

LINKWAY MEDICAL PRACTICE
PATIENT PARTICIPATION DIRECT ENHANCED SERVICE
END OF YEAR 3 REPORT

BACKGROUND

The Patient Participation Direct Enhanced Service is a DES which was previously effective from 1st April 2011 to 31st March 2013 and was extended to 31st March 2014.

The key objectives of the Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the Practice.

One aspect that the practice should focus on is excellent access into the Practice, and also from the Practice to other services in its role as co-ordinator of care, facilitating access to other health and social care providers.

1) Establishing the Patient Participation Group (PPG)

The Linkway Patient Participation Group has now been running for three years, it was formed in August 2011 and it held its first meeting on 12th October 2011. Our year 1 and 2 reports show the recruitment process, the identified priorities and progress to 31st March 2013. These can be found on the practice website www.linkwaymedicalpractice.co.uk and on NHS Choice.

2) Patient Survey

At the meeting on 19th September 2012 the members agreed to use the GPAQ Patient Survey V3, which included survey questions for the nurses, the format seemed to be styled on the format for the National Patient Survey. It had been circulated to all the PPG members and the group decided that this would be our preferred option.

At the PRG meeting on the 30th January 2013 the results of the 2013 survey were discussed and the following areas were highlighted.

The group felt that the results were good and that standards had stayed the same as previous year.

Discussion around opening times Q15 – 8% who said that the opening times were not convenient – of those, 22% said that they would prefer the practice to open before 8am.

The practice opened at Christmas time at 7am and 4 out of 12 patients did not attend. The group felt that the current opening hours and extended hours were good and correct at this time for the patients and that there was no need to change them.

The group was surprised that some patients are not aware that the practice offers extended opening times. These are now advertised on the building external doors as well as on the practice website, included in the Practice Leaflet/New Patient pack, on the Jayex and is also on the SystmOnline Appointment Booking site.

Discussion around Q8 and Q7. Only 3% have said they book on line but 20% of patients say they would prefer to book on line. Again leaflets are available in the waiting areas and this is included in the New Patient pack and on our websites. The more people that book on line the less pressure on the phone lines. A member said that she uses the internet booking site and encourages others to do so. It was decided that this should be included this in a Newsletter.

Discussion around Q 13 waiting for consultation to start. A member of the group asked what had happened to the message on the Jayex that informed the patients how long the Doctor was running behind. This function had disappeared when the practice changed the computer software in August.

The group felt that the patient survey reflected the quality of care that the practice gave to the patients and there was very positive feedback for the practice from the patient members of the group.

The survey would be published on the website and a summary would be available on a poster in the waiting areas. The survey was then used to set the group priorities for 2013-14 and the survey will be re-done in 2014-15.

2) PRG Targets for 2013-14

- Access – re-audit the impact of the additional receptionist to ease telephone access
- Patient information – general information leaflets in other languages to inform and encourage patients to use the practice services correctly
- Patient information – to encourage more PRG members and to keep other patients informed on the groups work – introduction of a Newsletter and a Noticeboard in the waiting area.
- Patient information – to look at a TV screen for health information
- Patient services – home visit re-audit

3) Process to date and targets for 2014-15.

- Access – re-audit the impact of the additional receptionist to ease telephone access

Work is still ongoing. The Practice has recently changed its telephone system and this is now based on the new receptionist rota. The new telephone system has software for us to monitor the telephone usage. Work to roll over to next year.

- Patient information - General information leaflets in other languages to inform and encourage patients to use the Practice services correctly.

Work is still ongoing. NHS leaflets are now available in different languages but translation work is required for leaflets designed by the practice. Work to roll over to next year.

- Patient information – To encourage more PRG members and to keep other patients informed on the groups work – introduction of a Newsletter and Notice board in waiting area

All agreed that this target has been met but work should continue on recruitment. A Notice board has been provided and pictures of the group members have been posted. One group member has volunteered to produce the minutes and the newsletter. Minutes are posted to the website. Doctors have been asked to be pro-active in asking patients to join the group.

- Patient information – look at TV screen with health information

New TV screen with health information has been introduced in the main waiting area. All agreed this target has been met

- Patient services – Home visit Audit - Although the first audit showed that patients were satisfied with the level of service offered by the practice, the group agreed that a re-audit would be done in 2014. Due to pressure of work at the practice the audit was delayed and the group agreed this could be rolled over to the following year.

Work to be rolled over to next year

New targets identified by the group for 2014-15 (additional to those rolling over)

- Consider setting up a patient led bereavement group or how to promote existing services to patients.
- PPG attendance where possible to other patient focus commissioning groups, particularly mental health and long term conditions. Some group members had already attended meetings on behalf of the practice, the group had also been involved with in the district nurse redesign.

Actions agreed as per attached minutes copies of which are posted on the practice website and NHS Choice website.

Linda Lloyd - Practice Manager PRG Member March 2015

Attachment 1

LINKWAY PPG MINUTES

DATE: 30TH January 2013

TIME: 1 – 2PM

LOCATION: Linkway Medical Practice

Meeting Number: 5

Note Taker: Linda Lloyd

Attendees: Linda Lloyd (LL) Dr Randhawa (BR) Ann Harrison (AH) Ken Harrison (KH) Robert Collins (RC) Vicky Walters (VW)

Apologies: MT

LL welcomed everyone to the meeting and introduced our new member Vicky. Reminded everyone to try to recruit more members, especially from the younger groups.

