

Queensview Medical Centre

Patient Experience Survey Report

1. Introduction

In October 2014 Healthwatch Northamptonshire visited Queensview Medical Centre in Northampton 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 nine patients at Queensview Medical Centre 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.

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

Queensview Medical Centre is an average-sized practice (approximately 8,500 patients) with four doctors (all male), five practice nurse (two nurse practitioners/prescribers, including some with extended skills) and one phlebotomist. A community psychiatrist nurse is attached to the practice who coordinates mental health related issues.

There are currently no job vacancies at the practice and plans are being made to replace a male doctor with a female doctor when he retires.

2.2 Services provided

The practice provides a range of services, including minor surgery, care for patients with Dementia, and mental health services.

¹ www.healthwatchnorthamptonshire.co.uk/about/docs

² <http://gp-patient.co.uk>

Specialists: One of the nurses specialises in learning disabilities. One GP specialises in Cardiology and another GP in giving hydrocortisone injections into joints (knees, etc.). The practice also sign-posts and helps carers.

Shared services: The practice shares Dementia services with one GP carrying out reviews at the surgery and has a Community Psychiatrist Nurse which they share with another practice.

Extended opening: The surgery is open until 8pm on Thursdays and is open early one more per week (7am), with a phlebotomist in attendance. Patients who are working benefit from these opening hours.

Home visits: The duty doctor phones the patient. Visits are made late morning and then as required.

2.3 Appointment booking system

Appointments can be made by telephone. Following patient feedback the system changed from all calls being triaged to a system where only those who needed triaging were (done by a GP) with all other patients being given appointments. Appointments are offered throughout the day, and patients can pre book appointments. Dementia and mental health patients are given extra-long appointments.

2.4 Patient Participation Group (PPG)

The PPG is advertised at the surgery. A core group meets monthly but the practice manager would like this to become more representative of the patient population. A book sale is being organised to raise funds. The practice carries out patient surveys frequently to see if their systems are working.

2.5 Complaints system

There is a complaints leaflet which explains the process plus a form to fill in. The practice manager tries to resolve any complaints verbally on the day they are made.

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:

- There is a loop system for hearing loss and the staff are trained to look out for patients with sight loss so they can greet them at the door
- There is no braille information available
- One of the nurse practitioners has an experience of learning difficulties, and all these patients have a yearly health check which is done at the beginning of the year, the first checks carried out produced a flurry of referrals. These checks are either carried out in the surgery or at home by a nurse
- Interpreters are booked from Pearl Interpreters. There can be an issue when the patient does not attend but the interpreter still has to be paid

3. Patient experience

3.1 Appointment system

Three patients said it was easy to book an appointment when they wanted one. Four people said it was 'OK' and two people said it was difficult or very difficult.

People who made positive or satisfactory comments said that they had 'no problems', or were able to be seen on the day.

Negative or unsatisfactory comments concerned:

- Four patients did not like the telephone triage system
- Two patients said that it was difficult to get through on the phone and one person said that it was easier to book an appointment at reception
- One patient did not like having to wait 10 days for an appointment

3.2 Choice of doctor

Half of patients (four) who commented said they were usually able to see the doctor of their choice. Four were not able to, two of these would have liked to and two said that it didn't matter to them. Five people thought it was important to see a doctor of choice with two citing continuity of care as the reason.

3.3 Treatment and quality of care and service

All the patients we spoke to were either very (seven) or usually (one) satisfied with the treatment and service they received.

We asked people what they thought could improve the quality of care. Three people commented:

- Two patients thought the appointments system/triage could be improved
- One patient would like a drop-in service rather than having to make an appointment

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

- Three patients said that 'everything' works well
- Three patients said the appointments system worked well and ran smoothly

3.4 Communication and additional needs

Two patients said they had problems communicating with doctors or staff.

- One patient objected to discussing private issues with receptionists
- One patient had a hearing impairment but did not use the induction loop

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. Two of the patients we spoke to had additional needs which were not being met.

- One patient said the doctor did not realise they had a hearing impairment and so did not speak in a way which facilitated lip reading (records have now been updated)
- The other patient mentioned issues related to clinical treatment

3.5 Deaf access audit

One of our deaf volunteers visited the practice in December 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 was nice and polite and communicated by writing on a piece of paper. They could not use basic BSL signing.

Registering: Registration was via a form and the volunteer thinks that this should include an additional question asking if the patient needs anything for accessing services, such as using an interpreter.

Booking an appointment: The volunteer thinks this was disappointing as they would need to ring up or come down to the practice to make an appointment. There was no ability to book an appointment by text message or email (just the text message confirming an appointment after it is booked).

Interpreters: The staff do not know fully about interpreters and are unsure how it works.

Waiting room access: The volunteer is not sure how the screen and calling of a patient's name works.

Overall deaf awareness: The volunteer believed this was very poor as staff do not know about BSL interpreters, there is poor deaf awareness and no access to text messaging to make an appointment.

3.6 Additional comments

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

Positive:

- One patient said that they were “happy with the service”
- One patient said “generally speaking we are well looked after here”

Negative:

- One patient thought that the system was wrong. They would like help from a physiotherapist but cannot afford the fees

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. The practice manager felt that the following were issues:

Issues/pressures

- Although the patient list is stable, new local housing developments are expected to increase this
- District nurses are under immense pressure and there are not enough of them
- A lack of domiciliary social care and social work was a contributory factor to increased hospital admissions of elderly patients
- As the practice cannot carry out immunisations at home there are concerns that those who do not attend the extra clinics they put on are not immunised
- Now that immunisations are not carried out by Health Visitors there may be less contact between Health Visitors and families
- Changing patient expectations can put pressure on GPs. A leaflet explaining how the NHS works and how health care is accessed may help

What works well?

- Sharing information with other practices in the locality leads to better access to nurses and there is a greater ability to treat minor injuries
- The GPs from this practice do weekly wards rounds in two nursing homes and annual resident reviews in another
- Patients having flu jabs were offered a pulse check at the same time. This resulted in picking up a number of patients with atrial fibrillations

4. Highlights

According to the results of our patient survey the practice's appointment booking system could work better for patients. Many patients found it OK or difficult to get an appointment when they wanted one and only half the patients got to see a doctor of their choice. The results from the most recent National GP Patient Survey suggest that this has improved. All of the patients were either very or usually satisfied with the treatment they received at the practice but some patients found it difficult to communicate with doctors.

5. Recommendations

1. Deaf awareness and basic BSL training for staff and the introduction of a text message system for appointment booking would improve provisions for deaf and hard of hearing patients.
2. Further review of the triage system may be necessary as some patients told us they did not like the triage system for booking appointments.

6. Thanks and acknowledgements

Healthwatch Northamptonshire would like to thank the Practice Manager of Queensview Medical Centre 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.