

Hurley Clinic Patient Participation Group

Patients' Survey 2017

Analysis of responses and comments on survey

1. The overall response to the survey was higher than in 2016 with 340 responses compared with just over 300 in 2016. There were fewer responses on-line and over 150 paper forms, even though members of the PPG steering committee were not able to do many sessions in the waiting area to help with completing the forms. The reception staff obviously did a good job of encouraging patients to complete the paper forms. As before, text reminders were sent to encourage patients to respond on-line but that seems to have been less effective than previously. There were nevertheless enough responses to show patients' views clearly which is the main purpose of the exercise.
2. We used the same questionnaire as in 2016, including the two questions added then about use of the new patient hubs. It should be easy and quick to complete, but there are still problems for those with little or no English, some of whom welcomed the help in the waiting area, and the layout of the printed version meant that there were quite a few incomplete forms because of missed pages.
3. The age range of the respondents was close to that in 2016. 14.5% in 2017 were aged 65 and over (16% in 2016) and 78% were aged between 25 and 64 (80% in 2016). There were 4% aged under 18 compared with none in 2016 but, as before, some respondents were almost certainly parents attending the surgery with their children. 50% were in full-time employment (49% in 2016) and 40% described themselves as 'White British', fewer than the 46% in 2016. All these figures correspond fairly closely with the demographics of the practice's catchment area in north Lambeth.
4. The language used in the paper forms and comments suggests, as before, that English may not be the first language of a significant number of respondents but there was no specific question about that. It may account for some of the difficulties experienced by some patients in dealing with the reception staff. However, the comments in answer to Qs 18 and 21 did not include any requests for interpreters or translators.
5. There were 110 answers (32% of respondents) to Q18 'What other services would you like offered by the surgery?' and 102 comments in response to Q21 'Have you any other comments we should see that can help us to improve the service we offer you?' (30% of respondents compared with 52% in 2016). The answers to the two questions as usual overlapped considerably.
6. Most of the comments in answer to both questions were negative but there were 14 positive ones in answer to Q21 (around 10% of the responses to that question, fewer than the number in 2016), including praise for named members of staff, both clinicians and others. The comments in response to Q18 were generally fairly brief but there were some much longer ones in response to Q21 that suggested significant dissatisfaction with the practice among the patients concerned.
7. There were no comments that could be classed as indicating poor clinical care in the strict sense but there were three in response to Q21 about the attitudes of individual clinicians (including one named doctor). As the questionnaires were completed anonymously, those complaints cannot be followed up with the patients concerned. Twenty responses to the two questions (there is almost certainly some overlap among the respondents) suggested that the patients concerned had experienced what they considered to be poor service and/or poor quality of care from the practice, although few details were given, mostly generalised grumbles. That is more than in the last two years and, again, cannot be followed up with the patients.

