

GP quality in Coventry: what is important to local people and recommendations for action

Summary report

February 2015



Introduction

Healthwatch is the independent consumer champion for health and social care in Coventry. We give local people a voice - making sure that views and experiences are heard by those who run, plan and regulate health and social care services.

Our aims in undertaking this work were:

- To support the work of the Local Health and Wellbeing Board task group on primary care
- To enable the views of local people to influence the way forward
- To help define a bench mark for good quality GP services in the City

GP services are frequently the subject of national policy initiatives because of their central function in the health system. It is important to Healthwatch that the views of local people are a driver in future development of local GP services.

Therefore, Healthwatch Coventry undertook to gather qualitative information about what is important to local people, when they are using GP services via their GP practice or the Coventry Walk in Centre. We ran two qualitative surveys and four focus groups. Meetings were also held with a sample of GP practice managers and visits made to local the Walk in Centre.

Our surveys were available to the whole City and the focus groups and conversations with practice managers were focused on Foleshill and Henley wards, which are areas where public health indicators show less favourable outcomes for local people

Healthwatch gathered the views of 277 people. The outreach activity enabled the views of different sections of the community to be gathered and more in-depth discussions to be held and information to be collected.

Findings

Our work identified some trends in what people wanted and detail about what people thought made a good quality GP service/experience.

GP practices:

- People valued their GP practice being close to their home (10-15 minutes travelling time)
- The strongest preference was to be able to travel to a GP practice on foot
- For a routine matter most people would prefer to wait to see a GP of choice at their practice; as a second choice they would see another GP at the practice. For those aged 25-54 the second preference was the practice nurse and third preference another GP in the practice.
- For an urgent matter, when they could not see their GP, people would prefer to have a phone consultation with their GP; or alternatively see a practice nurse

- 93.6% felt reception staff were very important to their experience of their GP practice
- The most frequently used words to describe the characteristics of good reception staff were:
 - Approachable
 - Respectful (dignity)
 - Helpful
 - Caring
 - Friendly
 - Sensitive and considerate
 - Professional
 - Calm and patient
- 67% of respondents did not know if their practice had a patient group
- We asked people to describe what made them feel confident in their GP or nurse? The most frequent answers were that they were knowledgeable; listening; and compassionate/reassuring
- Other elements which were considered to be important for good quality GP care related to access to appointments; requests for longer consultations; improvements to disabled access; having more health checks; ensuring the needs of people with learning disabilities are addressed; the need for more GPs and more appointment slots; and continuity of care/relationship.

Walk in Centre:

We found that the Walk in Centre is being used by people who:

- Have not been able to get a GP appointment/feel they have to wait too long for a GP appointment at their own practice
- Do not have a local GP
- Feel, based on previous experience, that it is easier to use this service than their GP.

53% thought the service at the Walk in Centre was 'good' and 15% that it was 'very good'. The two most frequently suggested improvements were for reduced waiting times and/or for more information about waiting times and position in the queue.

In response to our question about what could be improved at people's own GP; easier access to appointments; improved customer service skills; and more time with their GP, so as not to feel rushed were highlighted.

The needs of older people and working age people are different in some respects as we found indicators that those aged 25-34 preferred attending the Walk in Centre. Those aged 35-44 also seem more likely to use the Walk in Centre.

Conclusions

There is scope for significant development in gathering patient views, feedback and in patient involvement in GP services. We are not confident that the friends and family test will contribute to meaningful engagement activity as without understanding the reasons behind the ratings people are making, the results will not be useful for making any changes to services. Also buy in from practices is needed in order to make the commitment to develop and change, based on patient feedback. Currently patient panels or patient participation groups are not widely known and can be small groups or operated as virtual groups. Therefore they are not a mechanism to communicate with the bulk of the practice population. This does not necessarily mean they are not helpful, but there should be more clarity regarding the reality of their role and breadth of involvement in them.

By necessity running a GP service requires a lot of processes, however not having any patient input into the design of patient related processes or an overly rigid approach is likely to lead to frustration for patients.

The emphasis people place on soft interpersonal skills and relationship factors present a challenge to the future delivery of GP services. It is clear to Healthwatch that the desire of patients for face to face contact and a relationship with their GP or practice nurse is a factor which must have a high priority because it is important for how people behave and how likely they are in seeking to engage with GP services when needed.

