

Access and Responsiveness

What matters to patients?

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Introduction

In July 2008, the Department of Health approached the National Association for Patient Participation to understand more about the lay perspective on access and responsiveness. In particular, the Department was keen to understand what patients value and what practices do particularly well in this area.

Method

The National Association for Patient Participation distributed a postal survey to all of its (more than 350) Patient Participation Group affiliates. This asked about access and responsiveness, communication and information, and how practices learn about what their patients value. This was complemented by a workshop that looked at similar themes. A third strand of the research, involving telephone research, has not yet been carried out.

Response rates

The response rate to the postal survey was excellent with 142 questionnaires completed, in spite of fairly tight timescales over the holiday period. Twenty five people attended the workshop that was held in Stratford. We are grateful to everyone who took part in what has been a very instructive process.

Findings

Detailed findings are presented in the Appendices. Here, we highlight the following themes and messages:

Postal survey findings

1. Extended hours (ie morning, evenings and Saturday mornings) are widely seen as improving access, but so are triage arrangements (whether GP or nurse led), telephone

consultations, a good mix of appointments, and friendly and efficient staff who understand what patients need.

2. Telephone consultations are now widespread but email consultations, email appointment bookings and internet appointments are far less developed. Good telephone systems are an essential component of what Patient Participation Groups see as promoting effective interactions between the practice and its patients.

Does your practice do anything particularly well in the following areas?	Yes	No
"Intelligent" telephone System	70	43
Bookings over the internet	39	66
Bookings by email	21	78
Telephone consultations	115	12
Email consultations	13	81

3. Apart from the appointments and consultation systems, in-house clinics are clearly the most highly regarded method by which practices can improve access.
4. Newsletters and websites are commonly used communication tools (but their quality is highly variable). Some practices work well with local media and communicate effectively using leaflets. Email circulars remain uncommon

Does your practice do anything particularly well in the following areas?	Yes	No
Printed newsletter	103	20
Website	98	19
Email circulars	12	79
Use of local media	50	52
Other	57	30

5. Practices have relatively few mechanisms to learn about what patients want and need. Patient Participation Groups, surveys and suggestion boxes are, by far, the most frequently cited.

Workshop findings

6. To get access right, practices need to get the physical environment right (eg use of automatic/sliding doors in reception), they need to get the attitudes right (helpful, sensitive and facilitative rather than obstructive, abrupt and intrusive) and they need to get the systems right to make it as easy as possible for services to be accessed.
7. Communication is vital and is currently underplayed in most practices. Information screens in surgeries, newsletters, websites, use of local media, peer support groups, text reminders, practice leaflets and emails are all part of the future picture.
8. PPGs should be able to discuss access and responsiveness with their practices and to identify solutions together. Different triage models and skill mix should be discussed with PPGs before, during and after implementation. PPGs can work with practices to ensure smooth implementation of innovations such as internet booking or touch screen check-in and to address problems such as high numbers of patients who do not attend their appointment.
9. Practices and the PPG need to communicate honestly and in an informed, balanced fashion with the whole community on the major issues. Once the understanding is there, PPGs can help by carrying out research (with design help from N.A.P.P.) to understand the preferences of the wider patient body. They can then explore with the practice how/if these preferences can be met.
10. PPGs can carry out interviews to secure valuable in-depth information about the views of patients. Occasional open meetings can also help to gather a wider viewpoint.
11. PPGs can help by promoting good news and sharing what is working well. They can help the practice to understand what a

“personalised” service looks like from the patient perspective and how to work with different groups of patients

12. Good ‘intelligent’ telephone systems are essential (and should not transfer costs to patients) to meet the needs of the patient population and have to be supported by high quality, well-trained reception staff who can sensitively secure the information that they require in order to signpost effectively. There is a role nationally to advise on effective systems and possibly to help secure economies of scale in the procurement processes.
13. Continuity of care needs to be available and can be delivered in ways other than face to face consultations.
14. Open access is often popular and each practice needs to work with its patients to get the right balance between sit and wait, same day bookable and forward bookable appointments.
15. Practices need to be well run and well organised and the practice manager has a vital role to play.

The role of Patient Participation Groups

The workshop discussed how Patient Participation Groups can work with their practices to promote better access and responsiveness. It is clear that many PPGs already have excellent practices and very good relationships. But there is likely to be room for improvement in every setting and delegates put forward the following recommendations.