Agenda Item

1. Minutes of the previous meeting.

LL went through the minutes of the previous meeting.

Actions from the previous meeting:

- LL to meet at MT's workplace to view TV screen and link to intranet. LL apologised and said she had still not been able to do this.
- To re-audit the impact of additional receptionist on telephone access – rescheduled
- General information leaflets in other languages – LL said that we had worked hard and had managed to get NHS information leaflets in other languages – we were still working on the leaflets produced by the practice.
- Email last years patient survey to members to see if any alterations/suggestions required – done and results to be discussed today
- Re-audit home visit audit
- Discuss newsletter and group photo
- Cardiac and stroke network. LL had contacted them to see if they could attend one of our meetings. Unfortunately, they are unable to attend. LL has offered them the opportunity to set up information stall in the main foyer.
- Audit has been done on prescribing and self check in and appointments on line – re-audit required.

Conclusions:	person responsible	Deadline
LL to meet with MT to view Intranet set up	LL	May 2013
Re-audit the impact of additional receptionist/telephone	LL/BA	May 2013
Continue work on leaflet translation	LL/HH	May 2013
Newsletter and group photo	LL	May 2013
Re-audit home visits	LL/BA	May 2013
Re-audit use of patients on line/self check in	LL/BA	May 2013

2. Patient survey results 2013

LL presented patient survey results for discussion (attachment 1)

The group felt that the results were good and that standards had stayed the same as previous year.

Discussion around opening times Q15 – 8% who said that the opening times were not convenient – of those, 22% said that they would prefer the practice to open before 8am. The practice opened at Christmas time at 7am and 4 out of 12 patients did not attend. The group felt that the current opening hours and extended hours were good and correct at this time for the patients and that there was no need to change them.

The group was surprised that some patients still are not aware that the practice offers extended opening times. LL said that this is now advertised on the building external doors as well as on our website, included in the Practice Leaflet/New Patient pack, on the Jayex and is also on the SystemOnline Appointment Booking site.

Discussion around Q8 and Q7. Only 3% have said they book on line but 20% of patients say they would prefer to book on line. Again leaflets are available in the waiting areas and this is included in the New Patient pack and on our websites. LL said that the more people we can encourage to book on line the less pressure on the phone lines. AH said that she always uses the internet booking site and encourages others to do so. LL – we should include this in the Newsletter.

Discussion around Q 13 waiting for consultation to start. AH asked what had happened to the message on the Jayex that informed the patients how long the Doctor was running behind. LL said that she thought that this function had disappeared when we changed our computer software in August – but she will check.

The group felt that the patient survey reflected the quality of care that the practice gives to the patients and there was very positive feedback for the practice from the patient members of the group.

The survey will be published on the website and a summary will be available on a poster in the waiting areas.

3. PPG Targets 2011-12 Progress to date

LL ran through the targets as follows:

- Opening times – The Practice should improve communication in a number of ways so that patients are aware of the extended hours. LL as we have previously discussed we have added this to the external building doors and is included on the Jayex, New patient packs, Websites, Poster in reception, offered as appointment choices when receptionists search for free slot search on computer, and on Systmonline web booking. **All agreed this target has now been achieved.**
- Pre-bookable appointments –The Practice to monitor the situation and change appointments as and when require. Outcome is required to improve access to enable patients to forward book appointments more than 2 days in advance. LL said that patients are able to book up to 6 weeks in advance. BR – the practice has employed an additional Doctor for 12 months to help increase the number of appointments. We have also improved other services such as Health Trainer, CVD nurses. LI said that discussion are ongoing to bring Slimwell back into the practice and we setting up Dementia screening with a consultant on site. **All agreed this target has been achieved.**
- Telephone access –to audit impact of new receptionist being employed to work busy times. LL presented the audit at a previous meeting and the group agreed that the practice should continue to monitor this periodically. The 2012-13 patient survey states that 78% of patients said it was easy to phone the practice. LL said that 2011-12 patient survey Q 8a was only 53% so this was a marked improvement. **All agreed that the target has been achieved.**
- Telephone access – to ensure adequate advertisement of web booking service by including in the new patient registration documents on web site and in the surgery. Outcome is to increase the number of patients using on-line self service software to reduce telephone calls to the practice. AH said she could confirm that this has been done. LL said that the number of patients now registered on the web site has increased. LL said that we now have 800+ patients registered on line and we have over a 1000 patients using the self-check in each month which also frees up the receptionist time to answer phone calls and deal with other patient queries. **All agreed that the target has been achieved.**
- Complete nurses survey – This has been done and discussed at the meeting on 30th May 2012. LL informed everyone that this was also included in the Patient Survey for 2012-13. **All agreed that the target has been achieved.**
- **Home visit survey** – This has been done and discussed at the meeting on 30th May 2012. This is down for re-audit 2013. **All agreed that the target has been achieved.**

4. Changes in the Practice/Wider Picture

BR informed the group about the latest developments for the Local Commissioning Group Healthworks and the wider Sandwell and West Birmingham Commissioning Group. She said that not a lot had happened except that the PCT will be dissolved on 31st March 2013 and that these new commissioning groups will be fully functioning. The practice had attended meetings recently and we

have been told that not much will be changing for the first 6 months but services were being reviewed and may change from then.

