doctors & staff	Not at present	Generally a very good service, efficiently run, to the benefit of everyone
I'm satisfied most times	Nothing could be improved, everything is excellent	Sometimes hard to get an appointment you always get told to ring up next day @ 8.30 sometimes you are unable to book appointments
Excellent care	Some of the doctors could listen more to you	In general very good all round service
Everything & everybody wonderful	Possibly out of hours care	I think the phone is off the hook from 8.30 to at least 8.45
Both doctors & receptionists give a first class service	More availability of either late or early morning appointments – I work and can't just leave at anytime for an appointment from past experience of being in the surgery on the days when I have managed to get an early appointment after a week of waiting these appointments seem to be given to the elderly who have all day to attend.	I am lucky and never have to wait long for an appointment and am comfortable with my doctor.
Nice surroundings, plenty of choice of doctors	A weekend service could be advantageous	I have great trust in our practice
Friendly & helpful surgery	Evening availability	Very satisfied
I find everyone at the practice friendly and most of them smile & make you feel at ease	Surgery opening times could be extended	The amount of tablets, 28 leave 2 short every month, 30 would help to make ordering better
Everything is great here, everyone makes you welcome	Waiting times, although realise these are caused by other peoples enquiries, illness and emergencies	Appointments with osteopath
I have had all the care and help I have needed and I could not ever complain about anything. I am so very grateful	Possibly setting appointments further apart to help prevent long waiting times	Telephone and reception staff always very pleasant and helpful
I think this is an excellent GP practice, help and advice are always available when I need them	More phone lines needed	I am very unhappy about the <i>hospital</i> services provided in Newcastle.
Everyone is so caring & friendly makes such a difference when you are not well	Appointments available after 5.30-630	
The network with other health pro's	Get through to the doctors on the phone to make an appointment quicker	
Everything. High level of care – rapid referral when needed		
All the care that I have had here has always been very good		
Visits to surgery are always pleasant, helpful, not rushed		

<p>Excellent medical clinic</p> <p>Always able to be seen the same day when I've phoned up</p> <p>Never had a problem with any of the doctors – prepared to see any of them.</p> <p>In the time I have known the doctor some 20 + years, I have found him to be friendly and approachable.</p> <p>Always given best advice and treatment.</p> <p>Always had a very good service</p>	<p>Hours the surgery is open, need longer</p> <p>Perhaps some better surgery facilities at weekends – possibly opening for a time on Saturday mornings</p> <p>More pre-bookable appointments in afternoon 2.30 – 3.30.</p> <p>Sometimes hard to get an appointment. You always get told to ring up next day 8.30. Sometimes you are unable to book appointment.</p>	
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Improvements since previous year

Marked improvements were noted in the following questions:

➤ **Ability to understand and cope with problem and keep healthy after seeing doctor (Q11a, Q11b and Q11c)**

All of these scores improved significantly:

Q11a – by 3 points (from 63 to 66).

Q11b – by 4 points (from 61 to 65).

Q11c – by 8 points (from 55 to 63).

There were no areas identified in which the mean score significantly fell.

National GPAQ Benchmarks³

(based on data collected during the 2005 / 06 contract year - this is to be used during 2007 / 08 contract year analyses)

The following benchmarks figures are based on data from 190,038 respondents (aged 16 or over) from more than 1,000 UK general practices who completed the Consultation version of GPAQ after seeing a GP.

Each benchmark score is expressed as an average (mean) for all patients who completed the individual question. They are represented as a percentage of the maximum achievable score, so the best possible score in each case is 100.

NPCRDC recommend that a difference of 10 percentage points between a Practice score and the benchmark should be taken as significant and do not advise concentrating on any differences which are smaller than this.

Comparison to National GPAQ Benchmarks

No areas were identified in which the Practice scored 10 points (or more) less than the GPAQ benchmark. Indeed the Practice score exceeded the benchmark by this degree in:

- **Access to usual doctor (Q4a and Q4b)** (GPAQ benchmark 60, Practice score 70) indicating a very high satisfaction rating of the practice's patients with regard to being able to consult their usual doctor.
- Three areas where differences of 6 to 9 points (compared to the GPAQ benchmark) exist indicate areas where patient satisfaction was also very high:
- **Receptionists rating (Q2)** (GPAQ benchmark 77, Practice score 84)
- **Access to any doctor (Q5a and Q5b)** (GPAQ benchmark 69, Practice score 77)
- **Satisfaction with speaking to a doctor for advice (Q8b)** (GPAQ benchmark 61, Practice score 67)