- Further education and support is needed to allow Patient Participation Groups to deliver on their full potential and to help practices to become more responsive. Practices need to be willing to engage and to listen, to commit and to respond. PPGs need to be able to challenge and to play the role of critical friend, without fear of being alienated as a result.
- PPGs will be more influential if they are able to engage with other community groups, schools, and the wider patient population. They should consider exploiting opportunities to learn from other patients, such as flu clinics, health promotion events and bespoke surveys (in addition to those carried out nationally).

- Ideally, PPGs need their own space within the practice and this should be designed into new builds wherever possible. In any case, PPGs need some resources to deliver their objectives. This can come from many sources and PCTs should be challenged to provide funds for PPGs.
- Practices need to be properly incentivised to have an **effective** PPG and all professional bodies (not just GPs) need to understand the value of patient participation and how it can be secured.
- Greater responsiveness needs to be an essential element in provider accreditation and the revalidation of doctors. Attendance at PPG meetings could be part of the continuing development of GPs and professionals within the practice, and more lay involvement in GP training and assessment of providers would embed better working practices.
- Practice managers also need to be supported to develop the skills to communicate more effectively and to work in partnership with PPGs.

Areas for further work

- A. N.A.P.P. can help by sharing good models and by promoting good quality care, encouraging PPGs to move beyond amenity and into key areas such as the management of long-term conditions, mental health, out of hours care, end of life care, improved access and so on.
- B. In particular, N.A.P.P. can collate and promote excellent newsletters and websites (and other communication techniques) so that both practices and PPGs have a quick route to improvement.
- C. N.A.P.P. can also help by allaying fears and developing local volunteers (on a pyramid selling model) so that PPGs and practices do not feel that they are working in isolation.
- D. Primary Care Trusts need to understand PPGs and the Department of Health should get behind the model so that greater responsiveness and better access are an enduring legacy

of the current programme. World Class Commissioning can help here.

- E. The Department of Health may be able to help by evaluating telephone systems and sharing their expertise with practices that are looking to upgrade, possibly even driving down prices through skilled negotiation. Further research would also be helpful to understand the most effective triage systems in primary care.
- F. Finally, more work is needed to understand how to communicate best with those who rarely attend their GP surgery. N.A.P.P. suggests that a process might be trialled of writing to those who have not attended in, say a three year period, making them aware of the available services. This letter should be developed together with PPG members.

Conclusions

The National Association for Patient Participation would like to thank the Department of Health for commissioning this research, everybody who took part, and Kaye and Sarah for managing and administering the research.

We are confident that it will lead to some positive outcomes, including more effective PPGs, improved access routes into practices, better communications to all sections of our communities, and sharing of knowledge in areas such as triage and telephone systems.

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APPENDIX A: Report of postal survey to explore access and responsiveness in GP surgeries

Question One: Do you think that your practice does anything particularly well in helping patients to access services, get convenient appointment times and see the right professional?

The following areas received ten or more "mentions":

- Late night surgery (23)
- On the day appointments (18)
- Saturday morning surgery (17)
- Doctor triage (16)
- Mix of appointment types (15)
- Friendly and efficient reception (15)
- Extended hours (14)
- Staff knowing patients' needs (12)
- Early morning surgery (11)
- Touch screen check-in (10)

Question Two: Do you think that your practice does anything particularly well in the following areas, relating to methods of interaction with patients?

Does your practice do anything particularly well in the following areas?	Yes	No
"Intelligent" telephone System	70	43
Bookings over the internet	39	66
Bookings by email	21	78
Telephone consultations	115	12
Email consultations	13	81

When asked to highlight areas that worked particularly well, respondents focused on:

- Telephone consultations (62)
- Good telephone system (36)
- Online booking of appointments (17)
- Online repeat prescriptions (15)

- Emailing repeat prescriptions (9)

Patient Participation Groups cited the following additional areas of good practice:

- Works well with disabled patients who cannot get to the practice
- Online booking of appointments and repeat prescriptions
- GPs often arrange telephone follow-up consultations
- All urgent requests to see GP are triaged by nurse/GP
- Automated phone system so patients get a menu of options
- Telephone consultations available through the day
- No more than 3 rings telephone answering policy
- Additional early morning staff when lines are busiest
- Phone system recognises patient's telephone number
- Telephone triage

Question Three: Are there other initiatives that the practice undertakes to respond to individuals' (or specific groups') needs with regard to accessing services?