BR also informed the group of the sad news that Dr Dexter is retiring from the practice on the 5th April 2013 and that his last day in the practice is on Wednesday 3rd April. He would be holding an 'open afternoon' where colleagues and patients could see him before he left.

The group expressed their regret at this news. BR said that the practice was in the process of recruiting a new salaried GP and not a replacement partner because of the uncertainty in the present political climate.

5. Way forward and date of next meeting

LL said that the group should set new targets for 2012-13 at the next meeting in May 2013. All agreed.

There are a number of outstanding actions which LL will try to get done before our next meeting.

LL thanked everyone for attending.

Next meeting date 1st May 2013 at 1pm.

Meeting closed.

Attachment 2

LINKWAY PPG MINUTES

DATE: 01 May 2013

TIME: 1.00 – 2.00 PM

LOCATION: Linkway Medical Practice

Meeting Number: 6

Note Taker: Elizabeth Bevan

Attendees: Linda Lloyd (LL) Dr Randhawa (BR) Elizabeth Bevan (EB)

Ann Harrison (AH) Ken Harrison (KH) Robert Collins (RC) Catherine Meredith (CM)

Apologies: Martin Treadgold (MT) Vicky Walters

LL confirmed that EB will be attending this and future meetings as administrative support for the Group.

Catherine Meredith, SWBCCG – Patient engagement representative.

Catherine attended from Clinical Commissioning Group – her role is to talk to patient and the public to get their view and involvement. An overview given of the Community Nursing and their delivery of care and treatment to patients both in their home environment and in Community Clinics. The Service is currently provided by District Nurses, Therapists, Dieticians, Health Care Assistants and Matrons employed by Sandwell and West Birmingham Hospitals NHS Trust and Birmingham Community Healthcare NHS Foundation Trust. The cost is approximately £10 million each year. The care is for people with long term conditions (including life limiting) or had recent hospital treatment. They are working on developing new service specification and need the help of patients and their views with this.

Patient representatives gave their input as follows:

- It is important that patients have continuity of care. Nurses in hospitals change frequently, different shift patterns.
- It is more important to have continuity of care at home.
- Sometimes when a Hospital is out of the area, it takes a long time for Documentation to come through to GP's.
- Often the transition from hospital to home is difficult due to lack of communication.
- Hospitals need to have ongoing involvement.
- First impression of carers is vital.

Feedback given will be fed into the new service specification, which will give the details of how the service is delivered within the budget available.

Practice Clinical Targets 2013 – 2014

Dementia screening – Dr Randhawa informed the Group that we are involved in a pilot. Aim – to find patients that are not currently diagnosed and this was coming to an end. We found about 20 patients, not sure if this is continuing because of funding.

Improve on-line access for patients – We have now registered 1000 patients, we need to continue with this so that we have a reduction in phone calls. The new Health Screen will show this information to encourage patients to use this Service.

Remote care – New DES will be commissioned by the CCG. Aim – to help patients review themselves at home. More information will be given to Group when available.

Risk profiling – reduce emergency admissions. DES commissioned by CCG. Aim – looking at patient profile to ensure they reduce admissions for falls etc.,

Smoking cessation – New contract with My Time Health to continue to provide clinics. We can widen this to non registered patients, although this has not yet been sorted out.

Minor surgery – We provide Services for non registered patients.

Shingles vaccines patients 70 – New Target stating in September for 70 – 79 year olds will be offered shingles vaccination. This will be given at the time of the flu vaccine.

Rotavirus – Addition to childrens vaccination schedule as babies.

MMR catch up – 12 months – 16 years +. Having to call them in because of the measles epidemic which will create extra work for the Nursing staff.

New QOF targets – We have new addition and a couple of deletions.

Accident and Emergency – Asked to monitor frequent attenders and act on these. Find out why they are going to A & E particularly when GP Surgery is open.

Referral management – Track how many patients we are sending to Secondary care.

Group Practice Targets 2013-2014

LL reminded everyone of Group Practice Targets for this year which are:-

Access – Re audit the impact of the additional receptionists to ease telephone access.

Patient information – General information leaflets in other languages to inform and encourage patients to use the Practice Services correctly.

Patient information – To encourage more PRG members and to keep other patients informed of the Group work – Introduction of a Newsletter and Notice Board in the waiting area.

Patient information – look at TV screen that links to Intranet.

Patient Services – Home visit audit – Although the first audit showed that patients were satisfied with the level of service offered by the Practice, the group agreed that a re-audit would be done in May 2013.

Actions agreed as per attached minutes copies of which are posted on the practice website and NHS Choice website.

Update on new GP

Dr Elizabeth Rushton our current registrar has been the successful candidate from September 2013 and will be employed as a salaried GP.

RC asked for clarification of the partners now that Dr Dexter had retired.

Partners are: Dr Hughes Dr Randhawa Dr Winteler. Salaried are Dr Tomlinson and Dr Langeveldt. The other Doctors were undergoing training.

