

# PRACTICE IMPROVEMENT QUESTIONNAIRE FINDINGS

March 2013

Report for Ratcliffe Rd Atherstone Surgery

## Overall Summary

This report has been produced as a result of the 'improving the practice questionnaire' recently completed by the patients of the Surgery. It is apparent from the survey that the overall satisfaction with the practice is high, however, there are opportunities to raise the satisfaction level still further and improve the overall patient experience, I am please to say that satisfaction overall with the practice still remains high and indeed has shown some improvements since last year. No single area has shown a higher rate of dissatisfaction, other than areas out of the control of the practice and its management.

Primarily, the report pays attention to the opportunities for improvement since this was the focus of the questionnaire and there would be no point in calling the survey an improvement survey if all it was intended to achieve was confirmation of the good service area's.

Therefore the weaknesses identified should be read with this in mind.

## Approach of this report

Consider the questionnaire objectives and using the data derived from the respondents, identify where most gains can potentially be made for the benefit of the patients.

To understand why the weaknesses identified matter, for each weakness identified, the potential impact on the patient or the practice is considered.

To suggest solutions for improvements that will require little or no capital investment and to highlight those area's that may require a budget and therefore need business priotitisation.

## Conclusion, the customer service area's that require improvement:

- Communication
- Access to appointments
- Infrastructure improvements

The survey indicated that once booked in to see a doctor and through the door most respondents are highly satisfied with the surgery. However, the patient experience leading up to that point does require some review.

## Weakness

## What this means for the patient

The perception is that it takes too long for the phone to be answered by a human.

They are getting frustrated and initial contact with surgery has been a bad experience.

Transfer of calls appears to take a long time

They are already potentially irritated, their perception of time is likely to be distorted and so any delay will feel long. Fixing point 1, may positively impact this. Especially if the operator sets an expectation of how many rings it may take before it is answered and why.

The attitude of some staff, some of the time was commented upon

Again its down to perception and not the staff. If their day has started badly and presumably it has because they are at the surgery any 'slight' will be exaggerated. Good customer service will recognise this issue and recognise that the patients intention is not to be difficult but to be seen.

The relaying and management of test results has improved dramatically since last year. This is potentially due to a change in the system due to patient feedback last year. It is hoped this continues into the next year and beyond.

Anxiety in the first place because people hope for the best and expect the worst! The fact that this score has improved will hopefully show the patients that we do listen and make a difference where possible.

The survey indicated that the overall consultation experiences were excellent and was the highest scoring category.

However, securing the appointment in the first place, with a practitioner of the patients choice appeared to cause some frustration.

## Weakness

## What this means for the customer

The length of time between seeking and getting an appointment with a doctor of choice is perceived to be long.

Worry. Not cared about. These are natural responses when an issue superficially appears to be more important to one person than another. Appointment delays can't be helped. For patients as a whole, up to 6 patients can be seen at the surgery for every one patient who receives a home visit, therefore appointment availability will decrease with every home visit requested.

Home visits are not as easy to obtain as some people would like.

Responsibility for their health has been passed over to someone else who knows less about them, however they are grateful that someone is there.

The out of hours service at George Elliott had a broad cross section of satisfaction, nonetheless over a third respondents were dissatisfied.

Explanation about the service and the knowledge of what the out of hours service has access to about them may alleviate most of the worries. Also expectations need to be properly managed, maybe a reassurance message about what is an emergency and what isn't. Telling people to only contact in an emergency means they have to rely on their judgement; this is especially hard if it is on behalf of someone they care about.

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## Weakness

## What this means for the customer

The automated booking system wasn't surveyed specifically but the system, although still has some negative comments, did receive better feedback than previous years.

People only forgive technology replacing a human when it works better than human interaction and saves time. In the context of a doctors surgery technology is already at a disadvantage. Most people want the reassurance of getting the 'best deal', in other words they believe that when they speak to a human they have some power of influence over who they see and when, a machine is just pragmatic. They have to listen to it and then still use time waiting to speak to a receptionist.

The waiting area was commented upon although this wasn't a specific survey question.

The survey suggested that if the booking system was bypassed, they got an appointment earlier.

Car parking was commented upon although again not a specific question

I'm already ill, I feel worse. Patients state that their surroundings do make a difference. The reason private sectors spend such a large amount of money on décor is obvious and we all know that new, modern and clean looking environments make a big difference to perception of service.

## High Level Proposed Plan

**Time      Impact      Start**

People see more of what they expect to find or focus on; so if the initial experience or expectation from a previous visit is low, typically patients will seek to support this view and find evidence to support it.

From the survey it is evident that the last impression of the surgery is usually good *if* that last interaction resulted in seeing a medical person.

The people we most need to influence and manage the perceptions of are those who last interaction was to either seek information, use the phone system or try to make a booking. These are the people who will be starting from a negative view point and it is important to stress here that the survey shows this is not because the initial front line staff scored badly, they didn't they scored highly. Unfortunately though, the processes between the non human and human interactions are getting in the way of an excellent overall score.

The relative responses by age category was also considered and even though predominantly more of the age group 25-55 answered the survey, the normalised results indicate consistent perception of the infrastructure/technology aspects of the practice.

Agree format and develop feedback to the surgery patients	1 week	High	immediate
Review best practice customer service guidelines. Ensure phones are answered in a timely manner.	Ongoing	Medium	immediate
Further encourage patients to use automated check in to cut down queues at receptions	Ongoing	Medium	immediate
Review automated telephone system – data cleansing exercise	Ongoing	High	Next staff meet
Review what 'cosmetic' improvements can be done to improve first impressions and waiting experience	1 week	medium	Quick win & later cost potential
Be willing to listen to patients feedback regularly and take on board comments and suggestions and make alterations where possible and where easily able to do.	Ongoing	High	Quick win