**Station View Health Centre**

Patient Participation Report 2013-14

**Stage one – validate that the patient group is representative**

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| **Practice population profile** |  |  |
| Show how the practice demonstrates that the PRG is representative by providing information on the practice profile: |
| Age No. %0-9 1374 1110-19 1274 1020-29 1494 1130-39 1584 1240-49 1913 1550-59 1685 1360-69 1625 1370-79 1232 980-89 596 590-99 136 1100+ 4 0Total 12917 100 | Sex Male Female726 648627 647 737 757 836 748 980 933 855 830 787 838 590 642 263 333 43 93 4Totals 6444 6473 | EthnicityEstimated (only 95.6% classified)White British etc 12334Asian/As.British 447Mixed 50Black/Bl.British 37Other Ethnic Gps 49Total 12917 |
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| **PRG profile** |  |  |
| Show how the practice demonstrates that the PRG being is representative by providing information on the PRG profile |
| Age No. %0-910-1920-29 30-39 5 11 40-49 4 950-59 7 1560-69 11 2470-79 16 3580-89 3 6 90-99 Total 46 100 | Sex Male Female  1 4 43 45 68 8 2 119 27  | EthnicityWhite British etc 46Other 0Total 46 |
| Other |  |  |
|  |  |  |
|  |  |  |
| **Differences between the practice population and members of the PRG** |  |  |
| Please describe variations between the group and what efforts the practice has made to reach any groups not represented. |
| The practice has less numbers of patients under the age of 25 than the Leicestershire area and the PRG reflects this (i.e. no PRG members at all). Around 70% of the practice population is over the age of 30 and PRG membership is now made up entirely from >30 age groups. Disappointingly, a younger Asian member in their 20s has now left the practice list and it has not proved possible to recruit more patients from ethnic minority groups.Over 95% of the practice population is made up of White British and the PRG reflects this. Ethnic minorities are now slightly under-represented therefore. Greater prominence has been given to letters available at reception inviting patients particularly in their teens, twenties and thirties to join a ‘virtual’ Patient Reference Panel by providing their email address and volunteering to be consulted about practice issues no more than 3 times during the year. This has had poor success with younger age groups but patients in their 30s and above have continued to register their interest. Invitations to join the PPG headed *GET INVOLVED* are available on the reception counter and do have small success.Opportunistically, patients from ethnic backgrounds are invited to join the PPG and express their views on services.The Patient Participation Group again considered how to reach younger groups, particularly teenagers from college. This is to be marketed as a work related project, so that students who may join the PPG are able to include their involvement on future CVs.Posters Continue to be available in the waiting room giving invitations to patients to join the virtual Patient Reference Panel. A prominent message inviting patients to join the PPG is permanently shown on our website across the year – [www.stationviewhealthcentre.co.uk](http://www.stationviewhealthcentre.co.uk) |

**Stage two – validate the survey and action plan through the local patient participation report**

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| **Survey** |  |  |
| Please describe how the priorities were setThe PPG set the questions for the survey and tailored it specifically for the needs of Station View Health Centre’s patients. Many questions that were included in earlier surveys were discounted as the PPG felt they did not add value. The questions included were therefore more directly related to real issues.  |
| Describe how the questions were drawn upThe starting point was last year’s survey which included questions taken from a national survey proforma. They were then shaped in ways which were relevant to the practice’s patients, and directly related to topical issues that the PPG believed were a priority. The final draft of the survey was unanimously agreed with the practice. |
| How was the survey conducted?Paper copies of the survey were available to patients on the reception counter when they presented for services. Reception staff also invited patients to complete a survey to encourage uptake. The survey was published on the front page of the practice’s website and a link was made available directly to an electronic copy of the survey which could be completed on-line. Members of the Patient Participation Group and Patient Reference Panel were invited by email to participate in the on-line survey on the practice’s website. |
| What were the survey results and what is the evidence of the survey?The full survey results are shown in the GP Patient Survey 2013/14 – Results, Analysis and Report. This comprehensive document was prepared by a PPG member and is appended to this paper.Key features of the report are that:* Telephone access is a key issue for many patients and 86% report that they found it quite difficult to make an appointment this way.
* 35% of patients reported that they were unable to see a doctor fairly quickly, largely due to no appointments being available. This is a significant theme in the survey results.
* 12.5% of patients found it quite difficult to make an appointment on-line which appears to be due to lack of appointment availability.
* Although 81% of patients felt that the GP had given them enough time, or had taken their problems seriously, some 19% did not feel this, and some 7% felt that the doctor patient interaction had gone badly.
* Some 43% patients are concerned about privacy at the reception counter.
* There was some concern about changes to the phlebotomy service over the last year.
* Some patients did not like the revised arrangements for ordering repeat prescriptions following closure of the repeat prescription telephone line earlier in the year.
* Other patients were not sure of the days on which particular doctors work.

