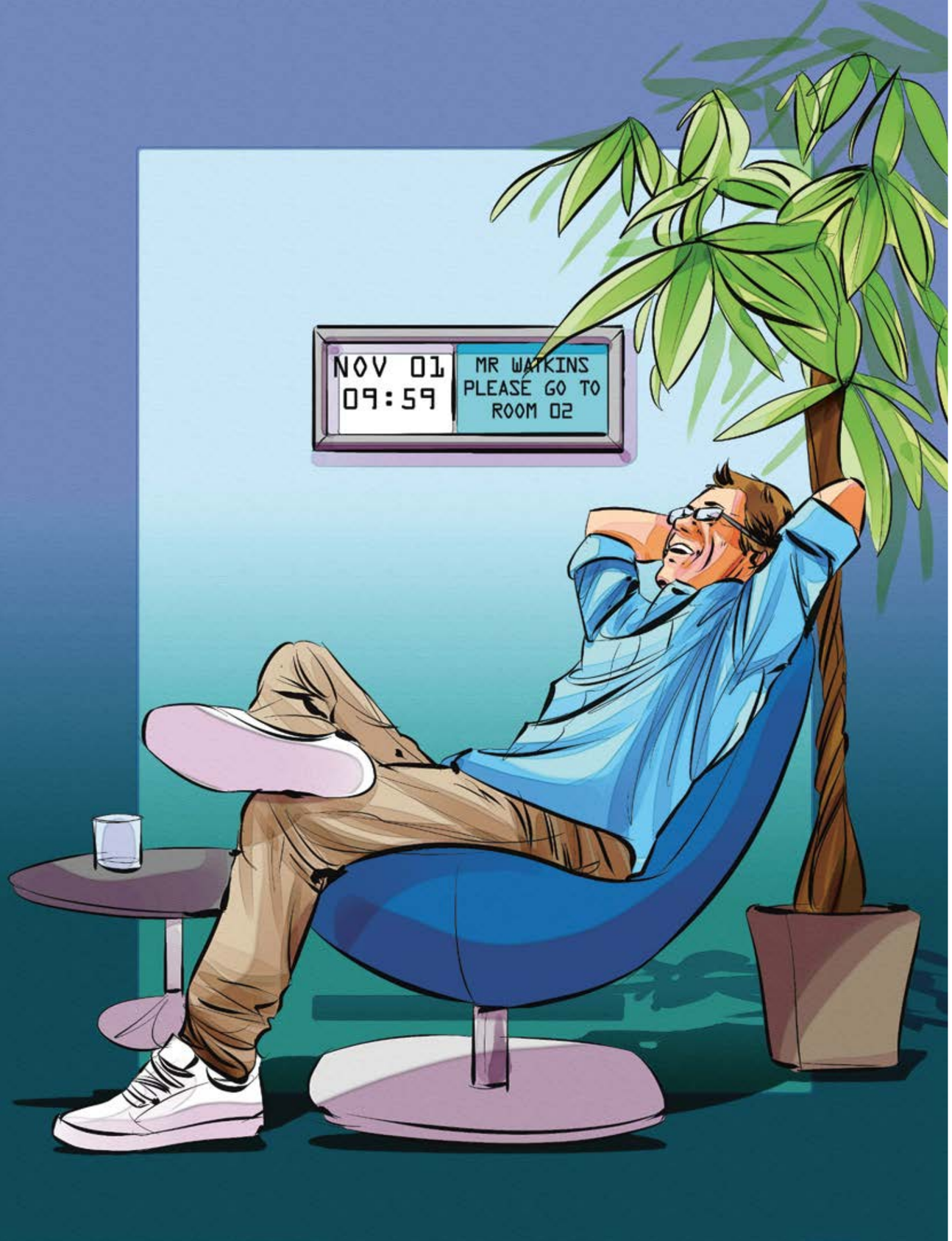


Words: Amanda Pauley
Illustration: Angus Cameron

Transforming the doctor's surgery

How one practice is using the principles of quality management to improve its service

Anyone who has sat for extended periods of time in a doctor's waiting room knows there is scope for improvement in the NHS. But with GP shortages and never-ending news stories about NHS budget crises, is it possible for practices to improve patient satisfaction and service performance without a cash injection?

St Wulfstan Surgery, a five-star practice based in Warwickshire, has achieved just that. Taking heed from quality guru Dr W Edwards Deming's teachings, the surgery has captured customer feedback and used quality management principles to make some major changes to the way its works. It has removed waste from its processes – the root cause of unnecessary delays – and delivered a quality service that puts the patient first, with less than three patients in its waiting room at any given time.

But this change has required an incredible amount of discipline from the practitioners, as well as invaluable feedback from the patients. *QW* talks to the two men at St Wulfstan Surgery embedding quality at every level – Tim Coker, Senior GP Partner, and Nigel Rock, MCQI CQP, quality professional and Chairman of the Patient Participation Group.