8. There were also four complaints in response to Q18 and six in response to Q21 about the attitudes of the reception staff. These numbers are small and probably reflect more than anything else the frustration on the part of patients at the difficulties of getting appointments and the communication problems that sometimes arise. They may also reflect dislike of the role of the reception staff in the triage system for booking appointments. The responses to Q2 showed that 90% of respondents thought that their treatment by reception staff was acceptable or better, so the complaints must have arisen from isolated incidents rather than as part of a general pattern.
9. By far the most common complaints in response to both questions were about access: long waiting times for pre-booked appointments (14 (15%) in response to Q18 and 24 (24%), in response to Q21) and the difficulty of getting same day or urgent appointments (11 (12%) in response to Q18 and 9 (9%) in response to Q21). Similarly, there were 11 respondents to Q18 (12%) and six (6%) to Q21 who wanted more doctors and nurses, a reflection of the difficulties of access that patients are experiencing. There were also five respondents (just over 5%) to Q18 and 8 to Q21 who wanted more continuity of care. Four respondents to Q21 said that because of these difficulties they had either sought alternative provision elsewhere (changed practices, including to a private GP, or used A&E and urgent care/walk-in centres) or wanted to do so. There were two satisfied local access hub users but three others for whom the hub system had not worked out well.
10. Altogether, 11 respondents to Q18 wanted longer or different opening hours, the most common being Saturday morning appointments (four respondents), preferably reserved for those at work. Other respondents wanted more early morning and evening appointments, again preferably with priority for those at work. As usual, this partly reflects the attitude of many employers to staff taking time off for medical appointments possibly combined with the effect of zero-hours contracts. However, only one respondent wanted seven-day provision from 8.00 am – 8.00 pm.
11. There was a range of comments on communications with/from the practice, particularly about the various on-line services. Compared with previous years, there were many fewer complaints (only two specific ones) about the telephone service while two respondents to Q21 reported difficulties with on-line consultations. There were very few requests for more or better on-line access although one respondent specifically asked for test results by e-mail. Another thought that increasing reliance on technology might be unavoidable but could not compensate for the practice's lack of doctors and other resources. The digital divide is still there and practices (not just the Hurley) need to make their on-line services more user-friendly if patients are to use them more, and more efficiently.
12. The answers to Q18 produced the usual shopping-list of services that respondents wanted, ranging from unspecified therapy and mindfulness to podiatry, osteopathy/acupuncture and physiotherapy. The most significant gap to be filled was in the provision of sexual health/family planning services at the practice, combined with the difficulty of finding alternative provision (four responses to Q18 and one to Q21); four respondents to Q18 complained about the unreliability/non-availability of the phlebotomy service.
13. Although the answers to Qs 8 and 9 about waiting times to see a doctor do not show much deterioration in the position on waiting times compared with the 2016 survey, the comments in response to Q21 show the growing frustration felt by a significant proportion of patients because of the difficulties of access that they experience. There were numerous unfavourable references to the long waits for pre-booked appointments and the absence of a same-day service, and the dislike of the lack of continuity of care caused by the shortage of regular doctors and other clinical staff. There is a gradual acceptance that for non-urgent conditions patients may have to wait for appointments, especially with a particular doctor, but not for as long as the three or four weeks that have been common in 2016-17. Other ways of managing demand, such as the telephone triage system, remain unpopular,

particularly having to discuss with anyone other than a clinician why an urgent appointment is needed. There may be few serious complaints but the strains are showing.

14. One improvement is that the survey results suggest that fewer patients appear to use A&E as the only solution if they cannot get an immediate appointment with a GP. This may be because of the publicity given to such other options as pharmacies and the urgent care centre at Guy's. There were too few comments on the local access hubs in the survey to judge their effectiveness, but practice records show that the hubs are heavily used by Hurley patients. Most of the available slots are used even though the hubs in north Lambeth are not very conveniently located for the practice. Another improvement is that prescription renewals, often a source of difficulties in the past, produced only two significant complaints.
15. The PPG will, as usual, follow up the comments with the practice. This survey is the seventh to be done by the Hurley Clinic in conjunction with the PPG. It has, as always, provided useful feedback from patients and we would like to thank all those who took the trouble to complete the questionnaire. We would also like to thank Pam Elliott for setting it up and doing the initial analysis of the results. We have always used the Survey Monkey software but have decided that for next year we will, with Dr Kumar's help, re-design the questionnaire so that it is easier to complete, so watch this space.

Hurley PPG
27 November 2017

Q1 In the past 12 months, how many times have you seen a doctor or nurse from the practice?

54% of 2017 respondents said they had seen a doctor or nurse three times or more, a much lower figure than the 67% in 2016. Of those, 40% had seen a doctor or nurse 3 to 6 times and 14% had seen a doctor or nurse seven times or more, a small reduction from 16% in 2015.

Q2 How do you rate the way you were treated by the receptionists?

9% of 2017 respondents said their treatment by the reception staff had been less than acceptable while 90% found it acceptable or better. There were many fewer complaints about treatment by reception staff in the comments – around 6% of the total responses compared with 25% in 2016.

Q3 What additional provision of appointments would you like?

25% of respondents were satisfied, a drop on the 28% in 2015, 19% wanted more evening appointments and 33% wanted Saturday morning (the most popular suggested time) compared with 35% in 2016. As before, the comments showed that most of those who wanted weekend or evening appointments were working and found it difficult or impossible to take time off work, or did not want to.