The survey results form the basis of the 23 page report published at the end of this paper. The report was kindly prepared by a PPG Officer, to whom the gratitude of the practice goes.  |
| **Patient Survey Practice Action Plan**

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| --- | --- | --- |
| **Issue** | **Action** | **When: Q1 – Q4** |
| Difficulty booking appointments | Install extra workstation and telephone extension.Plans for brand new telephone system. | Q1Q3 – Q4 |
| More appointments needed | Recruit additional Advanced Nurse Practitioner | Q1 |
| On-line appointment booking | Review on-line appointment booking. Consider releasing more appointments, including book on day. | Q2 – Q3 |
| Some patients perceive GPs do not listen enough | Change skill mix of clinical team to respond to this | Q1 – Q2 |
| Privacy in the waiting room | Review queuing system. Revise counter set-up. Explain (through leaflets) that poor design of waiting area compromises privacy. Create new interview room. | Q2 – Q4 |
| Phlebotomy appointments | Emphasise availability of pre-booked appointments at Health Centre, Hill Street. Provide explanatory leaflet to patients. | Q1 – Q2 |
| Prescription ordering | Make information leaflets available to patients | Q1 – Q2 |
| Not sure which days doctors work | Advertise the days when individual doctors are in the surgery both in the waiting room and on the website | Q1 |

Q1 = April to June 2014Q2 = July to September 2014Q3 = October to December 2014Q4 = January to March 2014 |
| How did you did you agree the action plan with the PRG?The survey results were discussed with the elected Patient Participation Group Officers and a draft Practice Action Plan reviewed at a meeting on Wednesday 5th March 2014.This was then discussed with the elected Patient Participation Group Committee members who approved the plan at a meeting on Tuesday 18th March 2014.  |
| What did you disagree about?There were very positive discussions about the survey results and wide agreement about the priorities that had been set. The PPG takes its role as a ‘critical friend’ very seriously, which is supported by the practice. |
| Are there any contractual considerations to the agreed actions?There are currently no contractual considerations to the agreed actions, but some funding considerations (S.106 – which the practice has been advised is being approved). |
| Please include a copy of the agreed action planSee end of report |
| **Local patient participation report** |
| Please describe how the report was advertised and circulatedThe Action Plan is included in a Patient Newsletter issued during March 2014. It is also being published on the practice’s website. |
| **Action Plan from 2012-13**The practice implemented all points in the action plan from this year including:* Promotion of on-line services and ordering of repeat prescriptions although the services were suspended for several months while staff came to terms with the new EMIS clinical system.
* A telephone system review was conducted, and a reconditioned syetm was also installed. Some further changes were made to help improve appointment access.
* Limited monitoring of DNAs took place and this is on-going with the support of the PPG.
* The queue for reception was successfully re-routed bringing all patients into the building. However, it has resulted in some new patient concerns about privacy at the reception counter.
* The Health Awareness Room has been actively promoted by PPG representatives and is more widely used by patients as a result.
* The website is now used by more patients and regularly receives more ‘hits.’
* A new phlebotomy service has been piloted and has resulted in a safer service, although a small number of patients have not appreciated the change.
* GP Training status was achieved by the practice and the first GP Registrar started in December 2013.
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| **Opening times** |
| Confirm opening times and out of hours arrangements included within the reportOpening Times:The surgery is open from 08:30am to 6:00pm Monday to Friday for access in person. Patients may also gain access by telephone on 01455 635362 from 08.00am to 08.30am (for emergencies only) and from 08.30am to 6.30pm. The surgery is also open every other Saturday from 08:00am to 11:00am for pre-booked appointments only with GPs (telephone calls are not taken on Saturdays). Out of Hours Arrangements:At night and weekends when the surgery is not open, telephone 111 and your call will automatically be transferred to our out of hours service, staffed mainly by local doctors on a rota system. You may be given advice by telephone, invited to attend the Primary Care Emergency Centre or visited as appropriate.  |

**Station View Health Centre, Hinckley**

**GP Patient Survey 2013/14**

**Results, Analysis and Report**

Prepared by PPG member, Colin Newman, BSc, PhD, C.Psychol, FBPsS and Hon Life Member the British Psychological Society.

