

### **Penistone Group Practice**

#### **Patient Reference Group Survey 2013/14**

#### **An assessment of the continuity of care delivered by Penistone Group Practice**

##### **Introduction**

Continuity of care has been considered pivotal to patient care within primary care settings. Changes in the structure of the work force of general practice and the fragmentation of care have placed strains on the ability of general practice surgeries to deliver personal care by a preferred doctor. The Kings Fund recently published a research paper “Continuity of care and the patient experience”. This highlighted the ongoing importance that patients and doctors place in the concept of continuity. The RCGP (Royal College of General Practice) published a policy paper in 2011 highlighting the issue.

##### **Choice of survey**

These recent papers prompted a discussion within the practice and the allocation of a lead in continuity to highlight and investigate the area.

The GP survey reported that only 45% of patients are able to see or speak to the doctor of their choice almost, or a lot of the time.

The patient survey was discussed with the patient reference group. The PRG also discussed and reported similar issues around continuity. For some continuity was important most of the time, and they wanted to see their preferred GP as often as possible. For others continuity for long term and ongoing health problems was important, but if they had an emergency or sudden illness they would see which ever doctor was available.

A presentation on continuity of care was discussed

It was decided by the PRG and Penistone Group Practice that an investigation and survey into continuity of care should be undertaken as this year’s patient survey and feedback.

##### **The survey**

An eight question survey was produced and reviewed by the patient reference group. A total of 191 patients at all sites completed the survey and the results were collated.

## **Results**

**1. Do you have a doctor you would prefer to see? (circle one)**

- **Yes - 61%**
- **No – 39%**

**2. How important to you is it that you see your preferred GP (circle one)**

- **Very important – 25%**
- **Fairly Important – 37%**
- **You don't really mind -38%**

**3. How often do you speak to or see the GP you prefer? (circle one)**

- **Almost or always -14%**
- **A lot of the time -18%**
- **Some of the time -37%**
- **Never or almost never -10%**
- **It doesn't matter to me -21%**

**4. What is the most important aspect of seeing the GP you prefer? (circle one)**

- **They know me as a person -39%**
- **They know all about my health -54%**
- **They coordinate my care with the hospital and other agencies -7%**

**5. When do you like to see your preferred GP? (circle as many as apply)**

- **All of the time -16%**
- **For some aspects of my health (but I see other doctors/nurses for other things) - 36%**
- **For health problems I've had a long time -18%**
- **For emotional problems or similar concerns -9%**
- **It doesn't matter to me -21%**

**6. If you cannot see the GP you prefer what do you do? (circle one)**

- **Book the next available and suitable appointment with them -25%**
- **Phone another time -3%**
- **Book with another doctor -49%**
- **Try and leave them a message -2%**
- **I don't have a preferred GP-20%**

**7. What other methods would you consider useful when communicating with your preferred GP (circle as many as apply)**

- **A telephone appointment that I made - 20%**
- **A call from the GP - 23%**
- **A letter from the GP - 4%**
- **An e-mail from the GP -10%**
- **I would prefer to see them face to face - 28%**
- **I don't have a preferred GP - 15%**

**Summary**

Most patients have a preferred GP, and when possible would like to be able to make an appointment to see them. However, only 32% of patients saw their preferred GP almost, or a lot of the time. Patients felt that the most important aspect of having a preferred doctor was that they knew about their health (54%). However knowing them as a person was also considered important (39%). Only 16% of patients wanted to see their preferred GP all of the time. Many saw other doctors or nurses for other issues. 25% of patients would wait for the next available appointment with their preferred GP. Only 3% phoned later, but most (49%) would book with another GP. Very few tried to leave any form of message for their preferred doctor. 43% of patients would consider a phone call, either doctor or patient initiated. 28% of patients preferred to see their doctor of choice face to face.

The age of the patient, or the presence of a long term condition such as diabetes or heart diseases did not seem to influence whether the patient had a preferred doctor.

**Initial thoughts and possible actions**

- The practice has been undergoing a system of re-organisation to develop and maintain better organisational continuity within the chronic disease areas. This will free up doctors from performing routine review work and enable more appointments with clinicians to diagnose and manage patients through an illness.
- The practice needs to look at methods of increasing telephone access to preferred doctors.
- The doctors within the practice need to take the lead on developing and maintaining continue when important.