

Bugbrooke Medical Practice

Patient Experience Survey Report

1. Introduction

In September 2014 Healthwatch Northamptonshire visited Bugbrooke Medical Practice 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 13 patients at Bugbrooke Medical Practice 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

Bugbrooke Medical Practice is a medium-sized practice (approximately 9,700 patients) with five doctors (three female, two male), four practice nurses (one nurse prescriber) and two Healthcare Assistants.

The practice is a training practice. It has five registrars and two trainee doctors. Cases are discussed daily and appropriate appointments are given to the trainees, including those which they can learn from.

A new doctor was appointed in August 2014. The post received a number of applications and the doctor appointed had previously worked as a registrar at the practice, was well liked, and was keen to come back. The practice has little trouble filling GP vacancies compared to other practices.

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 minor injuries and minor surgery. District nurses and health visitors are also based at the practice and Northamptonshire Healthcare NHS Foundation Trust (NHFT) Wellbeing Services visit twice a week to provide mental health advice. Towcester Community Mental Health Team (CMHT) is used for mental health crises.

Specialists: The practice employs a counsellor one day a week (since NHS funding stopped) as they have seen a benefit to patients. One of the doctors is an Occupational Health specialist and one has the Cardiology GP role for the locality, meaning they can see patients and refer them for tests without the patient having to see a consultant.

Shared services: Some services are shared - the practice uses Dermatology at Long Buckby and Vasectomies can be done at Danetre. More sharing of services or staff would be useful but it is difficult for the semi-rural practice and can have an impact on clinics. Space is also an issue.

Extended opening: One nurse and one doctor are available from 6.30pm-8pm on Mondays. They have previously been open until 9pm but patients didn't use this extra hour. Patients have requested Saturday opening but it would be difficult as the doctors do not live locally and it would be expensive to provide.

Home visits: These are organised through the duty doctor and booked for the same day or a convenient time. The practice also provide and pay for a minibus to collect people from local villages at the same time every Tuesday to reduce the need for home visits.

2.3 Appointment booking system

The practice uses a telephone consultation/triage system. Patients wishing to make an appointment phone and are called back by a duty doctor. There are two duty doctors in the morning, 8am-12pm, and one in the afternoon, 2-6.30pm. The duty doctors decide how quickly a patient needs to be seen and offer an appointment from those available. Approximately 10 appointments per doctor per day are kept for post-triage appointments. If there are no more doctor call backs slots available the receptionist asks the patient if their problem is an emergency. If it is they are put on list for that session, if not they are asked to call back for the next session, i.e. that afternoon or the following morning. All urgent cases are dealt with within 48 hours. Patients can ask to speak to a particular doctor but may have to wait for them to be doing triage duty (later that week). The phone lines are closed 12-2pm but the answerphone gives the number to the emergency mobile held by a doctor. The practice have reduced their number of phone lines from 8 to 4 so that the phone queues are shorter.

Nurse appointments can be pre-booked and are 15 minutes long.

Missed appointments

The practice has a low rate of people who do not attend their appointments (Do Not Attends, DNAs) because patients do not book doctor appointments far in advance and do not have time to forget to attend. The practice also send text

message reminders to patients. The highest number of DNAs is for nurse appointments as more of these are pre-booked.

2.4 Patient Participation Group (PPG)

The PPG is a virtual email group with approximately 70 members and is led by a member of the practice staff. The members prefer not to have meetings and it helps everyone to have a say rather than just a vocal few. The group is advertised in the patient booklet, through registration forms and through the website. Patients can email to join the group.

2.5 Complaints system

The complaints system is displayed on the main practice noticeboard, website, practice leaflet and in a complaints leaflet. Complaints are dealt with in person or over the phone by the practice manager or receptionist (these don't have to be logged) or from letters (these have to be logged and acknowledged within 3 days). A meeting is offered and the case is discussed at a practice meeting.