Of over one hundred responses, only one issue was coded in double figures. That was the use of on-site clinics which was mentioned by 22 respondents. Selected, other mentions include:

- Travel email consultation service very popular with patients
- Setting up a patient focus group to assist patients with learning difficulties
- Use of specialist clinics eg dietetics, minor ailments, phlebotomy, diabetes, asthma, mobile screening, weight clinics, dermatology
- Young children are always seen as urgent
- Nurses visit patients who are housebound with long-term conditions
- Pilot site for Improving Access to Psychological Therapies
- Scheduled family planning services at times preferred by female patients
- Will survey patients on use of texts for appointments and test results

Question Four: Do you think that your practice does anything particularly well in the following areas relating to communication with patients? Please describe in the box that follows.

Does your practice do anything particularly well in the following areas?	Yes	No
Printed newsletter	103	20
Website	98	19
Email circulars	12	79
Use of local media	50	52
Other	57	30

The following areas received ten or more "mentions":

- Newsletter (65)
- Practice website (52)
- Local newspaper (27)
- Leaflets (23)
- Notice Board (18)

Respondents also identified:

- Plasma TV screen in waiting room with local and practice info
- Twice yearly health care events eg menopause
- Complete suite of practice information leaflets
- PPG section within practice website
- PPG newsletter essential arm of communication with patients
- Senior partner writes occasionally in local paper
- Annual comprehensive newsletter
- Use of parish magazines

Question Five: What mechanisms does the practice have to learn about what patients want and need from their service?

By far, the most common responses were:

- PPG (70)
- Patient survey (68)
- Suggestion box (38)

Selected other responses, all of which scored less than ten, were:

- Consultations and informal conversations
- Patient news sheet carries comments and questions from patients
- Practice manager available and willing to speak with patients

Question Six: Please describe any approaches that you feel would improve patients access to, and knowledge about, their general practices and to let us know about anything else that your practice does particularly well.

- A PPG in every practice
- DVD library on chronic conditions
- Health campaigns
- Reduce DNAs
- Triage system that promotes continuity of care
- Specialist nurse for older people active in falls prevention
- Excellent podiatry service
- Telephone consulting has proved very popular
- More support to people with visual or other sensory impairments
- Develop email addresses to contact those who rarely attend
- End use of premium rate lines for phone access
- Better communication from the PCT about centrally-driven changes
- Continuity of care preserved

APPENDIX B: Report of workshop to explore access and responsiveness in GP surgeries

Introduction

Thank you to everyone who attended the workshop. It was a really positive and informative day. Thanks also to Dr Mike Warburton for supporting the event and facilitating some of the discussions.

This draft report covers the essential messages (I hope) from the session. It will be further refined before inclusion within the wider research findings and integrated with the postal and telephone research that N.A.P.P. has undertaken. Your suggestions for improvements and revisions are most welcome.

There were three essential components to the workshop. First, Dr Warburton presented an overview of the national programme to improve access and responsiveness, followed by questions and discussion. His slides are included as an Appendix here.

Second, working in smaller groups, we considered how access and responsiveness can be improved. These long lists were then prioritised to identify the areas of greatest gain.

Finally, we looked at the mechanisms to promote greater responsiveness, with a particular focus on the role that PPGs and N.A.P.P. can and should play.

The national picture

Delegates found the overview extremely helpful and there seemed to be broad agreement about (a) the need to address health inequalities (b) the need to provide more GPs in areas that are relatively “under-doctored and (c) to improve access and responsiveness, especially in those practices that fall well below the national average.

Concerns were raised about:

- ✓ Destabilising successful practices who may lose some patients (largely for reasons of convenience) and find themselves with a list where the needs are far higher than average

- ✓ The continued attempt to drive change from the centre (requiring every PCT to have a GP-led health centre)
- ✓ Overplaying targets as a mechanism to drive up quality
- ✓ Recruitment of GPs to the more challenging areas, and whether this will have negative consequences elsewhere in the system
- ✓ Ensuring that improved access is not secured at the expense of continuity of care for those who value it.

