

# SLMC – PPG Patient Survey March- May 2016

## Survey Report

### 1 Preamble

The Survey was initially prompted by a SLMC meeting with NHS England, and the need for the Survey was re-enforced by a further poor ranking in an Ipsos Mori Poll. The SLMC Patient Participation Group (PPG) had been working closely with the practice on a 'Mission' - *to provide a continuously improving service to patients*, and agreed to carry out the survey with fellow patients to establish whether patient feedback reflected the analysis in the Mori Poll, to gain an insight into patients current perceptions of some aspects of the practices' effectiveness and to recommend, where appropriate, follow up action by the practice.

The Survey was carried out by PPG patient members between 28<sup>th</sup> March and 18<sup>th</sup> May 2016 and took the form of a simple questionnaire of eight questions on one side of A4. ( Attached as Appendix A). All questionnaires were individually numbered, with a print run of 1-500. The questions were formulated by the PPG drawing on some of the questions in the Mori Poll, questions asked in an earlier SLMC PPG Survey and tailoring it to current concerns and interests.

Respondents were clear that their responses would be confidential, although few expressed any concern about that, and in any case only gave their names or contact details if they chose to do so. It was evident when analysing the questionnaires that not all participants were invited to provide details, so it was interesting that 108 patients or 32% did so nevertheless. The incidence of patients volunteering to give their names did not reflect either positive or negatively on responses to the questionnaire.

### 2 Methodology

The Survey comprised mainly face to face interviews in which patients as they left the surgery and who had just had a consultation with a GP. They were shown the questionnaire and asked the questions by the interviewer who completed the questionnaire. This was supplemented in 46 cases by a telephone survey of patients who had had a consultation by phone, selected randomly from a

list of contact phone numbers provided by SLMC. The phone survey had a high 'failure to contact' rate. It was also intended to have questionnaires available at reception for patients to take away. In the event this medium was not used. The number of face to face interview carried out with patients who had had a consultation with GPs was 270. Ten other patients had a consultation with the Practice Pharmacist (these were recorded but not included in the analysis). Nine forms were recorded and used but had incomplete information, and hence the slight variation in total numbers recorded. The total return was 335 forms which will be archived.

The ages of respondents was not recorded. Interviewers observed that all ages were included in the purview of the Survey.

### **3 Structure of the Report**

The report sets out a summary of the responses to all questions in the order in which the questions were asked, together with a breakdown of patients experience with individual GPs, as agreed at the outset with all the doctors.

### **4 Statistical Reliability**

The Survey was random in that neither doctors nor patients knew when members of the PPG would be present in the surgery. The rota operated by PPG members included different time slots in the morning and the afternoon and the Telephone Survey was similarly random. As such it was expected that the number of returns for consultations by the individual GPs would vary. In the light of this; the fact that the lowest number of consultations was 29 and that there was not a significant variances in responses linked to the number of consultation, the range was deemed acceptable. The range was between 10-26%, as set out below. The salaried doctor accounted for 10% and the locum doctor 19%

Dr Chigbo	43 (15%)
Dr Davies	30 (10%)
Dr Dobrowolski	29 (10%)
Dr Idowu	76 (26%)
Dr Kutty (Locum doctor)	55 (19%)
Dr Sullivan	46 (16%)
Ike Okeke (Locum Primary Care Pharmacist)	10 (4%)

The analysis of the questionnaires was undertaken by one person, the Chair of the Patient Participation Group. The working papers were available to PPG members and are archived.

A reconciliation of the findings shows minor discrepancies in the data; they are not considered to be of statistical significance.

## 5 Findings of the Survey

### 5.1 Appointments (Question 1)

The breakdown of responses about the ease or otherwise in making appointments was:

Very easy	91 (27%)
Quite easy	113 (33%)
Quite difficult	73 (22%)
Very difficult	59 (18%)

**60% of patients found it Very or Quite easy to make an appointment; 40% found it quite or Very difficult to do so.**

As expected from the statistical analysis on the Appointments System, many of the comments centred on this matter, viz:

20 respondents specifically reported how hard it is to make an appointment, and some were 'angry' about how the appointments system worked.

Some pointed to a one or two week wait for their appointment,

Others noted- the difficulties encountered when at work with the 'call back' arrangement; difficulties in making afternoon appointments; in making early or late appointments and that online appointments are taken up very quickly. One patient stated that they had to go to the hospital to get an appointment in the surgery.

Conversely some respondents observed: appointments are working better than in the past; online bookings have helped and advance appointments are working.

