

Telephone Mystery Shopping Project 30 September 2016
GP Practices Across Gateshead

Exploring the knowledge of front line staff regarding
“meaningful patient engagement”

1. Background:

A team of five Healthwatch Gateshead volunteers were supported by staff to undertake this activity. The purpose of the exercise linked directly to an Enter and View visit carried out at Teams Medical Practice in March and the Healthwatch Gateshead GP Access Report December 2015. This mystery shopping project was undertaken so that Healthwatch Gateshead could develop further insights about how other GP practices prioritise meaningful patient engagement and how they go about it. It is an opportunity to identify good practice and also areas where improvements could be made.

We attempted to contact 32 GP Practices and we spoke to staff at 29 of them. We rang between 11am and 1pm to ensure we avoided the Practices busy early mornings.

2. Drivers for the Project:

- HWG conducted an Enter and View visit to Teams Medical Practice in March 2016 to identify and share good practice examples of meaningful patient engagement. This was shared widely via appropriate channels including CCG representatives.
- The HWG GP Access and Out of Hours Provision Survey 2015 showed a general lack of awareness about patients' forums across the Borough. 103 patients out of 123 asked did not know about their GP patient's forum.

3. Methodology:

A pre-project briefing ensured all volunteers understood their role and how to approach the project. Each volunteer used the same specific scenario when contacting the GP surgery and asked the same questions. They asked specific questions about patient engagement and how they could be involved with the Practice. Volunteers prompted staff where necessary in order to obtain relevant information. Capture sheets were used to record information consistently. A de-brief took place immediately after the “Mystery shops” to identify key themes and possible recommendations.

4. Scenario:

- a) Volunteers acted as a potential new patient who wanted to know how they get more information about what’s going on in the GP practice.
- b) They recorded number of attempts to connect to the Practice and how many rings before their call was answered.
- c) They asked about how to register, how to book appointments and what opportunities there are to get more involved in the GP practice.
- d) They asked how to get information from the Practice to keep up to date.
- e) They asked if there were any local groups or activities they could get involved in.
- f) They recorded if they were asked about additional support needs.

5. Findings:

5.1 Making Contact

We spoke to staff at 29 Practices, out of those:

- a) 22 (76%) answered at the first attempt. The maximum number of attempts for any Practice was four.
- b) 19 (66%) had an automated service.
- c) 13 (45%) answered within one ring, 11 of these connected to an automated system.
- d) Of the 16 Practices who didn’t answer within one ring, the greatest number of rings before an answer (either manually or automated) was 12.

- e) Length of calls, including waiting times, varied between 4 minutes and 15 minutes.
- f) The average length of a call including waiting times was 7 minutes.

5.2 Registering

- a) 17 (59%) of staff we spoke to explained the registration process.
- b) 1 Practice offered the opportunity to register online, all others advised that we needed to come into the surgery in person.
- c) 1 advised that it would be best to come in at a quiet time to register as they couldn't do a registration when it was busy.

5.3 Making Appointments

- a) 22 (76%) of Practices told us how to make appointments.
- b) 12 (41%) of the Practices advised us that they offered online appointments. One told us it was better to ring.
- c) 16 (55%) Practices advised us we could telephone for appointments.
- d) 6 (21%) Practices said we could make appointments in person.
- e) Of the Practices that told us about making appointments in person or by telephone, we were largely advised to make contact first thing in the morning if we needed an appointment.
- f) We were advised in the main that emergency / same day appointments were available and that we could also pre-book up to 6 weeks in advance.
- g) Information about waiting times for other appointments was somewhat vague and as one person said "it depends".

5.4 Opening Times

- a) 15 (52%) of Practices told us they operated standard opening hours, that is between 8 or 9am and 5 or 6pm.
- b) Of the rest:
- c) 1 was closed for a half day once a week.
- d) 1 had no GP for one afternoon a week.
- e) 2 offered Saturday morning appointments.
- f) 1 offered late appointments until 7.30pm four times per week and another three times per week.

The remainder offered one or two late appointments (7 or 7.30pm) and 3 offered one or two early appointments from 7.00am.

5.5 Getting Involved

- a) 5 (17%) told us about the Practice Health Champions. Of these, information about how to get involved was varied. One told us they had forms in the surgery to complete, one advised we needed to register and it would be discussed then and one put us through to a named person who gave us a lot of information about how to get involved and what was going on. The other two offered little information about how to become a Health Champion.
- b) 11 (38%) told us about a Patient's Forum or Group (2 are virtual online forums). Information about how to get involved was mixed. One surgery said we needed to speak to a named person, but did not tell us how to make contact. Another said we needed to speak to the Practice Manager and to come in to the surgery to do that. Others told us we could sign up at the registration stage. Another said we would meet a named person to tell us all about it when we registered. Two put us through to a named person and one to the Practice Manager. A number of the other Practices advised that they didn't know much about how to get involved and reasons for this included the Reception Manager being on holiday, the Practice Manager not being there and another said they didn't have a manager at present.
- c) 13 (45%) told us they did not have a mechanism for patient involvement and engagement.
- d) 1 Practice mentioned they had Patients Champions but little further information was offered about this.