3 - http://www.gpaq.info/benchmarks%20consultation%202005_6.htm

ABOVE BENCHMARK

16 questions, including every 'consultation' question, were rated above the relevant benchmark. The margins ranged from 10% to 1% listed here in descending order of significance:

- Access to usual doctor (Q4a and Q4b) + 10 points
- Access to any doctor (Q5a and Q5b) + 8 points
- Receptionists rating (Q2) + 7 points
- Opening hours (Q3a and Q3b) + 5 points
- Waiting times in practice (Q7) + 4 points
- Satisfaction with speaking to a doctor for advice (Q8b) + 4 points
- Satisfaction with doctor's questioning (Q10a) + 3 points
- Satisfaction with doctor's explanations (Q10e) + 3 points
- Satisfaction with how well doctor listens (Q10b) + 2 points
- Satisfaction with how well doctor puts patient at ease (Q10c) + 2 points
- Satisfaction with how much doctor involves patient (Q10d) + 2 points
- Satisfaction with doctor's patience (Q10g) + 2 points
- Satisfaction with doctor's caring and concern (Q10h) + 2 points
- Continuity of care (Q9a and Q9b) + 1 point
- Satisfaction with time doctor spends (Q10f) + 1 point
- Ability to keep healthy after visiting doctor (Q11c) + 1 point

BELOW BENCHMARK

The practice aggregate scores were between 4% and 3% below the corresponding benchmarks, in descending order of significance:

- Satisfaction with phoning through to practice (Q8a) – 4 points
- Ability to understand problem after visiting Doctor/Nurse (Q11a) – 3 points

A shortcoming of 1% was apparent in the score for question Q11b, although such a small difference may fall within the error margin and is unlikely to justify drawing firm conclusions regarding future policy within the practice.

- Ability to cope with problem after visiting Doctor/Nurse (Q11b) – 1 point

Comparison to National GPAQ Benchmarks

GPAQ Post-Consultation Version: question	National Benchmark mean	Throckley Surgery 2007/08 mean
Q2. Satisfaction with receptionists	77	84
Q3a. Satisfaction with opening hours	67	72
Q4b. Satisfaction with availability of particular doctor	60	70
Q5b. Satisfaction with availability of any doctor	69	77
Q7b. Satisfaction with waiting times at practice	57	61
Q8a. Satisfaction with phoning through to practice	59	55
Q8b. Satisfaction with phoning through to doctor for advice	61	67
Q9b. Satisfaction with continuity of care	69	70
Q10a. Satisfaction with doctor's questioning	81	84
Q10b. Satisfaction with how well doctor listens	84	86
Q10c. Satisfaction with how well doctor puts patient at ease	84	86
Q10d. Satisfaction with how much doctor involves patient	81	83
Q10e. Satisfaction with doctor's explanations	83	86
Q10f. Satisfaction with time doctor spends	80	81
Q10g. Satisfaction with doctor's patience	84	86
Q10h. Satisfaction with doctor's caring and concern	84	86
Q11a. Ability to understand problem after visiting doctor	69	66
Q11b. Ability to cope with problem after visiting doctor	66	65
Q11c. Ability to keep healthy after visiting doctor	62	63

SUMMARY OF FINDINGS OF PREVIOUS SURVEY

Survey 2006 / 2007

(QOF Reference PE 5.2)

Demographic summary

The demographic summary showed that 68.7% of the respondents were female with an average age of 51 years. 24.7% of the respondents were aged 65 years or over. Only 44% of the respondents were employed and 31.7% were retired – reflecting the relatively old and low socio-economic status of our population. 93.4% of the respondents were White, reflecting the very low Ethnic population in our practice.

Survey Questions

Number of consultations in past 12 months (Q1)

The survey showed that 80.6% of respondents had visited the doctor more than twice in the last 12 months. The survey demonstrated how our patients are 'high users' of the surgery, with 51.4% of respondents seeing the doctor or nurse at least 5 times in the preceding 12 months.

Receptionists rating (Q2)

Patients expressed high satisfaction with the receptionists, with 77.8% of respondents rating their satisfaction as very good or excellent (scoring 6 points above the GPAQ benchmark).