### 5.2 Reception (Question 2)

In answer to the question 'Were Reception staff polite and helpful?' the response was

Yes	280 (85%)
No	17 (5%)
Not applicable	13 (4%)

'Varies' 19 (6%)

In addition to the statistical analysis, the Reception Service attracted a number of comments. They ranged from:

Always helpful (two respondents); two staff were singled out as 'nice'; six patients said it was improving/better; 'today was the best service I've ever received'; 'reception is busy and gets too much flack'; 'desk better, but not really very helpful' .

Less positive comments included: not really very helpful (ten patients); some receptionists are (very) rude (nine patients); 'more smiles'; 'should be more professional'; some are: 'unsympathetic', 'unfriendly', 'arrogant', 'dreadful', 'no support or communication', 'customer service is very bad', 'retraining is required', 'ignored by reception'. Another mentioned that 'afternoon reception is poor', and another that 'there was one person on reception when there was a long queue'.

### **5.3 Doctor of Choice (Question 3)**

The summary response to the question 'Were you able to see the doctor of your choice?' was

Yes	137 (51%)
No	65 (24%)
Not applicable	68 (25%)

## **Summary Responses to Questions about the face to face Consultation with the doctor (Questions 4-8)**

### **5.4 Question 4: Did the doctor take time to listen to your problem?**

Yes	258 (95%)
No	13 (4%)
Not applicable	3 (1%)

**5.5 Question 5: Did the doctor explain matters to you, including prescribed medications or tests, in a way you could understand?**

Yes	247 (92%)
No	12 (4%)
Not applicable	9 (3%)
No response	2 (1%)

**5.6 Question 6: If physical symptoms were present, did the doctor examine them?**

Yes	129 (48%)
No	20 (7%)
Not applicable	121 (45%)

**5.7 Question 7; Where various treatments were prescribed over a number of consultations and did not resolve the condition, did the doctor offer you a referral/second opinion?**

Yes	75 (28%)
No	8 (3%)
Not applicable	168 (62%)
No response	19 (7%)

**5.8 Question 8: How do you rate the overall quality of your consultation?**

Excellent	124 (46%)
Good	115 (43%)
Fair	22 (8%)
Poor	9 (3%)

**Hence 89% of consultations were rated as good or better.**

The responses to questions exclude the responses to the Telephone Survey; consultations with the Pharmacist and nine instances where no answer was given.

**6 Telephone Survey**

The analysis of the telephone Survey responses is perhaps less reliable than those of the face to face consultations. There were 93 instances of 'not now' or 'no answer'. There are some examples of incomplete information, and some of the data is suspect. Doctors were not known or named in a number of instances. Nevertheless the summary findings of the 46 returns is given:

Doctor of Choice: 41% had their doctor of choice; 54% did not; no response 9%.

Listening to the Patients problem: 80% reported yes; 13% said no; no response 7%.

Explaining matters: 80% stated yes; 15% said no; no response 5%.

Examination of symptoms was not applicable; and the question about referral received the same response,

Quality of Consultation:

Excellent	28%
Good	37%
Fair	28%
Poor	7%

## 7 Analysis of Consultations by each GP

Note: N/A signifies Not Applicable; N/R signifies No Response.

Question 3: Doctor of choice

	Yes	No	N/A	N/R
Dr Chigbo	19%	30%	51%	-
Dr Davies	93%	3%	4%	-
Dr Dobrowolski	55%	38%	7%	-
Dr Idowu	38%	30%	29%	3%
Dr Kutty	49%	24%	27%	-
Dr Sullivan	72%	13%	13%	2%

On average 51% saw their doctor of choice.

Question 4: Listening to patient's problem:

	Yes	No	N/A	N/R
Dr Chigbo	88%	9%	2%	1%
Dr Davies	100%	-	-	-
Dr Dobrowolski	86%	10%	4%	-
Dr Idowu	94%	6%	-	-
Dr Kutty	91%	2%	2%	5%
Dr Sullivan	94%	2%	4%	-

The response range was between 86-100%; the average was 92%

Question 5: Explanation of medication/tests in an understandable way:

	Yes	No	N/A	N/R
Dr Chigbo	77%	2%	2%	19%
Dr Davies	100%	-	-	-
Dr Dobrowolski	93%	3%	-	4%
Dr Idowu	89%	9%	-	2%
Dr Kutty	95%	2%	2%	1%
Dr Sullivan	80%	4%	13%	3%

The response range was 77-100%; the average was 89%

Question 6: Examination of Physical Symptoms:

	Excluding N/A; NR		Including N/A; NR			
	Yes	No	Yes	No	N/A	N/R
Dr Chigbo	85%	15%	51%	9%	33%	7%
Dr Davies	100%	-	60%	-	40%	-
Dr Dobrowolski	80%	20%	28%	7%	62%	3%

Dr Idowu	87%	13%	45%	7%	48%	-
Dr Kutty	85%	15%	49%	11%	36%	4%
Dr Sullivan	87%	13%	45%	7%	48%	-

Excluding N/A and N/R the range was between 85-100%, in which the N/A average was 47%.  
Including them the range was between 28-60%; the average was 46%, and the N/A average was 47%.