Some potential solutions to issues of demand such as email contact are moving away from face to face contact and the relationship which people wish for. Therefore, it is important that consideration is given to how best to use the resource for face to face contact and how this can be targeted to best meet the needs of patients.

From our findings it seems likely that some GPs are less popular because of patient judgements regarding interpersonal skills such as listening and communication skills and about how knowledgeable the patient feels the GP is. This has a knock on impact on demand for other GP's time.

Reception staff need support and training. Customer service focused training should be available to an agreed standard for new and existing staff. We found evidence that practice managers would support the availability of this kind of training. Practice managers also suggested additional topics for reception staff training, which should be scoped further to gauge the level of interest across the City. Training should be available to all practices rather than to locality groups.

There was a lack of awareness of Healthwatch and the extent of our role including the Independent Complaints Advocacy Service (ICAS). Healthwatch can assist by providing information to go in practices' complaints policies. Healthwatch can also supply information for practice websites.

More could be done to provide information to people about waiting times during their time at the Walk in Centre and to gather feedback for people who use it.

A limiting factor on the role of the Walk in Centre is that it does not have access to any patient records or hold any patient notes. IT systems ought to be able to make this facility more connected into the primary care system and less stand alone.

There should be a clear message to the local population regarding the purpose of the Walk in Centre and what they should use it for. It seems likely that the Walk in Centre also has an impact on attendance at A&E and the level of demand at A&E it is preventing should be researched and understood.

Recommendations

- A. Customer service focused training must be developed locally for new and existing reception staff and run on a continuous rolling programme
- B. Support/resources/templates are developed to enable GP practices to produce a good quality practice leaflet with consistent up to date key information about accessing out of hours services; how to raise a complaint etc.
- C. The role of the Walk in Centre as part of urgent care and primary care provision in the City is made clear and public messages regarding the role of the Walk in Centre are clarified and consistent.
- D. IT systems should connect together patient information in order to support the delivery of care; this should include connecting the Walk in Centre to enable improved flow of information.
- E. There must be further development of patient engagement culture and mechanisms in GP practices; there should be more than one way for patients to give their feedback/perspectives and this should be sought by the practice rather than expecting a patient to approach practice staff.
- F. Patient participation groups or panels must either be promoted much more to practice populations to be meaningful, in terms of reach and influence or have a clear purpose as a small group of patients acting as a sounding board for the practice.
- G. The role of Healthwatch and the Independent Complaints Advocacy Service (ICAS) should be promoted to GP Practices and by GP practices to patients.
- H. Ways to improve communication links between commissioners, the CCG and GP practices should be explored and developed. There must be a clear offer of communication channels, training and other support mechanisms which are available to all Coventry GP practices.
- I. Coventry should adopt a statement of what a good quality GP service is (as there is no publically recognisable statement of good quality GP care). The

following should be included because it is based on the evidence we have gathered:

Access:

- There is a range of methods for booking appointments
- The methods for making an appointment should take account of the needs of people who work and young people (the most unpopular system is having to phone at 8.00 or 8.30 to make an appointment and then being told to phone back the next day)
- A practice should not have an 0844 phone number
- Having a text reminder service
- A time slot or/time frame for phone consultations is booked
- A patient friendly system for repeat prescription requests
- Adaptation to process and access are made in order to meet the needs of physically or learning disabled or those with a sensory impairment

Staff:

- Receptionists should provide a customer focused service (approachable, caring, helpful)
- GPs are knowledgeable and listening with good interpersonal skills
- Practice nurses should be well trained and have good interpersonal skills

Information:

- The practice has up to date information for patients about their services, out of hours GP services and how to raise a concern or a complaint
- The practice has up to date web based information (its own website and information is kept up to date on NHS Choices)
- The GP practice are aware of the role of Healthwatch and PALS services in NHS Trusts

Raising issues

- There are clear and easy ways of raising a concern or complaint regarding the practice to practice staff
- Reassurance is given to patients that there will be no repercussions (such as removal from the practice list) for raising issues or making suggestions
- The practice has a listening culture
- Timely and full responses are given by the practice

Patient engagement:

- The practice has a range of pro-active mechanisms to capture patient feedback and a route for patients to be involved via a patient group
- The practice can show that patient views have been listened to for example by a change which has been made