How can quality management improve the NHS?
Nigel Rock (NR): For some reason patients using the health service are treated differently to customers using any other service, and this is wrong. But what is being said in the news is right. Yes there is a GP shortage, but we can and should be optimising what can be done with available resources – looking at everything that goes into the delivery of service for customers and stakeholders and improving it.

Which quality principles can help surgeries deliver an efficient service?
NR: The patient experience should be at the heart of everything and any delay is an inefficiency – ie delays in making

> A lot of what we do alludes to the quality management principle *Muda* – redesigning the way we work to eliminate waste from our processes"

appointments, in being seen, in getting patients out. You have to try and reduce delays in all parts of the service, but waiting times and the convenience of the patient is sometimes overlooked in the provision of services.

Tim Coker (TC): Intelligence-led policing, where staff can step back and say 'this particular operation isn't working', is more successful than having a lot of auditing 'policemen' walking around. You also need to know how your service is affecting people's experience and data collection can help with this.

> The patient experience should be at the heart of everything"

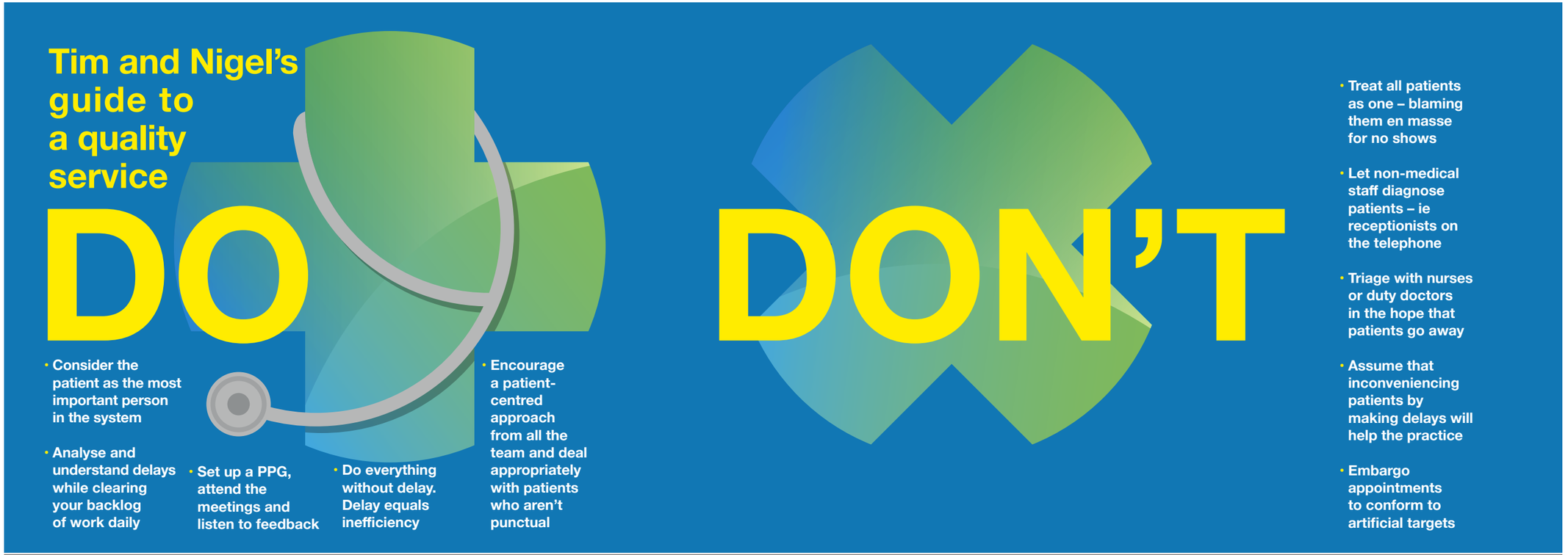
Left: Nigel Rock, MCQI CQP, Chairman of the Patient Participation Group
Right: Tim Coker, Senior GP Partner

> We know that some practices have been reluctantly dragged into this idea of having a Patient Participation Group.... but they're missing a huge opportunity"

Introducing delays is seen by some practices as a tool for managing demand. Why do you think this process is flawed?
NR: Some surgeries use particular mechanisms to manage demand and one is deterring people from seeing their regular GP – with the receptionist telling the patient to see the duty doctor instead because they are busy. Other practices might try to deter appointments in the hope that patients might get better in the next few days, easing the pressure off the GP and the surgery. However, this is of dubious success and, as a result, some patients will go to A&E instead – one of the factors overloading this service.

TC: Systems such as triaging (sorting injured people into groups based on their need) and embargoing (where patients can't book appointments until the morning) cause more havoc than good. Most practices will tell you that 8am to 8.30am is a nightmare time because people are queuing on the phones, trying to get through to book an appointment for that day. Within 15 minutes all the appointments are gone. Every call after that – a new event in the process – takes five minutes of the receptionist persuading the patient to ring back in the morning and try again. So, you've got unhappy patients and highly stressed receptionists, which equals more steps and waste in the process.