Question 7: Offer of Referral/ Second opinion:

	Excluding N/A; N/R		Including N/A; NR		N/A	N/R
	Yes	No	Yes	No		
Dr Chigbo	89%	11%	19%	2%	61%	18%
Dr Davies	100%	-	27%	-	66%	7%
Dr Dobrowolski	90%	10%	31%	3%	59%	7%
Dr Idowu	88%	12%	28%	4%	53%	15%
Dr Kutty	83%	17%	27%	6%	55%	12%
Dr Sullivan	87%	13%	30%	-	59%	11%

Excluding N/A and N/R the range is between 83-100%, and the N/A range was 60%

Including N/A and N/R the range was between 19-31%; the average was 29%; and the N/A average was 60%

Question 8: The quality of the Consultation:

	Excellent	Good	Fair	Poor	N/R
Dr Chigbo	35%	42%	16%	7%	-
Dr Davies	83%	17%	-	-	-
Dr Dobrowolski	38%	48%	4%	7%	3%
Dr Idowu	34%	45%	13%	4%	4%
Dr Kutty	44%	40%	6%	-	10%
Dr Sullivan	50%	46%	2%	2%	-

## **8 General Observations on SLMC**

8.1 Operation of the Telephone System. There were the following comments:

Phone contact was cited as particularly difficult by 20 patients, who reported waiting times on the phone of 15 minutes; half an hour and three quarters of an hour. A number stated that it was impossible to get through on the phone, and one that it took a month to get through.

Two patients reported that they 'hate' the phone in booking system,

Two patients had to come in at 7.30 am to get an appointment,

Two patients reported an answering machine recording that the surgery did not open until 8.30 am.

### **8.2 Doctor of Choice**

In addition to the analysis regarding patients ability to see their doctor of choice, six patients also reported that it was difficult to see their doctor of choice; two said that they never could; and some said that there was a long wait to do so.

### **8.3 Waiting Times**

Ten patients reported too long a wait in the waiting area, with some stating that they waited half an hour or an hour. In one case the automated machine recorded that there a waiting time of '0' minutes, which transpired to be half an hour.

### **8.4 The Surgery Generally**

Comments included: Five patients who were 'very happy with the surgery', and 'quite happy and generally ok'; 'all doctors good', 'doctors and staff are helpful and professional; three stated that there is 'a general improvement' and 'much better than the last surgery in Enfield'. 'The surgery is tatty'. The surgery is satisfactory but there is not enough money. The practice is oversubscribed and hence there is a poor service.

### **8.5 Doctors Time Allocation**

Comments were the 'doctor is too quick'; 'I'm in a hurry and behind with my patients'; 'the phone consultation was too brief and quick' and a very bad phone consultation with the doctor leaving the phone twice and coming back.

8.6 Three patients recorded difficulty in understanding doctors' accents, and one said the surgery should have more English speaking doctors!

8.7 A number of patients made individual comments about their specific experience. These are recorded in Appendix B.

## **9 Overall Conclusions:**

### **9.1 Appointments**

It is of real concern that 40% of patients reported it was quite or very difficult to make an appointment.

### **9.2 Reception**

A high proportion of patients (85%) recorded that Reception staff were polite and helpful. In addition to those patients who were more critical, there were some strong adverse general comments.

### **9.3 Consultation with the doctor of choice**

The ability to see the doctor of choice was over 50%; double that of patients unable to do so. The analysis of the clinically based responses ( i.e. questions 4-8) suggests that patients perceptions of their experience were not significantly affected by that.

### **9.4 Doctors listening to patients and taking care to explain all matters clearly are fundamental and axiomatic to their role.**

The responses to these questions indicate that patients are largely satisfied on these matters. There are nevertheless one or two areas for individual colleagues to look at. Moreover the scores are not quite as strong as those recorded in the named GP Survey.

### **9.5 Examination of Physical Symptoms**

In general doctors are ensuring that they are examining physical symptoms when present. There are possibly occasions when the procedure could be more rigorous.