Quarterly newsletter – Updates

Everyone happy for their name to be included along with PPG comments.

Hopefully this will bring in more people. Newsletter will be on notice board and copies left for patients to take away. ACTION : EB.

Jayex Board

Concerns noted that when GP has long name the Consultation Room does not appear. Suggested we shorten to “con room”. ACTION: LL.

News health screen

This has been ordered and will be up in reception shortly.

LL thanked everyone for attending and confirmed that EB will be at future meetings.

Next meeting date: 21.08.2013

Attachment 3

LINKWAY PPG MINUTES

DATE: 09/10/2013

TIME: 1.00 – 2.00 PM

LOCATION: Linkway Medical Practice

Meeting Number: 7

Note Taker: Elizabeth Bevan

Attendees: Linda Lloyd (LL) Dr Randhawa (BR) Elizabeth Bevan (EB)

Ann Harrison (AH) Ken Harrison (KH) Vicky Walters (VW) Stuart Johnson (SJ)

Apologies: Martin Treadgold (MT) Robert Collins (RC)

Last meeting update:

Catherine Meredith (SWBCCG – Patient engagement representative) attended.

District Nursing redesign still going on.

BR Adjustments to current service have taken place, District Nurses have attended two meetings to date to discuss specific cases etc.

LL District Nurses are now based in Lyng Centre.

2013 Clinical targets:

a) Dementia screening is going to continuing. The practice has received additional funding – we are doing work within the Practice. Sister Sue Talbot is initiating this.

BR Previously this was bring done opportunistically.

b) On line appointment system is in place.

SJ Good software, using on line appointments.

VW Stated that on 2 occasions text results service has not worked.

LL We now have approx 1000 patients using the on line Service.

c) Remote care LL New Directed enhanced scheme – we are looking at hypertensive patients (contact with local CCG). Help patients to review themselves at home.

d) Risk profiling started. Community Matron giving support to identify patients who may be at risk – particularly those attending A&E therefore preventing risk.

e) Minor surgery – Practice receives referrals from other surgeries, therefore patients do not need to go to Hospital. This is audited every year.

- f) Accident and emergency – monitoring attendances. Linkway Practice is in the pilot area.
- VW ? Patients who work Saturdays/evenings.
- LL Confirmed our figures are ok – we have identified patients who are at risk.
- BR Out of hours, work in progress. Not particularly abused, used reasonably well. Trying to reduce A & E attendances.
- g) Referral management is ongoing.

Group Practice Targets:

- LL Re audit, impact of receptionists. New telephone system tells us how many calls (1,000 calls on last two Mondays). We are trying to push on line booking. We have re done rota for reception, giving extra 20 hours.
- VW Have we looked at volunteers?
- LL We are getting patients to use self check in.
- VW Perhaps consider voluntary work
- LL Could not use volunteers on reception due to confidentiality. We now have three receptionists in the morning and 2 in the afternoon.
- LL Patient information – screen not working. LL to get on to them to change phone numbers. LL to give AH website address. Whatever profit is made we get back that amount to use on equipment.
- LL H/V audit not done yet due to other priorities.
- LL Encourage patients to use NHS Choices (Website run by NHS). Up until a few weeks ago not much on, Practice not looking very good. We are trying to encourage patients to make comments on service to increase our ratings.
- LL New GP employed in September (salaried) Dr E Rushton. We also have 2 new registrars.
- LL Data care – Attachment
- VW Mentioned that the jayex board is not letting patients know if the Dr is running late.
- LL Confirmed that it informed the patient how many patients are waiting to be seen on the self check in.
- SJ registered with the practice in February and has not had any problems.
- LL Thanked everyone for their attendance and confirmed next meeting 12.02.2014.

Attachment 4 [LINKWAY PPG NEWSLETTER "MAY 2013"](#)

Kathryn Meredith who is a patient engagement representative for the new commissioning team, attended our last PPG Meeting to get our views in the development of a new service specification for Community Nursing, the delivery of care and treatment to patients both in their home environment and other Community Clinics. Patients with long term conditions (including life limiting) or who have had recent hospital treatment are reliant on these services being available and suitable for their needs.

These are some of the areas we discussed:

- Patients should have continuity of care, particularly at home.
- Sometimes when a hospital is out of the area, it takes a long time for documentation to come through to GP's.
- Often the transition from Hospital to home is difficult due to lack of communication.
- Hospitals need to have ongoing involvement.
- First impression of clinical visitors/carers at home is vital.

Feedback given will be fed into the new service specification.

Update on New GP

Our current GP Registrar Dr E Rushton will be joining the practice as a permanent member of staff from late August 2013.

New Health Screen

The Patient Participation Group has been working with the Practice over the last few months to improve communications with patients and we have had a new Health Screen installed.

