

Patient surveys: March deadline looms

With just over two months to go before contractors in England will need to have completed their first annual patient satisfaction surveys,

Dawn Connelly looks at the experiences of contractors who have finished their surveys and urges others to get started

Diverse opinions exist on patient surveys — some say they are motivating and useful but others have found them to be of little benefit.

Nevertheless, as part of the clinical governance essential service under the community pharmacy contract, all contractors in England must have completed their first annual survey by 31 March. This requirement is not yet enforceable in Wales and there is currently no obligation for contractors in Scotland to conduct an annual survey.

A national template for the community pharmacy patient questionnaire was agreed last year by the Pharmaceutical Services Negotiating Committee and the Department of Health (*PJ*, 31 March 2007, p355).

Some contractors have found the experience to be a positive one. Graham Phillips, an independent community pharmacist who owns six pharmacies in Hertfordshire, had already conducted one patient satisfaction survey before the national template was introduced.

“There are two or three things about the new contract that are fantastic and the patient satisfaction survey is one of them. It is a chance to find out exactly what patients and customers think of the services you provide and what developments they would like to see,” he enthuses. He adds: “This is a real opportunity to show primary care trusts — which are not commissioning services from pharmacies — how satisfied our customers are with the services they receive.”

James Wood, director of Associated Chemists (Wicker), also found the experience useful. “We did the survey in three stages: our walk-in customers; our drug treatment centre customers; and our housebound patients,” he says. He explains that it was particularly useful to get feedback from the housebound patients with whom he does not usually come into contact. “We discovered that they would like more pharmacist input so we are considering conducting medicines use reviews by telephone.”

Box-ticking

However others are not yet convinced of the value of the surveys and see them as merely a box-ticking exercise. “In my opinion, the whole exercise simply told me what I already knew,” explains Graham Thomas, an independent community pharmacist in Scarborough, North Yorkshire.

Overall, his pharmacy attained a 92 per cent customer satisfaction score. “Our seating area and carpet let us down. These are things that were already on my to-do list but it was interesting to see that the customers picked up on them.”



Feedback from patients was overwhelmingly positive

Mr Thomas concedes that he could use the surveys to gauge demand for future provision of services, but he is not sure how valid the results would be. He explains that, as a sole trader, he cannot compete with a 100-hour pharmacy on opening hours and so cannot always deliver to everybody who asks. “I don’t think it is strictly true that you give patients what they want. You convince them that what you have to offer is what they want,” he says.

However, Mr Thomas admits that it is good not to be complacent and says he found the survey results reassuring. “It was encouraging that my staff scored 99 per cent across the board,” he says.

The survey

Mr Phillips believes that it is important to personalise the standard survey template in order to make the most of it. This year, he added questions on brand recognition and next year he plans to try to find a way of obtaining more views on what his pharmacies should be looking to offer patients in the future.

Mr Phillips chose to offer incentives to his staff to improve patient recruitment. “They received £100 if they recruited 100 patients within the allotted timeframe,” he explains.

For Mr Thomas, patient recruitment was slow to start but quickly picked up with counter staff managing to collect 100 questionnaires in 10 days.

With regard to analysing the survey results, Mr Thomas decided to outsource this due to lack of time. “The analysis came back in a well prepared booklet. It suggested areas to discuss with your staff and gave advice on developing an action plan based on the results,” he explains. The whole process was complete within two months.

In Hertfordshire, the local pharmaceutical committee offered a complete survey package for contractors. Over 130 took up the service and, in conjunction with the school of pharmacy at King’s College London, the LPC is

now carrying out an in-depth analysis of the results to obtain benchmarks with which contractors can compare their pharmacies.

LPC executive officer Karen Rosenbloom believes that other LPCs should think about the value of collating survey data and should work with academia to get the most from it. “We need to know how to use the survey results to inform continuing professional development and future practice. Otherwise there is no point in doing the surveys,” she says.

Collating the results has armed Dr Rosenbloom with powerful evidence to promote pharmacy’s role within the local health community. “I can now stand up at meetings with practice-based commissioners and say that patients are satisfied with the services they receive from local pharmacies, and I have over 10,000 questionnaires to prove it.”

However, Dr Rosenbloom argues that the template questionnaire should be reviewed. Although she is pleased that the survey results for contractors in Hertfordshire were overwhelmingly positive, Dr Rosenbloom asks: “Do patients know what they are happy about? Are we asking the right questions?”

She suggests that subtle changes to the standard questions could elicit more valuable information. “For example, the questionnaire asks whether a patient had to wait for their prescription to be dispensed. It would be more useful to know how long they waited and how long they would be prepared to wait.”

Timing

Gianpiero Celino, director of Webstar Health, which provides a patient survey support service, says that his perception is that pharmacists are not engaging actively in the process of running the survey in their pharmacies. “There is no point in standing there and waiting for patients to pick up a form, fill it in and give it back to you. Contractors need to think about how they are going to get people to take part and plan appropriately.”

He adds: “The picture that we are getting is that those who actually have the results in their hands are in a small minority.”

Time is running out and pharmacists are starting to feel the pressure, he says. “I think they are underestimating how long it will take. An organised and motivated contractor could expect to recruit sufficient patients in three weeks. But recruitment can drag on for a long time.” Analysis of results can take a further two to four weeks.

So, if contractors are yet to tackle this essential service they should get started as soon as possible in order to meet the looming March deadline.