

Why not have a suggestions box in the surgery?

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THE Department of Health and Social Security has suggested that general practitioners should invite suggestions and complaints from their patients and install a suggestions box in their surgery, and we thought: why not?

We observed three principles: first that patients should be able to write what they wished knowing that their comments would remain anonymous; secondly, that the doctors as independent contractors should be satisfied that any analysis would be available solely to themselves and that confidentiality would be maintained; and thirdly, that the method should encourage constructive criticism.

A locked ballot box was placed in our waiting room from 1 December 1978 to 15 February 1979 with a notice prominently displayed asking for suggestions and comments, stating that anonymity would be observed and naming the Institute which would do the analysis and hold the key.

Our mixed urban and rural practice had 6,744 patients on 1 January 1979, and during the study period there were 3,535 consultations. Seventeen patients wrote comments, which are summarized in Table 1.

We have a partial appointment system, 'open' in the morning, 'by appointment' in the evening. Of four patients who wanted the introduction of morning appointments, three suggested changes which were either already in operation or were impractical. A fifth patient liked the 'open' morning surgery.

One patient could not hear the receptionist and suggested an intercom. The other patient made two comments critical of the receptionists.

One patient wanted continuity with one doctor. Apart from emergencies, this is possible. Another wanted reinstatement of Saturday surgeries. We see only patients with urgent problems on Saturday mornings, by appointment. A third patient liked the separate waiting room for children.

One patient wanted to see the doctor before receiving repeat prescriptions. One country patient disliked

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Table 1. Summary of comments.

Topic	Favourable comments	Unfavourable comments
Appointment system	1	4
Reception	0	3
Practice	1	2
Repeat prescriptions	0	2
Other	11	3
Totals	13	14

having to give 48 hours' notice in writing, and suggested telephone requests. Both these options are available, though patients are asked to give written notice when possible.

One patient wanted a nurse for minor ailments to save doctors' and patients' time. This we already provide, though our nurses do not make clinical decisions. One patient wrote that paper, towels, and soap were required in the lavatory. A similar verbal comment was made on the same day. One patient wanted more exciting and varied reading matter in the waiting room. Seven patients made 11 comments of praise, such as kindness, efficiency, courtesy, friendliness, excellent, and so on.

In conclusion, some comments showed a lack of knowledge of the workings of the surgery or of the logistics of running a modern general practice, even though an information card is made available. Though four patients were critical of our open morning surgery, it does act as a safety valve to the evening appointment system. A full appointment system might also have its critics.

We think that the inability to discuss complaints with individual patients made the exercise of limited value. This flaw could be overcome by altering the principles, but they might then be unacceptable either to patients or doctors.

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