Finally, we hope you find this newsletter and notice board of benefit. If you would like to become involved in our group please ask at reception. Full details of our work with the practice can be found on the practice website www.linkwaymedicalpractice.co.uk

Linkway Medical Practice

Minutes

Meeting details

Meeting title: Patients Participation Group (PPG)

Date: Wednesday 12 February 2014

Time: 1.00pm

Venue: LMP Meeting Room

Present: Ann Harrison (AH), Robert Collins (RC), Stuart Johnson (SJ), Vicky Walters (VW), Linda Lloyd (LL), Elizabeth Bevan (EB)

Apologies: Dr. B Randhawa (BR), Martin Treadgold (MT), Ken Harrison (KH)

Note taker: Vicky Walters

1.	Matters arising	By whom	By when
	<ul style="list-style-type: none">AH tendered the resignation of Ken Harrison who will no longer be a member of the PPG group.LL informed the group that due to long term illness Martin Treadgold would be unlikely to attend meetings for the foreseeable future.		
2.	Actions from last meeting		

	<ul style="list-style-type: none"> • Catherine Meredith (SWBCCG Patient Engagement Representative) attended previous meetings. • Discussions have taken place to consider the redesign of the district nurse services. They are now located within the Lyng Centre. Meetings have taken place with them to talk about specific case issues. • District nurses are now responsible to the GP's. They will work with the practice nurses and meetings will be held on a regular basis. • Clinical targets in progress. • Some Practice administrative voluntary work being undertaken by VW. • Risk profiling – Community Matron identifying patients who may be at risk. • Two GP's available for minor surgery. 		
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3.	<p>Incident from 3/2/14</p> <ul style="list-style-type: none"> • LL informed the group of a serious incident which took place at the surgery in February. As a result of the incident safety and security measures are in the process of being reviewed. 		
4.	<p>2013-2014 targets</p> <ul style="list-style-type: none"> • LL gave an overview of the 2013/2014 targets and outlined the progress to date. • Need to look at practice targets. Home Visit Re-audit agreed for March • TV giving health education is now in waiting area. • Increased reception cover. There are now 3 morning receptionists and 3 afternoon receptionists. • Patient Information leaflets still to be actioned. The group discussed what could be included in the leaflet and to encourage more patients to join the PPG group • Produce a practice news letter. LL asked VW if she would take on this task. SJ suggested copies to be given out from reception on request. LL said that the group had already discussed this and we decided a simple flyer on the notice board would suffice. VW agreed to think about it. 	<p>LL</p> <p>LL</p> <p>VW</p>	<p>March 2014</p> <p>To be actioned</p> <p>To be decided</p>

5.	<p>Bereavement support group</p> <ul style="list-style-type: none"> VW proposed that a Bereavement Support Group be set up at the surgery to offer support to recently bereaved patients. LL/EB said that the Practice used to run a similar forum called the Friendship Group organised by nurse Sue Talbot which offered friendship, outings and support for appointments etc., EB also mentioned the referral option to Aged Concern. LL/VW to arrange a meeting with Sue Talbot to discuss feasibility. 	LL/VW	By next meeting
6.	<p>PPG targets 2014-2105</p> <ul style="list-style-type: none"> LL said new targets will be implemented from April and asked the group to think about targets for next year. A discussion took place on new PPG targets re mental health services. Waiting for Mental Health guidance. Need to find out what is available. Targets for 2014-15 were identified as follows: <ol style="list-style-type: none"> Patient leaflet translated. Group to promote PPG and encourage new members to join. Consider bereavement group or how to promote existing services to patients. PPG attendance (when possible) to other patient focus commissioning groups, particularly mental health and long term conditions as previously. LL circulated a document detailing the new contract changes for 2014/2015 <ul style="list-style-type: none"> ➤ Named GP for patients 75 and over. ➤ Reducing unplanned admissions. ➤ Monitor and report on out of hours. ➤ Choice of GP Practice. ➤ Friends and family test. ➤ Patient participation. ➤ Deprivation factors. ➤ Dementia. ➤ Learning disability. ➤ IT. 	LL	To be actioned
		All	Ongoing

7.	<p>Any other business</p> <ul style="list-style-type: none"> RC attended the Long Term Conditions Commissioning meeting in October and gave feedback to the group. RC will attend the next meeting on 26 February. 	RC	26/2/14
	<ul style="list-style-type: none"> LL asked SJ to consider attending the Mental Health Open Mic Engagement Forum meeting on Friday. SJ said that he would attend if there was no conflict of interest. EB asked to take photos of the PPG group for the practice notice board. 	<p>SJ</p> <p>EB</p>	<p>14/2/14</p> <p>Actioned</p>
8.	<p>Date & time of next meeting</p> <ul style="list-style-type: none"> LL thanked everyone for their attendance and confirmed the next meeting would take place at 1.00pm on Wednesday 14 May 2014 – venue PPG meeting room. 		

Patient survey from *LINKWAY MEDICAL PRACTICE*
using the General Practice Assessment Questionnaire (GPAQ)

Individual GP report and analysis for GPAQ Consultation Version 3.

Date: 2013

Report by: Linda Lloyd Practice Manager.

Report for: PRACTICE

How the survey was carried out:

The survey was given to all patients arriving for their consultation for one week were given a questionnaire. Patients were handed a questionnaire by the receptionists and then the completed questionnaires were returned to a sealed box prior to the patient leaving the surgery. A total of 500 questionnaires were handed out with a total of 357 being returned 72%

Summary of results:

GPAQ evaluation questions

The following table gives a summary of the individual scores for the evaluation questions in GPAQ, i.e. the ones where patients made a judgment about how good that aspect of care was. They are represented as a percentage of the maximum possible score, so the best possible score in each case is 100.