**Summary**

* Responses to the 2013/14 survey of patients registered with the Station View Health Centre again give the overall, very positive, impression of a compassionate, caring and competent GP practice.
* Objective data show that the practice is even more overstretched than a year ago, with the supply of medical services struggling to keep up with demand.
* There are still problems for patients trying to book appointments to see doctors.
* Patients are becoming more frustrated, with several respondents blaming the system for booking appointments rather than appreciating its cause,

**Introduction**

This is the third year that the Patient Participation Group has been involved with the survey to collect data on the views of patients using the medical services provided by the Station View General Practice in Hinckley. After the first survey, the questionnaire was extensively revised but, this year, the same questionnaire as last was used with a few minor modifications. Hence this is the first time some comparisons can be made following a year when the practice has undergone several major changes. These changes include the retirement of two former long serving partners (Dr Parkinson and Dr Warner) and their replacement with new doctors, other staffing changes and the granting of approval for the practice to become a training practice (which necessitated the withdrawal of the previous arrangement whereby patients could request repeat prescriptions over the telephone.) The training practice change came too late in the year for its full impact on patients to be felt during the period of questioning.

Minor modifications to the questionnaire were discussed by the Patient Participation Group and approved by the practice. They included some changes to reflect current practice (e.g. the option of commenting on repeat prescriptions by phone was omitted) and the dropping of a question that will slightly alter how responses are categorised for analysis.

In the previous questionnaire patients were asked to rate themselves as being in 'good' or 'poor' health and the data was analysed based on this subjective distinction, decided by patients themselves. This year, this question was omitted. As a consequence respondents were divided into those in 'good' or 'poor' health, but based on objective criteria from a different question. Only those reporting having no long standing medical condition were recorded as being in 'good' health with all other patients claiming to have one or more of a list of actual medical conditions from blindness to high blood pressure being recorded as in 'poor' health.

The significant increase this year in the numbers of patients recorded as being in 'poor' health is attributable to the use of objective rather than subjective criteria. Some patients with just one common condition, such as hypertension, once controlled by medication, probably rated themselves as being in 'good' health last year but are now relocated within the 'poor' health group. The change of criteria is unimportant as the main purpose of the analysis based on health differences is to discover if patients with greater levels of need for medical services, who thus make more demands on the practice, experience any special problems or have different views on the provision of medical services from the normally well.

The questions used in previous years in which patients were asked to record their ethnic group and sexual orientation were dropped from the survey this year as previously it gave no useful information. Most patients registered with the practice from homes in Hinckley are 'White British' and too few respondents from minority groups participated in the survey in previous years to permit any reliable conclusions to be drawn.

Following discussion with doctors in the practice, the final open ended question in the survey was amended to invite: 'Any other comments, including remarks about individual, named doctors or nurses, especially compliments, but also helpful suggestions for improvement. (Doctors and nurses appreciate having patient feedback that they can show to assessors during the annual appraisal that all clinical staff undergo.)' Comments on individual doctors were read and recorded by the single member of the Patient Participation Group analysing the survey and were then passed, in confidence, via the Practice Manager to the individual doctors concerned.

Copies of the questionnaire were made available at the reception desk from early November 2013 to mid January 2014 and also on the practice web site for this period,.

**The Biographical Characteristics of the Sample of Respondents**

**Section A: Responses to some Questions about You.**

80 completed questionnaires were returned 54 on paper and 26 online. Appended to this report is a copy of the questionnaire showing the total number of ticks placed in every box on the form. Not all respondents answered every question so sometimes the total score across boxes is less than 80, or does not add up to an otherwise expected total.