The figures suggest that 75% of those who responded, an increase on the 67% in 2016, want more work-friendly appointment times, although only 50% of respondents were in full-time work. There were several suggestions that the Saturday, early-morning and evening appointments should be reserved for people at work and that late afternoon appointments should be kept for schoolchildren. The answers as always raise questions about employer attitudes to time taken off work for doctor/hospital appointments and that employers are not always sympathetic towards those who need time off for medical appointments.

Q4 The practice is open 8 am until 6 pm 3 days a week and 7 am until 7.30 pm two days per week. How do you rate the hours the practice is open?

Only 7% of respondents (slightly fewer than the 8% in 2016) thought the opening hours were less than acceptable and 93% thought them acceptable or better (see also the answers to Q3 above). See also the answers to Q3 about the need for appointments in the early mornings, evenings and on Saturday mornings for people at work. There was only one specific suggestion of 7-day opening hours.

Q4 In the past 6 months, how easy have you found the following: getting through on the phone?

36% of respondents (37% in 2016) had found it difficult to get through and 37% (39% in 2016) replied 'as expected', which probably means that they had found it difficult but had not expected anything else. This suggests that there has been no significant change in the difficulty of getting through on the telephone. Among the comments, there were only two specific references to the time taken to get through on the telephone and a similarly small number of complaints about difficulties with getting repeat prescriptions.

Q6 In the past 6 months, how easy have you found the following: speaking to a doctor on the phone?

23% had found it difficult compared with 24% in 2016 and 30% had found it as expected (29% in 2016). For 12% it had been better than expected (15% in 2016), 13% did not know and 22% had not wanted to. There were as before some specific complaints about the triage arrangements and comments on the difficulty of being available to be rung back by a doctor.

Q7 In the past 6 months, how easy have you found the following: getting test results on the phone?

30% of respondents had not wanted to get test results in that way and 25% did not know. 22% had found it 'as expected' and 13% 'difficult', a reduction on on the 22% in 2015.

Q8 In the past six months, how easy have you found the following: e-mailing the surgery?

41% of respondents had not wanted to e-mail the surgery, a reduction from the 47% in 2016, and

10% had found it difficult, an increase on the 8% in 2016. 30% said 'don't know' which suggests that they had not tried or not needed to. Many patients still seem unwilling to use e-mail for contacting the surgery but that may be because it is not a method of communication that the surgery seems to encourage, possibly because of concerns about confidentiality although many patients prefer it.

Q9 How quickly do you usually get to see a PARTICULAR doctor?

4% of respondents said they saw a particular doctor the same day, 2% the next working day (, 9% within a week (10% in 2016) and 15% within two weeks (25% in 2016), while 44% (48% in 2016) claimed to have to wait over two weeks and 24% didn't know. This suggests that it has become more difficult to see a particular doctor although there have always been variations in the answers to that question and the large number of 'don't knows' makes it difficult to interpret the figures.

Q10 How quickly do you usually get to see any doctor when it does not matter whom you see?

These figures show a broadly similar picture to 2016: nearly 12% (10% in 2016) saw a doctor on the same day and a further 9% on the next working day (8% in 2016), 20% within a week (26% in 2016) and 22% within two weeks (27% in 2016). 23% said they had to wait over 2 weeks compared with 17% in 2016 and 13% didn't know (compared with 12% in 2014). However, as with Q9 these figures rely a good deal on sometimes imperfect memories.

Q11 How quickly do you usually get to see a nurse when you need to?

40% (36% in 2016) did not know or did not need to see the nurse. 7% (9% in 2016) saw one on the day, 7 the next working day and 24% within a week (29% in 2015). 10% had to wait for more than two weeks (6%). 40% did not know. This small reduction confirms the problems caused by the difficulties now being experienced in recruiting nurses.

Q12 If you need to see a doctor urgently, can you normally get seen within a day?

26% (23% in 2016) said yes, 43% said no (36% in 2016) and for 31% it had not happened. The main significant change is in the increase in the number that could not be seen within a day which matches the numerous complaints in answer to Qs 18 and 21 about not being able to see a doctor when the need was urgent.