ABOUT RECEPTIONISTS AND APPOINTMENTS	2013 SCORE
Q1 How helpful do you find the receptionists at your GP Practice?	
a) Very Helpful	73%
b) Fairly helpful	26%
c) Not very helpful	

d) Not at all helpful	1%
e) Don't know	0%
	0%
Q2. . How easy is it to get through to someone at your GP practice on the phone?	
a) Very easy	28%
b) Fairly easy	50%
c) Not very easy	16%
d) Not at all easy	4%
e) Don't know	0%
f) Haven't tried	2%
Q3. How easy is it to speak to a doctor or nurse on the phone at your GP practice?	
a) Very easy	16%
b) Fairly easy	29%
c) Not very easy	13%
d) Not at all easy	1%
e) Don't know	10%
f) Haven't tried	31%
Q4. If you need to see a GP urgently, can you normally get seen on the same day?	
a) Yes	59%
b) No	26%
c) Don't know/ never needed to	15%

<p>Q5. How important is it to you to be able to book appointments ahead of time in your practice?</p> <p>a) Important</p> <p>b) Not important</p>	<p>89%</p> <p>11%</p>
<p>Q6. How easy is it to book ahead in your practice?</p> <p>a) Very easy</p> <p>b) Fairly easy</p> <p>c) Not very easy</p> <p>d) Not at all easy</p> <p>e) Don't know</p> <p>f) Haven't tried</p>	<p>62%</p> <p>18%</p> <p>13%</p> <p>1%</p> <p>2%</p> <p>4%</p>
<p>Q7. How do you normally book your appointments at the practice?</p> <p>a) In person</p> <p>b) By phone</p> <p>c) Online</p> <p>d) Doesn't apply</p>	<p>29%</p> <p>68%</p> <p>3%</p> <p>0%</p>

<p>Q8. Which of the following methods would you prefer to use to book appointments at the practice?</p> <p>a) In person</p> <p>b) By phone</p> <p>c) Online</p> <p>d) Doesn't apply</p>	<p>6%</p> <p>74%</p> <p>20%</p> <p>0%</p>
<p>Q9. Thinking of the times when you want to see a <u>particular doctor</u> how quickly do you usually get seen?</p> <p>a) Same day or next day</p> <p>b) 2 - 5 days</p> <p>c) 5 days or more</p> <p>d) I don't usually need to be seen quickly</p> <p>e) Don't know, never tried</p>	<p>30%</p> <p>31%</p> <p>30%</p> <p>2%</p> <p>7%</p>
<p>Q10. Thinking of the times when you want to see a particular doctor how do you rate this?</p> <p>a) Excellent</p> <p>b) very good</p> <p>c) Good</p> <p>d) Fair</p> <p>e) Poor</p> <p>f) Very poor</p> <p>g) Does not apply</p>	<p>12%</p> <p>19%</p> <p>33%</p> <p>19%</p> <p>12%</p> <p>0%</p> <p>5%</p>

<p>Q11. Thinking of times when you are willing to <u>see any doctor</u></p> <p>a) Same day or next day</p> <p>b) 2 - 5 days</p> <p>c) 5 days or more</p> <p>d) I don't usually need to be seen quickly</p> <p>e) Don't know, never tried</p>	<p>61%</p> <p>26%</p> <p>9%</p> <p>4%</p> <p>0%</p>
<p>Q12. Thinking of times when you are willing to <u>see any doctor</u> how do you rate this?</p> <p>a) Excellent</p> <p>b) very good</p> <p>c) Good</p> <p>d) Fair</p> <p>e) Poor</p> <p>f) Very poor</p> <p>g) Does not apply</p>	<p>31%</p> <p>29%</p> <p>23%</p> <p>13%</p> <p>4%</p> <p>0%</p> <p>0%</p>
<p>Q13. Thinking of your most recent consultation with a doctor or nurse how long did you wait for your consultation to start?</p> <p>a) Less than 5 minutes</p> <p>b) 6 - 10 minutes</p> <p>c) 11 - 20 minutes</p> <p>d) 21 - 30 minutes</p>	<p>13%</p> <p>48%</p> <p>27%</p> <p>9%</p>

<p>e) More than 30 minutes</p> <p>f) There was no set time for my consultation</p>	<p>3%</p> <p>0%</p>
<p>Q14 Thinking of your most recent consultation with a doctor or nurse how do you rate this?</p> <p>a) Excellent</p> <p>b) very good</p> <p>c) Good</p> <p>d) Fair</p> <p>e) Poor</p> <p>f) Very poor</p> <p>g) Does not apply</p>	<p>14%</p> <p>21%</p> <p>37%</p> <p>19%</p> <p>7%</p> <p>0%</p> <p>2%</p>
<p>ABOUT OPENING TIMES</p>	
<p>Q15 is your GP Practice currently open at times that are convenient to you?</p> <p>a) Yes (go to Q 17)</p> <p>b) No (go to Q 16)</p> <p>c) Don't know</p>	<p>92%</p> <p>8%</p> <p>0%</p>
<p>Q16 Which of the following additional opening hours would make it easier for you to see or speak to someone?</p>	