The survey did not aim to select at random from all patients registered with the practice, but was a survey of those willing to complete a questionnaire, mostly drawn from those visiting the practice for a recent appointment with a doctor or nurse. This method of selecting respondents will inevitably concentrate on the opinions of patients who are active, current users of the services of the practice, the very people whose opinions are most relevant.

It might be anticipated that the opportunity to complete an anonymous questionnaire could provide a safe route for patients to give voice to any complaints they had about the practice and that a disproportionate number of patients with strong views might take part. Any such anticipated biases cannot be ruled out, however the results show that the sample of respondents is adequately representative of most groups of patients using the medical services provided by the practice.

The sample included 36 males and 44 females. Question 2 shows that 70% (compared with 66% last year) of the respondents were over 54 years of age with the largest category again falling within the 65 to 75 age group. Nevertheless at least five responses were received from all age cohorts over 25, with only teenagers and those under 25 poorly represented in the survey. In response to Question 3, 33 or 41% respondents were working (compared with 43% last year) with the remaining 47 respondents 'not working/in education/retired'.

As can be seen in the tabulated results appended to this report, when responding to Question 4, at least someone reported having every type of long standing condition listed, apart from a learning disability, with just 28 claiming to have 'no long standing health condition'. To what extent the frequency of the conditions reported reflects the frequency with which patients present at the surgery with such conditions could only be checked against clinical records (not possible with an anonymous survey) but, intuitively, they appear representative, with four in 80 patients reporting blindness or partial sight but 43 reporting having 'a long-standing condition requiring continuing medication or treatment such as cancer, HIV, diabetes, chronic heart disease, high blood pressure or epilepsy.'

In conclusion, the biographical characteristics of those patients who agreed to participate in the survey seem to be typical of the patient population that are current users of the services offered by the practice.

As reported above, this year responses to Question 4 were used to consider whether patients in poor health have different attitudes to those in good health on a few matters. Last year 68% of respondents based on self report (i.e. subjective criteria) rated themselves as being in 'excellent' to 'good health' as opposed to 'fair' and 'poor' though the vast majority still required repeat prescriptions, casting doubt on the validity of the classification based on subjective criteria. This year using objective data from Question 4, only 26% reported having no long standing condition, who were thus rated as in 'good health'.

Respondents in full or part-time work or full time education with good health (17 in total) or poor health (16 in total) are on average significantly younger than the respondents without work commitments with good health (11 in total) or poor health (36 in total), as would be expected.

With the possibility of making comparisons with last years survey results in mind, it can be seen that in terms of biographical characteristics the two patient samples completing the questionnaire are very similar. Their medical needs also appear to be similar, both this year and last, an identical 83% of respondents were on 'repeat prescriptions', however this year's sample may have slightly fewer medical problems than last year's.

To Question 4, 74% of this year's sample reported having one or more health problems, compared with 81% of the sample last year. Thus making comparisons is legitimate, *but with one important proviso*. The total number of patients covered by the survey is inevitably a very small sample of all patients registered with the Station View Practice. Although this year's sample looks very similar to last year's (which supports the case that it is representative of patients actively using the practice), it is nevertheless possible that, by chance, we have questioned, for instance, a more disgruntled group of patients.

 Some of the decline in satisfaction with the practice, reported below, could therefore arise as a sampling artefact that does not represent a genuine decline across the patient population as a whole. The data gathered in this survey is instructive, but it must not be accepted as totally reliable, bias free and definitive. A far larger survey would be needed to support fully reliable conclusions, nevertheless the present data are indicative, and in some instances point to a probable cause for concern.

**Questions about the Practice**

**Section B: Questions about Seeing a Doctor**

From Question 5 in the Appendix it can be seen that using the telephone remains the most common means patients use to make appointments to see a doctor, but most (86% compared with 67% last year) report that it is 'quite difficult' to make an appointment this way (several respondents scored out 'quite difficult' and entered 'impossible' instead.)

Comments made at the end of the survey, even more than last year, continue to refer to the difficulty getting through on the phone to see a doctor when the switchboard opens at 8.30 am. Making appointments in person at the surgery or through a nurse you were seeing already are reported as 'quite easy' to make by most patients (76% and 100% respectively.)