Q13 How late is your doctor or nurse to see you usually?

There were only two specific comments about unpunctuality but 52% of respondents had to wait 15 minutes or less, of whom 17% were seen within five minutes of their appointment time compared with 12% in 2016. These figures are similar to those in 2016 and suggest that unpunctuality is not a major problem. The use of text reminders of appointments may be helping with that.

Q14 Do you have a regular doctor?

24% (25% in 201) said yes, 56% (53% in 2016) said no but they would like one and 20% (23% in 2016) said no they hadn't really needed one. Many of the comments mentioned the lack of continuity of care and dislike of the practice's dependence on locums, so the lack of a regular doctor is still a significant issue but some patients seem now to be resigned to not having a regular doctor.

Q15 If yes, how often do you see that regular doctor?

This question always produces inconsistent answers but 17% said they saw that doctor always or most of the time compared with 25% in 2016, a significant drop, 48% sometimes and 36% almost never. These responses again reflect the absence of regular doctors and lack of continuity of care.

Q16 Do you know about the scheme offered by Lambeth CCG where you can be given an appointment through the reception team to see a GP or Nurse at a neighbouring 'Hub' Surgery such as South Lambeth Road, or Clapham Family Practice?

The 'hubs' were first introduced in 2015 and this question was designed to find out whether patients were aware of them or had used them. 49% knew about the hubs (45% in 2016) and 51% (55% in 2016) did not.

Q17 Have you had an appointment at one of the Lambeth CCG Additional Appointment Hubs (such as the practices at South Lambeth Road, and Clapham Family Practice)?

26% of respondents (ie 82 patients) said yes and 73% said no.

Q18 Are you happy with the range of services offered by the surgery?

There were 110 respondents (32% of the total) who suggested a range of services that they would like. As noted elsewhere, many wanted better access ie more appointments so shorter waits for an appointment, more and more readily available same-day appointments as well as more continuity of care. There were 2 complaints about unpunctuality. The suggestions about other services sought were not new but there were fewer than in previous years (family planning and sexual health services were specifically mentioned). There were altogether 17 complaints about the waiting area (some in answer to Q21), particularly about the screens, and including 5 about the dirty state of the ladies' toilet, a similar number to 2016.

Q19 How easy is it to enter the surgery?

26% (20% in 2016) found it acceptable and 70% (77% in 2016) easy. 3% found it difficult, the same as in 2016, but there were no comments about the need for better wheelchair access

Q20 How clean is the surgery?

97% (97% in 2016) found it as clean or cleaner than expected, 4% found it dirty, as in 2016. There were several complaints about the cleanliness of the ladies' toilets and the screens in the waiting area are still not universally popular.

Q21 Have you any other comments we should see that can help us to improve the service we offer you?

There were 125 (110 in 2016) responses to this question, a similar proportion of the total as in 2016. As in previous years, a high proportion were specifically about access but fewer about the telephone service. The general tone of the complaints suggests that dissatisfaction levels have gone up, despite the continuing absence of complaints about standards of clinical care. There were several comments that suggested that some patients had experience poor service and quality of care from the practice.

Q20 How old are you?

68% (81% in 2016) of respondents were in the 25-64 age group ie they were of potentially working age (50% said they were in full-time employment, close to the 48% in 2016). 8% were under 24 and 3% under 18, while 15% [15% in 2016] were 65 and over. As before, this does not accurately reflect the heaviest users (the very young and the very old) but explains the number of requests for early morning, evening and Saturday morning appointments.

Q21 Are you: in full-time employment; part-time; unemployed; homekeeper; retired; student; or long term sick?

The proportion in full-time employment (40%) was slightly higher than the 48% in 2016, but not significantly so. There were 11% in part-time work, 7% unemployed, 6% students and 7% long-term sick (10% in 2016) but it is hard to check the accuracy of these figures as the numbers are fairly small.

Q22 Which ethnic group do you belong to?

40% (46% in 2016) were White British, 23% Black African and/or Black Caribbean or Black British, 14% White European or White Other and 11% 'other' or preferred not to say. These results vary from year to year but in general are fairly close to the ethnic profile for the area.