Opening hours (Q3a and Q3b)

Patient satisfaction indicated 96% rated opening hours fair or better (scoring 5 points above the GPAQ benchmark). However, 57.7% requested additional surgery hours, covering early morning (4.1%), lunchtimes (3.7%), evening (16.1%) or weekend (33.8%) appointments.

Access to usual doctor (Q4a and Q4b)

Patients were generally satisfied with the availability of their preferred doctor (scoring 12 points above the GPAQ benchmark) – with 49% of respondents being able to see their preferred doctor on the same day and 81.1% within two working days.

Access to any doctor (Q5a and Q5b)

Again there was high satisfaction with access to any doctor. 76.1% of respondents were able to see any doctor on the same day, with 92.9% being able to see any doctor within two working days (scoring 11 points above the GPAQ benchmark).

Seeing a GP urgently (Q6)

Patients also reported that 94.9% of urgent cases were seen on the same day, after eliminating those for whom this situation had never arisen. The survey does not include a corresponding rating for patient satisfaction or GPAQ benchmark, so no evidence is provided to show what might be acceptable in this context, although the absence of complaints on this score suggests that this is not a problem.

Waiting times in practice (Q7)

Waiting times at the practice scored 4 points above the GPAQ benchmark, with 90.9% of patients having been seen within 20 minutes.

Ability to get through to practice on phone (Q8a and Q8b)

83.9% of respondents felt that their ability to get through to the practice on the phone was fair or better (scoring 3 points below the GPAQ benchmark).

Satisfaction with speaking to a doctor for advice showed 61.2% rated this as fair or better (scoring 10 points above the GPAQ benchmark).

Continuity of care (Q9a and Q9b)

Continuity of care was good with 72% of respondents reported that they were able to see their usual doctor 'a lot of the time' or better (scoring 1 point above the GPAQ benchmark).

Doctors' consulting skills (Q10a – h)

Satisfaction with doctors' consulting skills was highly rated (scoring between 1 and 3 points above the GPAQ benchmarks).

Ability to understand and cope with problem and keep healthy after seeing doctor (Q11a, Q11b and Q11c)

Some minor inconsistencies were noted, particularly between the score for Q10e (scoring 1 point above the GPAQ benchmark) showing high levels of satisfaction with explanations provided during consultations, and that for Q11a (scoring 6 points below the GPAQ benchmark) showing a relative inability to understand the problems afterwards.

Comparison to National GPAQ Benchmarks

GPAQ Post-Consultation Version: question	National Benchmark mean	Throckley Surgery 2006/07 mean
Q2. Satisfaction with receptionists	77	83
Q3a. Satisfaction with opening hours	67	72
Q4b. Satisfaction with availability of particular doctor	60	72
Q5b. Satisfaction with availability of any doctor	69	80
Q7b. Satisfaction with waiting times at practice	57	61
Q8a. Satisfaction with phoning through to practice	59	56
Q8b. Satisfaction with phoning through to doctor for advice	61	71
Q9b. Satisfaction with continuity of care	69	70
Q10a. Satisfaction with doctor's questioning	81	84
Q10b. Satisfaction with how well doctor listens	84	85
Q10c. Satisfaction with how well doctor puts patient at ease	84	86
Q10d. Satisfaction with how much doctor involves patient	81	83
Q10e. Satisfaction with doctor's explanations	83	84
Q10f. Satisfaction with time doctor spends	80	81
Q10g. Satisfaction with doctor's patience	84	85
Q10h. Satisfaction with doctor's caring and concern	84	86
Q11a. Ability to understand problem after visiting doctor	69	63
Q11b. Ability to cope with problem after visiting doctor	66	61
Q11c. Ability to keep healthy after visiting doctor	62	55

ACTIVITIES UNDERTAKEN

Review Against Action Plan for 2006 / 07

(QOF Reference PE 5.3)

Waiting Times

The practice looked at those Doctors who had frequently overrun and therefore had a longer waiting time. The surgery templates for these Doctors were altered by increasing 'catch up' slots, to help reduce waiting times.

Access – Telephones

Patients were no longer asked to phone back the following day if there were no appointments left for the same day. Instead, patients were booked an appointment for a future date.

Access – Capacity

The practice has started analysing capacity and demand figures on a weekly basis, and meets regularly to review these figures and 'shape' capacity to match demand.