2.6 Equality and diversity

We asked the practice about their equality and diversity policy and how the practice met additional needs of patients. The following were mentioned:

- hearing loop at reception
- notes on patient records screen with instructions (e.g. patient needs assistance)
- work with assistant dogs
- annual health checks offered to patients with learning disabilities
- anti-discrimination and diversity training included in staff handbook & induction

Foreign language translation services are not needed because 98% of patients have English as their first language. British Sign language is not provided in house.

The practice website is well designed and includes a voice reader on each page.

3. Patient experience

3.1 Appointment system

Most patients we spoke to (10 out of 13) found it easy (five) or very easy (five) to get an appointment when they needed it. Two thought it was 'OK' and one patient found it was difficult.

Most positive or satisfactory experiences of getting an appointment mentioned the phone triage system (seven). For example:

- Patients appreciated being able to explain the issue on the phone and sometimes get a diagnosis or advice if they were not sure an appointment was necessary.
- Most patients found that same-day appointments were usually available and they could get an appointment straight away if needed after triage. One

patient didn't get an appointment until 26 hours later and would have liked one sooner as they thought that their issue was urgent but said the receptionist hadn't asked them if it was.

- One patient thought that being phoned back by a doctor was helpful as they could then be seen by a doctor after work and another said they were usually phoned back within the hour.
- Two patients mentioned having a choice of appointments time and/or doctor.

One patient was pleased that children were prioritised for appointments and another thought that pre-booked appointments were also fine. One mentioned having to wait a week but thought that was OK.

The patient who found it difficult thought that it was inconvenient to have to wait for a doctor to call them back and that the appointment times offered were not always convenient for people with small children or late-finishing jobs. Other negative points included:

- The phone lines are closed from 12-2pm. Three patients found this inconvenient.
- One patient did not like having to describe their symptoms over the phone.
- One patient said it was difficult to speak to a specific or preferred doctor with the triage system.

The practice's own PPG survey report³ found that 33% of 46 people surveyed during February and March 2014 didn't like the triage system. 24% said they had difficulty explaining problems on phone. Others thought that the phone line was engaged too long and didn't like that it was closed between 12pm and 2pm. The practice tries to offer call backs at convenient times to the patient and also the opportunity to either wait to speak to their preferred doctor or, to speak to one of the doctors undertaking triage in that session. As a result of the PPG survey report the practice planned to provide additional telephone staff and to train staff to better consider patients' needs.

3.2 Choice of doctor

Most patients did not usually get to see a doctor of their choice (seven) but did not think this mattered. Two would prefer to see a doctor of their choice but did not usually. Two patients said that they usually did get to see a doctor of their choice.

- Three patients would like to see the same doctor for continuity.
- Two said they could see a specific doctor if they asked.
- One patient was happy to see any doctor as they were all good.

³ <http://www.bugbrookmedicalpractice.co.uk/pages/Patient-Group-Report>

3.3 Treatment and quality of care and service

All the patients we spoke to were usually satisfied with their treatment (11 out of 13, two didn't answer). When asked to tell us more:

- Three patients told us they were 'very satisfied'.
- One patient said that the doctors were very thorough and appreciated the repeat prescriptions.
- Two patients said they were less satisfied on occasions as they didn't get a confirmed diagnosis or weren't confident with the one given.

We asked patients what they thought could improve the quality of care. Eight people commented.

- Two patients said that there wasn't anything that needed improving.
- Two patients mentioned repeat prescriptions (being able to get more than one month of medication and having them ready on time).
- One patient would like to have a named doctor and see them for each appointment.
- One would like extended opening hours to fit around school and work.
- One doesn't like having to be triaged over the telephone.
- One thinks confidentially at the reception/pharmacy could be improved (they gave the example of someone asking loudly about someone's medication).

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

- "everything"
- "easy to get regular tablets"
- "wide range of clinical services in house"
- "check in process, parking, helpful staff"
- "doctors thorough & personable - discuss options and preferences"

3.4 Communication and additional needs

None of the patients had any problems communicating with the doctors or other practice staff. One person commented that the "receptionists were pleasant".