The 'did not attend' phenomenon is also plaguing surgeries. Why is this an increasing problem?
TC: The 'did not attend' phenomenon – where patients fail to turn up for booked appointments – is a problem. If you are forced to book an appointment three weeks in advance, then the chances of you missing it are much greater. Those who don't turn up have usually got



better or will have forgotten they booked and end up rebooking the appointment. But if you're putting time aside to see somebody and they don't turn up it takes up crucial time, putting a delay in the process.

At St Wulfstan we are very firm with our patients, contacting them directly to explain why it's important to keep appointments. However, 'failure to attend' is a rare occurrence for us (only 1.5% of appointments) because our patients are able to book appointments online to suit them – for any day and any time. We've been running this practice for 15 years and we've only removed four people for missing appointments (we run a four-strike 'failure to attend' rule).

NR: Many practices have glaring signs on the wall telling you that 'X' many patients have missed appointments, but this approach doesn't work. Firstly, you're preaching to the converted because the ones who see the sign are the ones who have turned up. Secondly, if you give the impression that missed appointments are common, then patients will think it's all right to miss theirs because hundreds of people do it. At St Wulfstan we use a different tactic, concentrating on how many people don't miss appointments, so patients think 'oh, I better not do that'.

How have you improved the quality of service at St Wulfstan?

NR: A lot of what we do alludes to the quality management principle *Muda* (a Japanese term meaning 'waste') – redesigning working practices to eliminate waste from processes. For example, if somebody rings up to see a GP and the practice can fulfil that request immediately, that's quality – getting it right first time. If not, it's just adding more process steps, time and cost. Having lots of free appointments at the beginning and the end of the morning has really helped this and that's because the surgery decided against triaging and embargoing.

Continuity is another big thing. To a patient, continuity means seeing someone in a small team who knows them, but it doesn't have to mean seeing the same person each time. If a patient's GP isn't available, then we make sure they still see someone who knows them. For mothers with young babies and the elderly it's increasingly important because they want to see the person who knows their medical history.

Punctuality is important. The doctors run to time because it has an impact on the whole surgery – patients are expecting to come in and be seen promptly and we have to deliver on that. We send out quarterly newsletters to keep people informed about the surgery and how we're feeding patient suggestions into our processes.

TC: Research suggests the optimal size for a practice, in terms of patient satisfaction, service efficiency and quality of service is a unit of around 4,000 patients, and three or four doctors with attached staff, and that is our surgery size.

We don't agree with trying to 'block' people coming to see whom they want to see as that has a number of consequences. Firstly, it's very difficult to identify good access by looking at embargoed data because it doesn't give a clear picture of how easy it is to get an appointment. Secondly, it denies access to the service they want.

Of course it's good to give people continuous sources of information so they know what other services are available at the surgery, but the patient should have access to their GP.

Also, because we work in a smaller unit, every doctor at St Wulfstan is involved in the management of the practice – we don't believe in abdicating responsibility. We have quarterly practice meetings and this is where partnership is working. We also make changes to the way we work to meet demand.

For example, our recorded data has told us that every Monday and the day after a bank holiday are always exceptionally busy, so we have more doctors available then.

How else do you use data to improve your patient satisfaction rate?

NR: Punctuality is key for us in evidencing that patients at our surgery are able to get appointments. In general, 30% of our patients order their prescriptions online and, on average, 95% of patients are seen by a doctor within 15 minutes of their appointment time. However, interpreting our data in the wider sense is difficult. Our computer system is limited in letting us know how we benchmark compared to other surgeries because they are either using embargoing or triaging techniques.

How does the Patient Participation Group (PPG) feed into your processes?

TC: Our PPG contributes to the high-quality service we operate by giving us that vital patient perspective, which we put to good use. For example, letters for frequent defaulters are written by the group, in terms the patient understands, because this was considered the better approach. However, a lot of surgery patient groups are formed under sufferance and unless you've got real buy-in from the practice, it's just a talking shop with no benefit.

NR: The PPG is a tremendous tool for continuous improvement because it's providing us with regular feedback. If you know what's going wrong and what's going right then you can use that information to improve. Together we look at satisfaction, levels of access, cost efficiencies and referral rates to see what's happening and then make changes accordingly.

What advice would you give to other surgeries?

NR: We know that some practices have been reluctantly dragged into this idea of having a PPG, with most just seeing it as tick-box exercise, but they're missing a huge opportunity. You need to engage with patients as a whole, find out what their experience is and try to improve the service using their suggestions. St Wulfstan isn't perfect – things go wrong sometimes – but we're always looking for that continuous improvement process and that has helped us achieve a quality service.

Learn it

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