Significant changes to the way patients can make appointments were introduced in 2012, in keeping with the action plan drawn up in response to the first survey. One of these was the introduction of the possibility of making appointments on line. However, during the course of this year, the practice found it necessary to change the suppliers of its computer facilities. As a result, for several months this year the opportunity to book appointments on line had to be withdrawn while the new computer system was installed and staff trained in its use.

Only 25 respondents had this year used this method and of them 10 found it 'quite difficult' to make the appointment. Whilst the reasons for this were not explored in the questionnaire, anecdotal remarks at the end of the questionnaire suggest that actually using the web portal to make a booking was not the problem (the new on line facility is more user friendly than the previous one), instead it was the lack of vacant appointments offered less than ten or more days ahead which accounts for 'the difficulty' encountered.

The present on line facility has benefits for patients, but only for those making non-urgent appointments. The practice should be encouraged to retain this facility, but perhaps for the time being, to manage patient expectations, be realistic and publicise it as a facility for making only non-urgent appointments. Patients themselves (especially those in work who cannot wait long periods on the phone before getting through to a receptionist) want to be able to book even same day or, preferably, next day appointments on line. With the current demand for GP appointments far exceeding numbers available the practice probably cannot meet this patient aspiration, nevertheless it should be born in mind for the future.

Question 6 sought to find out if patients who wished to see a doctor 'fairly quickly' within the previous six months were able to do so, either on the same day or within the next two days when the surgery was open. Those who answered 'no' to this question were asked to indicate why this was in the linked Question 7.

It turned out that 25 respondents (a worrying 35% of those who tried to make an urgent appointment) reported being unable to see a doctor 'fairly quickly'. (The same figure last year was 17%.) Of these, 20 patients gave the reason as 'no appointments were available' and 5 were offered an appointment but 'with a doctor I did not want to see'. As an alternative, six were offered an appointment with a nurse and three reported being offered a telephone consultation with a doctor to determine if an urgent face-to-face consultation was really needed, sometimes resulting in the patient being fitted in with an appointment.

It could be that the patients who found there were no appointments available may not have had genuinely urgent problems or they did not give the receptionist enough information to stress why they needed an urgent appointment. Without this information the receptionist does not have enough facts to suggest triage by the duty doctor who may then decide if a telephone consultation and possibly an emergency appointment is necessary.

In conclusion, there is evidence that when a patient really wants to see a doctor with an urgent need, the practice does all it can to enable them to do so. Unfortunately, demand for appointments exceeds supply even more this year than last. Those most desperate to see a doctor report turning up at the practice in person well before 8.30am and queueing, sometimes in the rain or the cold, to make an appointment as soon as the surgery opens. They see this as the only alternative to phoning for an appointment as too often all are taken when they eventually get through on the phone. Not all patients have this option, especially any who are taken very ill the night before and some elderly or disabled patients, or those without transport. A few such patients report the feeling of being discriminated against by an unfair booking system.

It was noticeable that respondents to the survey this year were even more frustrated and upset than last year about the difficulties they face being able to make an appointment to see a doctor. Many report waiting for a long time on the phone after the lines open at 8.30 am only to be told all appointments had been taken and to ring again tomorrow (when they face the same outcome).

Patients with work commitments or when getting children off to school report that they cannot stay on the phone that long. Others feel it wrong that they have to queue at the surgery before 8.30am when they are ill just to get an appointment with a doctor. Several comments by respondents were quite angry about the system for making doctors appointments, blaming the practice administrators for not offering a more viable system rather than recognising the basis for the problem, too few doctors appointments to meet demand.

A new theme emerged this year, with some respondents blaming the practice for registering more patients than it can safely handle and suggesting that the practice should register no new patients till it can offer an adequately accessible service to those it already has. The objective facts do show that over the last year, compared with the year before, more patients have had to be turned away frustrated, with no appointment available for them. This issue is taken up again in the discussion.

Question 8 identified 46 respondents (compared with 36 from a larger sample last year) who had attempted to book a non-urgent appointment more then two weekdays in advance. Question 9 then asked these respondents to indicate how they had attempted to make this appointment and whether or not one was offered. Of the 12 patients who had tried to make the appointment on line,10 had success at doing so.