<ul style="list-style-type: none"> a) Before 8am b) At lunchtime c) After 6.30pm d) On a Saturday e) On a Sunday f) None of these 	<ul style="list-style-type: none"> 22% 17% 20% 29% 12% 0%
ABOUT SEEING THE DOCTOR OF YOUR CHOICE	
Q17 Is there a particular GP you usually prefer to see or speak to?	
<ul style="list-style-type: none"> a) Yes b) No c) There is usually only one doctor in my surgery 	<ul style="list-style-type: none"> 64% 36% 0%
Q18 How often do you see or speak to the GP you prefer?	
<ul style="list-style-type: none"> a) Always or almost always b) A lot of the time c) Some of the time d) Never or almost never e) Not tried at this GP Practice 	<ul style="list-style-type: none"> 27% 31% 20% 19% 3%
HOW GOOD WAS THE LAST GP YOU SAW AT EACH OF THE FOLLOWING?	
(If you haven't seen a GP in your practice in the last 6 months, please go to Q25)	

<p>Q19 Giving you enough time</p> <p>a) very good</p> <p>b) Good</p> <p>c) Fair</p> <p>d) Poor</p> <p>e) Very poor</p> <p>f) Does not apply</p>	<p>61%</p> <p>31%</p> <p>6%</p> <p>2%</p> <p>0%</p> <p>0%</p>
<p>Q20 Listening to you</p> <p>a) very good</p> <p>b) Good</p> <p>c) Fair</p> <p>d) Poor</p> <p>e) Very poor</p> <p>f) Does not apply</p>	<p>68%</p> <p>24%</p> <p>7%</p> <p>1%</p> <p>0%</p>
<p>Q21 Explaining tests and treatments</p> <p>a) very good</p> <p>b) Good</p> <p>c) Fair</p> <p>d) Poor</p> <p>e) Very poor</p>	<p>65%</p> <p>27%</p> <p>8%</p> <p>0%</p> <p>0%</p>

f) Does not apply	0%
Q22 Involving you in decisions about your care	
a) very good	58%
b) Good	33%
c) Fair	8%
d) Poor	1%
e) Very poor	0%
f) Does not apply	0%
Q23 Treating you with care and concern	
a) very good	62%
b) Good	32%
c) Fair	5%
d) Poor	1%
e) Very poor	0%
f) Does not apply	0%
Q24 Did you have confidence and trust in the <u>GP</u> you saw or spoke to?	
a) Yes, definitely	78%
b) Yes, to some extent	21%
c) no, not at all	1%
d) Don't know/can't say	0%
HOW GOOD WAS THE LAST NURSE YOU SAW AT EACH OF	

<p>THE FOLLOWING?</p> <p>If you haven't seen a nurse in your practice in the last 6 months, please go to Q31</p>	
<p>Q25 Giving you enough time</p> <p>a) very good</p> <p>b) Good</p> <p>c) Fair</p> <p>d) Poor</p> <p>e) Very poor</p> <p>f) Does not apply</p>	<p>72%</p> <p>24%</p> <p>4%</p> <p>0%</p> <p>0%</p> <p>0%</p>
<p>Q26 Listening to you</p> <p>a) very good</p> <p>b) Good</p> <p>c) Fair</p> <p>d) Poor</p> <p>e) Very poor</p> <p>f) Does not apply</p>	<p>72%</p> <p>24%</p> <p>4%</p> <p>0%</p> <p>0%</p> <p>0%</p>
<p>Q27 explaining tests and treatments</p> <p>a) very good</p> <p>b) Good</p> <p>c) Fair</p> <p>d) Poor</p> <p>e) Very poor</p> <p>f) Does not apply</p>	<p>71%</p> <p>25%</p> <p>4%</p> <p>0%</p> <p>0%</p> <p>0%</p>

<p>Q28 Involving you in decisions about your care</p> <p>a) very good 70%</p> <p>b) Good 26%</p> <p>c) Fair 4%</p> <p>d) Poor 0%</p> <p>e) Very poor 0%</p> <p>f) Does not apply 0%</p>	
<p>Q29 treating you with care and concern</p> <p>a) very good 72%</p> <p>b) Good 24%</p> <p>c) Fair 4%</p> <p>d) Poor 0%</p> <p>e) Very poor 0%</p> <p>f) Does not apply 0%</p>	
<p>Q30 Did you have confidence and trust in the <u>Nurse</u> you saw or spoke to?</p> <p>a) Yes, definitely 80%</p> <p>b) Yes, to some extent 20%</p> <p>c) no, not at all 0%</p> <p>d) Don't know/can't say 0%</p>	
<p>ABOUT CARE FROM YOUR DOCTORS AND NURSES</p> <p>Thinking about the care you get from your doctors and</p>	

nurses overall, how well does the practice help you to:	
Q31 Understand your health problems?	
a) very well	85%
b) Unsure	13%
c) Not very well	2%
d) Does not apply	0%
Q32 Cope with your health problems	
a) very well	80%
b) Unsure	18%
c) Not very well	2%
d) Does not apply	0%
Q33 Keep yourself healthy	
a) very well	65%
b) Unsure	16%
c) Not very well	19%
d) Does not apply	0%
Q34 Overall, how would you describe your experience of your GP Surgery	
a) excellent	73%
b) Very good	