Improving access and responsiveness

To get access right, practices need to get the physical environment right (eg use of automatic/sliding doors in reception), they need to get the attitudes right (helpful, sensitive and facilitative rather than obstructive, abrupt and intrusive) and they need to make it as easy as possible for services to be accessed.

Communication is vital and is currently underplayed in most practices. Information screens in surgeries, newsletters, websites, use of local media, peer support groups, text reminders, practice leaflets are all part of the future picture.

PPGs should be able to discuss access and responsiveness with their practices and to identify solutions together. Different triage models and skill mix should be discussed with PPGs before, during and after implementation.

Practices and the PPG need to communicate honestly and in an informed, balanced fashion with the whole community on the major issues. Once the understanding is there, PPGs can help by carrying out research (with design help from N.A.P.P.) to understand the preferences of the wider patient body. They can then explore with the practice how/if these preferences can be met.

PPGs can carry out interviews to secure valuable in-depth information about the views of patients. Occasional open meetings can also help to gather a wider viewpoint.

PPGs can help practices to develop an email network through which information is shared and newsletters and other materials can be

distributed. This will need to be subject to appropriate consent procedures being in place.

PPGs can work with practices to ensure smooth implementation of innovations such as internet booking or touch screen check-ins and can help practices to understand any disbenefits from such innovations.

PPGs can help by promoting good news and sharing what is working well. They can help the practice to understand what a “personalised” service looks like from the patient perspective and how to work with different groups of patients

Good ‘intelligent’ telephone systems are essential (and should not transfer costs to patients) to meet the needs of the patient population and have to be supported by high quality, well-trained reception staff who can sensitively secure the information that they require in order to signpost effectively. There is a role nationally to advise on effective systems and possibly to help secure economies of scale in the procurement processes.

Continuity of care needs to be available and can be delivered in ways other than face to face consultations.

DNAs have to be tackled and SMS reminders may be part of the solution.

Open access is popular and each practice needs to work with its patients to get the right balance between sit and wait, same day bookable and forward bookable appointments.

Practices need to be well run and well organised and the practice manager has a vital role to play.

Mechanisms to promote responsiveness

Patient Participation Groups have tremendous potential to drive more responsive practices but they need to digest and understand the national as well as the local context and priorities. Practices need to be willing to engage and to listen, to commit and to respond.

Both parties need to work in a climate of mutual trust and to be clear about their mutual expectations. PPGs need to be able to challenge,

to play the role of critical friend, without fear of being alienated as a result. Practices need to recognise, and make use of, the expertise of patients.

PPGs should be involved in key areas of the practice, such as the business planning, commissioning processes and the communication and public engagement strategies of the provider. This will require support and greater training and local support for PPG members.

PPGs need to be seen as legitimate and able to speak for the wider patient body. This requires engagement with other community groups, links to schools, awareness of key local strategies, talking to patients in the waiting room, and good communication through regular newsletters and other means.

PPGs need to exploit opportunities to learn from other patients, such as flu clinics, health promotion events, bespoke surveys in addition to those carried out nationally.

Ideally PPGs need their own space within the practice and this should be designed into new builds wherever possible. In any case, PPGs need some resources to deliver their objectives. This can come from many sources and PCTs should be challenged to provide funds for PPGs.

Practices need to be properly incentivised to have an **effective** PPG and all professional bodies (not just GPs) need to understand the value of patient participation and how it can be secured.

Greater responsiveness needs to be an essential element in provider accreditation and the revalidation of doctors. Attendance at PPG meetings could be part of GPs' and professionals within the practice continuing development requirements and more lay involvement in GP training and assessment of providers would embed better working practices.

Practice managers also need to be supported to develop the skills to communicate more effectively and to work in partnership with PPGs.

N.A.P.P. can help by sharing good models (consider reinstating the forum on our website) and by promoting good quality care, encouraging PPGs to move beyond amenity and into key areas such as

the management of long-term conditions, mental health, out of hours care, end of life care, improved access and so on.

N.A.P.P. can also help by allaying fears and developing local volunteers (on a pyramid selling model) so that PPGs and practices do not feel that they are working in isolation.

Primary Care Trusts need to understand PPGs and the Department of Health should get behind the model so that greater responsiveness and better access are an enduring legacy of the current programme. World Class Commissioning can help here.

Graham Box, 9th September 2008