

Developing general practice, listening to patients

Patient, GP and stakeholder consultation

You can find this consultation document on our website www.bma.org.uk

Please send your comments by Friday 1 May 2009 by email to info.listeningtopatients@bma.org.uk

or by post to

Listening to Patients
General Practitioners Committee
British Medical Association
BMA House
Tavistock Square
London
WC1H 9JP

If you provide examples please remember to state whether you would be happy to see them published and whether or not you wish your practice to remain anonymous.

Foreword

UK general practice is extremely valued by patients. GPs provide high-quality, cost-effective clinical care to a registered list of patients. The continuity of these doctor-patient relationships delivers coordinated care to patients with diverse and often complex health problems.

GPs aim to respond to the needs and wishes of their patients to provide high quality general practice fit for the twenty-first century. Most GPs serve their patients well and most practices work hard to provide a quality service.

Given infinite resources, all practices could find ways of improving the service they provide. However where new funding is constrained it is up to GPs to explain to their patients the services they provide, assess with them the feasibility of making changes and respond to their expectations wherever possible. Many simple changes can be made without any financial implications which may improve patient satisfaction in the services they receive. Where it is not possible to make changes it is important that the reasons for this are explained to patients.

As a profession we have a duty to respond to patient need, establish what patients really want and work with the government to ensure that GPs are able to provide the highest quality service possible. Many practices already regularly ask their patients or patient representatives what they would like to see improved in the surgery using patient participation groups, suggestion boxes or ad hoc discussions with patients. Most constantly improve their surgeries to respond to patient expectations. The implementation of improvements based on patient feedback is becoming increasingly important as governments place greater emphasis on patient choice and introduce more competition into the healthcare economy.

I would urge practices to get involved in this consultation and look forward to receiving your feedback.



Laurence Buckman
Chairman, General Practitioners Committee
British Medical Association

The consultation

The General Practitioners Committee (GPC) of the British Medical Association (BMA) wants to learn more about the way in which practices respond to patient expectations at a local level and what barriers practices encounter that prevent them making appropriate changes. We hope that this will ultimately help inform our discussions with the UK governments. Throughout April 2009 we will be consulting as many national patient groups as possible about their expectations of general practice and asking GPs for examples of how they have improved patient services in their own practices. Most importantly we will be encouraging GPs to engage with their own patients to find out what patients value or would like to see improved in their practices.

At the end of this consultation process the GPC will gather comments and case studies to help shape future GP services and disseminate examples of innovative practice across the profession. The aim is to bring everything together into a publication '*Developing General Practice, Listening to Patients*'. We hope that patients and practices will benefit from this consultation process, ensuring that NHS general practice remains as responsive to patients as possible.

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For more information on patient participation groups in primary care see www.bma.org.uk/patients_public/ppgintro.jsp

We would like to invite practices to share with us their experiences of improving patient services.

We hope to be able to collect some of these examples to give other practices ideas for making improvements. We are interested in any examples from recent years, not just from changes arising from this consultation process.

For example:

- Have you made any changes to improve your accessibility or appointment system and how easy did you find it to make these changes?
- Have you made any improvements to your telephone system? If so, what did you do and how did it help?
- Do you offer telephone consultations with the GP? If so, what are the benefits and drawbacks of doing so?
- What are your experiences with using technology to improve patient services? What barriers limit the greater use of technology in the practice?
- Do you allow appointments to be booked online? If so, what are the benefits and drawbacks of doing so?
- Do you allow patients to order repeat prescriptions online? If so, what are the benefits and drawbacks of doing so?
- How do you find out the views of patients within your practice? If you have a patient participation group how was this established and how useful has it been?
- What do you find works well for providing patients with up-to-date information?
- What training do you offer your reception staff and practice managers? Do you have protected time or identified resources to support this?

We would encourage as many practices as possible to find out their patients' views of the services offered by the practice.

Many practices will already know a lot about their patients' views from their own research. Recent government surveys also offer a limited insight into what patients think. There are several tried and tested ways to engage with patients including suggestion boxes, patient participation groups¹, ad hoc patient meetings and questionnaires. In face-to-face consultation with patients, discussion about the practice's services can be initiated by practice managers, nurses, GPs or other staff.

Practices might want to ask their patients questions such as:

- How easy did you find it to join this practice?
- How easy is it to contact the surgery during the day time?
- What works well with the surgery's appointment system and what could be improved?
- How easy do you find it to get in and around your surgery during working hours? What, if anything, could be done to improve access?
- What are the top three improvements that the practice could make to its waiting room?
- How useful do you find the practice leaflet, what could be improved?
- Do the practice staff make you feel welcome? What could they do to improve?
- Do you feel you are able to influence the practice and know how to go about this?
- Overall, what is good about this practice?
- Overall, what most needs to be improved in this practice?

Practices are encouraged to frame patient consultation around locally relevant issues. Patients themselves may want to devise an agenda for discussion within the practice.

Once practices have consulted their patients we would encourage them to reflect on which aspects of their service they could improve and what, if anything, prevents them from making these improvements. In addition to asking patients their opinions, practices might find it helpful to ask members of staff to role-play a new patient's experience or invite a GP or practice manager from a neighbouring practice to do so and to reflect on their experience. This can prove a rich source of information on what could be improved to benefit patients.

We would be interested to receive feedback from any discussions you have with your patients as a result of this consultation. Above all, we would be interested to know:

- a) details of any changes you have made to services that patients have appreciated
- b) what changes you think you might realistically be able to make following these discussions
- c) what you see as the main barriers to making any other changes identified