<p>c) Good</p> <p>d) Fair</p> <p>e) Poor</p> <p>f) Very poor</p>	<p>25%</p> <p>2%</p> <p>0%</p> <p>0%</p> <p>0%</p>
<p>Q35 Would you recommend your Gp surgery to someone who has just moved to your local area?</p> <p>a) Yes, definitely</p> <p>b) Yes, probably</p> <p>c) No, Probably not</p> <p>d) No, definitely not</p> <p>e) Don't know</p>	<p>74%</p> <p>24%</p> <p>2%</p> <p>0%</p> <p>0%</p>
<p>IT WILL HELP US TO UNDERSTAND YOUR ANSWERS IF YOU COULD TELL US A LITTLE ABOUT YOURSELF</p>	
<p>Q36 Are you?</p> <p>a) Male</p> <p>b) Female</p>	<p>29%</p> <p>71%</p>
<p>Q37 How old are you?</p> <p>a) Under 15</p> <p>b) 16 to 44</p> <p>c) 45 - 64</p>	<p>0%</p> <p>31%</p> <p>33%</p>

d) 65 to 74	28%
e) 75 or over	8%
Q38 Do you have a long standing health condition?	
a) Yes	58%
b) No	35%
c) Don't know/can't say	7%
Q39 What is your ethnic group?	
a) White	76%
b) Black or Black British	7%
c) Asian or Asian British	15%
e) Mixed	0%
f) Chinese	0%
g) Other ethnic group	2%
Q40 Which of the following best describes you?	
a) Employed (full or part time, including self-employed)	40%
b) Unemployed /looking for work	5%
c) At school or in full time education	1%
d) Unable to work due to long term sickness	9%
e) Looking after your home/family	9%
f) retired from paid work	36%
g) other	0%

Summary

- **98% of patients thought the practice was excellent/very good and would recommend the surgery to someone else**
 - 99% of patients found the practice receptionists helpful
 - 78% of patients found it was easy to phone the practice
 - 59% of patients say they can normally get seen on the same day with 15% saying they have never needed to (74%)
 - 80% of patients said it was easy to book ahead
 - 74% of patients still prefer to book appointments by phone and 20% say they prefer to book online
 - 61% of patients say they usually get seen by a doctor of **their choice** within 1 to 5 days
 - 83% of patients think that it is acceptable to be seen by a doctor of their choice within 1 – 5 days
 - 87% of patients say they usually get seen by **any** doctor within 1 – 5 days
 - 96% of patients think that it is acceptable to be seen by any doctor within 1 – 5 days
 - 88% of patients waited between 0 – 20 minutes for their consultation to start
 - 91% of patients think that this is acceptable
 - 92% of patients think the current surgery opening times are acceptable
 - 92% of patients thought the doctor gave them adequate time the last time they were seen
 - 92% of patients thought the doctor listened to them
 - 92% of patients thought the doctor explained tests and treatments well
 - 99% of patients thought the doctor involved them in decisions about their care
 - 99% of patients thought the doctor treated them with care and concern
 - 99% of patients said they had trust and confidence in the doctor they saw or spoke to

Other comments received:

- Thanks to all the GPs and Nurses
- Excellent surgery both reception, staff and doctors. Outstanding

- Good I feel comfortable with receptionists and my doctors especially Dr Winteler – he helped me when I was down and depressed
- Would like to be consulted when tablet brands are changed on prescription as sometimes have more side effects when cheaper brands
- Yes, should be open 24 hours like Scotland
- Fair service
- Excellent – Jill and Veronica on the desk
- I find all the people who work here treat me with respect
- Some of the receptionists are a bit offish when you phone for an appointment
- I would like to mention that to see my doctor there any never any slots available, overall the surgery is good.
- Very happy with the practice – no problems
- Excellent care over many years
- I think it all seems good
- Very good
- Possibilities of late appointments for working people so they can come after working hours or the weekend
- A brilliant practice – keep it up
- Very good practice and the staff are helpful and friendly
- Don't have to wait long for hospital referrals.
- Phone answering could be improved
- Staff always helpful
- The staff are always friendly polite and pleasant
- I changed to this surgery, it was recommended to me and the best move I ever made
- Needs to be better system for phone appointments
- Nice and friendly staff
- Practice needs to be practical for people that work full time. It is not always easy to get time off work if you work outside the area, so early appointment or after 7pm would be helpful
- A very friendly and helpful service. All staff are polite and always willing to help. Excellent GP surgery.
- Could do with more female doctors in the practice to consult about personal problems
- It is the best. Second to none.
- Overall very good. Ringing GPs and getting through can take several minutes. I think when booking children s appointments there should be a preference and possibly a triage system. Also children should see GPs and not the registrars or trainees.
- It would be helpful for exercise and diet clinics
- I much prefer to see the same doctor each time when possible
- I find the phone call early morning for appointments that day difficult. Would like to be able to get through easier and for there still to be a space when I get through