Chronic Disease Review

The practice has initiated an annual programme of Chronic Disease Review (CDR) appointments with the Health Care Assistant and Practice Nurses. Patients are sent an annual birthday card and invitation to attend for a CDR. At the initial CDR appointment with the Health Care Assistant the relevant data is collected, blood and urine samples taken, etc. At the follow-up CDR appointment with the Practice Nurse further data is collected (when necessary), the results of investigations discussed with the patient, treatment regimens altered as per protocol and repeat medications updated. The CDR programme has improved management of chronic diseases, and hopefully in the future will free up GP time to allow this to be spent dealing with more 'complex' clinical cases.

Practice website

Is updated and added to on an on-going basis.

Information cards

The practice has produced business card size cards detailing the practice website (and its features) and useful telephone numbers. These cards are handed out in surgeries and are available at the reception desk.

PRIORITIES FOR THE NEXT TWO YEARS

Priorities from 2006 / 07 Survey

(QOF Reference PE 6.1)

The practice discussed the results of the survey at a 'Time Out' Primary Health Care Meeting and identified the following priorities:

- Waiting times
- Telephone access
- Access – capacity and demand
- Chronic Disease management
- Publicising practice website

REPORTING THE FINDINGS TO PATIENTS

Meeting with Patient Participation Group (QOF Reference PE 6.2)

Practice Survey 2006 / 2007 discussed at Patient Participation Group (20.4.07)

Results of patient questionnaire: The results of these were distributed to members.

Comments were made by patients on:-

- Evening and weekend doctor availability. The possibility of mandatory later closing in evening was discussed.
- Patients getting through on telephone. It was discussed whether an automated service would be better, giving information on position of caller in queue. Questionnaire indicates that more are satisfied than dissatisfied in getting through to the surgery.

Patient questionnaire results – to be read by members and brought back to next meeting.

Practice Survey 2006 / 2007 discussed at Patient Participation Group (9.11.07)

- Evening and weekend doctor availability was suggested. There was a query as to how do we monitor patients who do not work and would want to take these evening appointments.
- Saturday morning surgeries will not be for emergencies – they would still be seen in the out of hours service. Saturdays will be there for people who cannot come during the week.
- GPs would not want to do an overnight service.
- Patients should not have to ring back when trying to get an appointment. The PCT advise that a patient should not have to ring back and should be given an appointment on that phone call. If the patient wants to see a particular doctor then they will have to phone back for him/her. Otherwise they would have to see another doctor who has an available appointment.
- Patient survey questionnaires are about to be sent out for this year.
- It was suggested that it should be put on the automatic display that patients need to book a double appointment if they have a complex problem.

Future Meeting with Patient Participation Group (QOF Reference PE 6.2)

A future meeting is planned for the near future. The 2007 / 08 Survey will be discussed at this meeting.

Website (QOF Reference PE 6.2)

This report will be made available at the Practice website www.throckley.gpsurgery.net

PRIORITIES FOR THE NEXT TWO YEARS

Priorities from 2007 / 08 Survey

(QOF Reference PE 6.1)

The practice discussed the results of the survey at a 'Time Out' Primary Health Care Meeting (on 22 April 2008) and identified the following priorities:

- Telephone Access
- Extended Opening Hours
- Improved access to Lemington patients

ACTION PLAN FOR ACHIEVEMENT OF PRIORITIES 2008 / 10

Practice Lead

Dr Brigid Joughin

(QOF Reference PE 6.3)

Telephone Access

- The practice will look into the practicalities of installing a third telephone line and changing staffing hours to man an additional line.
- The practice will explore the possibility of on-line appointment booking (with In Practice Systems) in order to reduce the demand on phone lines and improve access.
- The practice will continue to promote the practice website in order to increase repeat prescription requests by this method rather than by phone.

Extended Opening Hours

- The practice will explore additional opening hours at weekends and/or evenings in order to improve access.

Branch surgeries

- The practice will explore the practicalities of holding regular surgeries at the Lemington Centre in order to improve access to the population living in this area.

Liaison with Patients

- The practice will continue to work with the Patient Participation Group.
- The practice will publicise the results of the Patient Survey on the practice website and in the waiting room and invite further comments.

FURTHER WORK

Additional Surveys

(QOF Reference PE 6.4)

The practice will conduct further surveys regarding telephone access and additional opening hours. The findings of these additional surveys will then be discussed with the Primary Health Care Team and Patient Participation Group.