### **9.6 Referrals/Second Opinions**

Patients generally have access to referrals and second opinion when required.

### **9.7 Telephone appointments in general are less satisfactory than those face to face.**

### **9.8 Quality of Consultation**

89% of patients reported that their consultation was excellent or good. This is a marginally lower percentage than that recorded in the named GP Survey four years ago. Notwithstanding it is a high percentage which is competitive with comparative national figures presented in the Mori Poll. Indeed SLMC is not recognisable to the 'outrider' as it is shown in its recent Mori Poll. There are variations within the SLMC figures and no doubt individual GPs will note them.

## 10 Recommendations

**That said it is ESSENTIAL that SLMC members of the PPG are formulating their views as a matter of urgency. The CCG and NHS England know of the survey and will be looking for early publication of our findings. The recommendations below are those of the PPG.**

1 SLMC should analyse our findings against the Ipsos Mori Poll findings and highlight the discrepancies,

2 The Appointments system is clearly not proving satisfactory for a sizable cohort of patients. SLMC needs to work to rectify this. It may be a matter of more and better communication with patients. It seems also to be linked to....

3 Reception Services, since while many patients find these services good, there are those who have bad experiences. 'Front of house' services have a major impact on users' perception of any organisation. Many of the quite strong finding in this survey can be undermined by a few blemishes.

4 The Website needs to be the focus one member of staffs' attention so that it is up to date, welcoming, attractive and informative. This should be re-enforced by attention to how information is available within the surgery.

5 Telephone appointments and communication by email and text offer scope for a surgery to use time effectively and provide alternative means of communication. These avenues should be explored and developed urgently. It is also linked to self-help strategies to which the PPG can contribute.

6 Patient information: check and maintain a record of how many patients receive an appointment within 24/48 hours with any GP. Maintain a record of the number of patients seen each year, and how many times.

7 All staff working at SLMC should be involved in raising the profile and image of SLMC. That also means harnessing the potential of the PPG more systemically.

SLMC Patient Participation Group.

JS 27/5/16

## Stockwell Lodge PPG (Patients Forum) Patient Survey: March 2016 – May 2016

Which doctor did you see?  
or Room no

1. How easy was it to make an appointment?  
**Very Easy/Fairly Easy/Quite Difficult/Very Difficult**
2. Were Reception staff polite and helpful? **Yes/No**
3. Were you able to see the Doctor of your choice? **Yes/No**
4. Did you feel that the doctor took time to listen to your problem? **Yes/No**
5. Did the doctor explain matters to you, including prescribed medications or tests, in a way you could understand? **Yes/No**

If not, explain why:

6. If physical symptoms were present, did the doctor examine them?  
(e.g. throat/ears/leg etc.) **Yes/No**
7. (if appropriate to you) – Where various treatments were prescribed over a number of consultations, and did not resolve the condition, did the doctor offer you referral/ second opinion? **Yes/No**
8. How do you rate the overall quality of your consultation? - **Excellent/Good/Fair/Poor**  
(please circle your assessment)

Additional comments (e.g. what was excellent, good, fair etc :

If you wish to give your name and contact details for the benefit of following up on the Survey by the PPG Patients Forum, please do so below:

**Name:**

**Contact details:**

## Appendix B

### Comments made by patients about individual doctors:

#### **Dr Chigbo**

- my preferred doctor
- too much made of previous history, rather than present symptoms
- could have taken a bit longer
- fabulous
- didn't examine me
- very good, very patient
- felt doctor anxious to move on to the next patient
- couldn't do enough to help

#### **Dr Davies**

- excellent doctor
- all like her, it would be an excellent surgery
- very nice doctor

#### **Dr Dobrowolski**

- didn't address prescription issue; re red dye
- took his time, not rushed

#### **Dr Idowu**

- delay in referral, had to repeat process
- took time to listen
- unusually good, went back over history

- very good consultation
- one of the best
- very dismissive
- always takes time to listen
- doctor aware of history, impressive

### **Dr Kutty**

- explained well
- taken seriously
- could listen more
- took one month to see chosen doctor
- happy with Dr Kutty
- easy to talk to

Lovely doctor, listens (x2)

### **Dr Sullivan**

- very good
- quick, easy, painless procedure
- re appointments – normally very difficult, today the doctor called
- very happy (x2)
- nurse called doctor into consultation
- best doctor
- usually good, not today
- easy to talk to
- pleasure to see (x2)
- really understanding, and listens

End JS 27/5/16