5.6 Getting Information

- a) Website:
 - i. 25 (86%) told us about the Practice website with many citing this as the main source of information.
 - ii. 6 (21%) told us the website address.
 - iii. 3 (10%) told us to Google the Practice to get it.
- b) 1 Practice told us they had a newsletter

- c) 2 Practices told us about the Practice booklet or brochure
- d) 11 Practices told us that there were posters and leaflets in the surgery where we could get information.
- e) 2 Practices told us about their Facebook page and 1 told us the address.
- f) 3 told us about a registration pack that had lots of information for new patients.
- g) 2 said we could get information from Health Champions.
- h) 1 referenced the Patient Group and 1 the online Patient Group.

5.7 Signposting to local activities and groups:

We advised staff that we had no friends or family nearby and asked if there were any local groups or activities we could get involved in.

- a) 7 (24%) Practices told us they did not know of any.
- b) 3 (10%) referenced the “Our Gateshead” website as a potential source of information.
- c) 2 suggested we look online or Googled “community projects”.
- d) 2 suggested contacting the Health Champions. 1 gave information about how to do this, the other did not.
- e) 1 member of staff gave us a lot of information about local groups and activities.
- f) 1 said we could speak to a Practice Navigator as they were in most days.
- g) 1 said we could speak to a Care Navigator once we registered.
- h) 1 suggested speaking to the Practice Manager but that they weren’t in.
- i) 5 referenced leaflets and notice boards in the surgery.
- j) Other staff mentioned libraries (x2), local community centres (x4), a Jewish community Patient Group (x1), Civic Centre (x1), local church (x1), carers

groups (x1), Practice website (x2) and Health Care Assistant (x1) as possible sources of information.

5.8 Additional Support Requirements:

No member of staff we spoke to asked our volunteers if they had additional support needs.

5.9 Volunteer Experience:

In the main, our volunteers reported that staff they spoke to were pleasant and polite and reported that:

- a) 14 (48%) of the Practices they spoke to were able to provide them with adequate information (though some needed prompting) in response to their questions. Where they did not know an answer some staff transferred to another member of staff where possible.
- b) 2 of these Practices said that they hoped our volunteers would register with the Practice. Volunteers report that this made them feel valued.
- c) 9 (31%) of the Practices were helpful, friendly and polite but had limited knowledge or did not get answers to their questions, even when prompted.
- d) 4 (14%) of the Practices could not offer adequate responses to questions and had little or no relevant knowledge. Volunteers reported that they did not find staff attitudes welcoming or helpful and reported that this would have put them off registering with these Practices.

6. Recommendations

Based on the experience of our volunteers and the information gathered by them, we have identified some low cost / no cost measures that could enhance the patient experience at the first point of contact and encourage patients to register with and become more involved in their Practice.

Putting these measures in place would have the added value of enabling front line staff to showcase the Practice when a prospective new patient makes contact thus increasing the likelihood of securing new patient registration.

1. All staff within a Practice should know the Practice website address and promote it. 25 (86%) of the Practices we spoke to referred to this as the main source of information, yet only 6 (21%) told us the website address while 3 (10%) suggested we Google the Practice.
2. All staff should understand and be able to articulate how a patient can get involved with, and get information from the Practice. They should be clear what mechanisms exist for patient participation and who the patient needs to speak to. In order to support increased patient participation, it would be useful for Practice staff to be proactive when a patient expresses an interest in becoming more involved.

Rather than putting the onus on the patient to make contact with Health Champions, Practice Manager, Care Navigator etc, it would be helpful if staff passed on details to the appropriate staff member and asked them to make contact with the patient. This would prevent missed opportunities for patient engagement.

On the relatively small number of occasions our volunteers were put through to the appropriate member of staff, they received relevant information in an enthusiastic and helpful manner. Volunteers reported that as a new or existing patient, having this conversation made them feel valued and would

increase the likelihood of them registering and / or getting more involved in these Practices as opposed to others.

3. It would be useful for all staff to have a clear understanding of where patients should be signposted to should they ask about what Practice activities, local activities and groups are available to them.
4. The extent of use of Social Media as an engagement, information and communication tool is not known, it only referenced by two Practices may point to a lack of awareness of staff or that 27 Practices we spoke to do not use Social Media.

If the former is the case, then staff training would address this issue. If however, the majority of Practices do not use this as a communication medium then this could be something they consider introducing as an additional way of engaging patients in the Practice.

5. A small number of Practices referenced a registration pack, booklet or brochure that was available to new and existing patients. It would be helpful if all Practices produced a concise 'prospectus' of their services which included how patients can get more involved in the Practice, and made it widely available online, by email and as a hard copy. This would ensure that all new and existing patients received consistent and relevant information about the Practice at the first point of contact.
6. There may be an opportunity for some standardised training across all Practices for front line staff, to improve understanding of the benefits of patient engagement and social prescribing both to the Practice and to the individual patient.