We also asked patients if they 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 September 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 could communicate a few simple words by signing but was not fully fluent. They were helpful in that they tried to find other ways of communicating, such as writing on paper.

Registering: Registration was via a form. The volunteer thinks the form should include a questions that asks if the patient needs anything 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 email or text message facilities.

Interpreters: The practice does not provide BSL interpreters.

Waiting room access: There is a screen to inform patients when the doctor is ready.

Overall deaf awareness: The volunteer asked about the practice staffs' deaf awareness and told them they could have training to improve it. They were not sure what deaf awareness meant.

3.6 Additional comments

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

Positive:

- Three patients mentioned the practice was good or very good.
- One appreciated that the practice provided minor surgery.
- One patient said the practice was “welcoming, polite, and laid back”.
- One patient was satisfied they had been given an appointment and advice.
- One patient had found the practice to be “very helpful and caring” in the 10 years they had been registered there.

Negative:

- On patient's daughter “felt she was not being dealt with and moved practice”.
- One patient would like a more discreet method of calling patients to be used, they would rather the screens did not display their whole name.
- One patient would have liked the practice to have been open over Christmas as they had a bad experience using NeneDoc. They also thought that the questions used by the 111 service were leading and ignored some urgent conditions.
- One patient said their hospital discharge letter was not received by their GP quickly enough (it took 3 days) and as they were not checked on they required further treatment and had to ring 111.

The last two comments reflect more on other services (NeneDoc, 111 and hospital discharge) than on the practice.

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:

Issues/pressures

- It can take between one day and one week for the practice to receive discharge letter from hospitals. Some hospital wards send them electronically, which works better. Clinic letters take even longer to arrive, sometimes weeks. The practice usually puts letter in the patient's medical records within 24 hours of receipt.
- It is frustrating that patients still choose to go straight to A&E when the surgery is open and has doctors available to speak to.
- Government targets, returns and changing schemes can be a challenge.

Works well

- The minibus service to collect patients who cannot easily get to the practice otherwise cuts down on the need for home visits.
- Saturday morning drop-in flu clinics (drop-in works better than appointments).
- Registrar training - these doctors have been to other practices recently so can share good practice and keep the practice 'on its toes'.
- The Towcester CMHT provides a good service.

4. Highlights

According to the results of both our patient survey and the National GP Patient Survey the practice's appointment system appears to be working well and helping patients get an appointment when they need one. Some patients would however find it easier to make an appointment if the phone lines were open during lunchtime (as highlighted in the practice's own patient survey). Most patients were satisfied with the treatment they received at the practice.

5. Recommendations

1. Whilst we appreciate that closing the phone lines over lunchtime allows reception staff to undertake other work we think the practice should consider changing this as many patients find it inconvenient.
2. The use of additional means of booking appointments (such as text messaging or online booking) would help patient who struggle to get through on the phone. It is currently very difficult for a deaf patient to make an appointment and a text messaging service could easily help address this.

3. The practice does not appear to have many patients with additional needs but we would recommend that the reception staff had better awareness of how to arrange a BSL interpreter if required by a deaf patient.
4. The practice could consider further ways of offering patients the chance to see the same doctor for continuity.

6. Thanks and acknowledgements

Healthwatch Northamptonshire would like to thank the Practice Manager of Bugbrooke Medical Practice 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

Q1: How easy is it to get an appointment when you need it? (Please tick one)				
Very easy	Easy	OK	Difficult	Very difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2: Please tell us more about your experiences of getting an appointment, including 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, but it doesn't matter to me		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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		
<input type="checkbox"/>		<input type="checkbox"/>		
Please tell us more:				
Q5: Are you satisfied with the treatment and service you receive here?				
Yes, always	Yes, usually		No	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Please tell us more:				
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		
<input type="checkbox"/>		<input type="checkbox"/>		
If so, are they met?				
Yes	No		Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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

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.