Requests for non-urgent appointments made by phone were offered on fewer occasions than last year (12 out of 26 this year, compared with 14 out of 19 last year) and likewise when made in person (13 out of 20 this year, compared with 15 out of 16 last year). In total 60% of requests for a book-in-advance appointment were successful, compared with 82% last year. At the time of the first survey two years ago, fewer requests for non-urgent appointments were accepted, hence the present outcome reflects the decision by the practice to offer more bookable-in-advance appointments. This is a welcome development which as the data show is now increasingly having to be balanced against the necessity to retain enough appointments for patients needing to see a doctor within 48 hours (which remains a problem, seemingly worse than last year).

Question 11 showed that 63% of patients have a doctor who they prefer to see (last year's figure was 69%). Not surprisingly, those falling into the category of being in poor health were more keen to see a preferred doctor than those in good health (72% as opposed to 46%). Patients with chronic problems are presumably more concerned to see the same preferred doctor as this will potentially contribute to greater continuity of care and less repetition of past history.

Results show 43% of those patients who expressed a preference to see a particular doctor were able to see the doctor they preferred 'always or most of the time' or 'a lot of the time'. Last year the comparable figure was 68%. It is probably a symptom of the increase in the overall demand for appointments that more patients cannot be offered appointments with their chosen doctor, unless more doctors are now working part time and thus available for appointments fewer days each week?

Not being able to see a preferred doctor is a fact of life patients probably just have to accept in the present day conditions of general practice, but it has implications for the records doctors now have to maintain to permit colleagues to offer continuity of care on a group basis. A few respondents wished that the days each doctor in the practice are working could be published. Would it be feasible to do so?

When asked in Question 12 to rate the doctor they last saw on a number of qualities such as 'giving you enough time' or 'taking your problems seriously' 81% of all responses were in the 'good' or 'very good' category. This was lower than the 91% figure in the survey last year.

Some 7% of the respondents rated the doctor patient interaction as having gone badly as far as they were concerned (6% last year). There have been several new doctors appointed to the practice this year, replacing well respected, long serving much loved partners who have now retired. Potentially not too much should be read into these figures after a year of change. Spontaneous comments on individual doctors were mainly very positive, almost all doctors are managing to maintain high standards of patient care.

Question 13 then focused slightly more on the patient's confidence in the medical judgement of the doctor by asking 'did you have confidence and trust in the doctor you last saw?' Although the figures are down on last year, the majority were still positive, 63% (79% last year) responding 'yes definitely' and 33% (16% last year) 'yes to some extent' with just 4% answering 'no' (3% last year). Once again a figure like this is likely to drop until new doctors have become established in the practice and are trusted as much as those they replaced who had been with the practice for many years. Establishing trust takes time.

Questions 14 and 15 were added to the survey last year to get patient views on the out of hours service they experience when the practice is closed and they have a sudden or urgent problem at a weekend or during the night.

A total of 18 respondents had needed an out of hours consultation (same as last year). How they went about getting advice or a consultation was explored in Question 15. Encouragingly, the large majority of respondents reported a satisfactory outcome with the action they had taken. Responses to Question 15 indicate that, as last year, no major concerns were apparent about the out of hours provision of medical cover. Only one respondent commented on the out of hours provision in their free ranging comments at the end of the questionnaire, wishing there was a more local drop in centre.

**Section C: Questions about Seeing a Nurse**

Question 16 asked about booking appointments to see a Practice Nurse. It can be assumed that phlebotomy appointments were included in this category though in subsequent surveys questions about phlebotomy might be separated. Probably most patients view a blood test as being done by 'a nurse' and do not realise that phlebotomists are not generically trained as nurses but have specialised training in blood testing procedures.

The results table shows that all methods of making appointments were used with most respondents reporting it had been 'relatively easy' to make the appointment by the method chosen. Though judged slightly more difficult than the other methods, even making appointments over the phone created few problems for patients and those that were experienced were almost certainly related to getting through on the phone during a time when the lines were busy.

The overall satisfactory picture was little changed from last year. The one exception being all attempts (3) to make an online appointment with a nurse were reported as 'difficult'. It appears that this facility has not been re-established after the change over to the new computer system at the time these three appointments were sought. Should the new online facility offer the option of making on line appointments to see a nurse?

Question 17 asked respondents who had visited a practice nurse in the last six months (74% of the respondents compared with 75% last year) to rate them on qualities such as 'giving you enough time' to 'treating you with care and concern'.

As can be seen from the results table the overwhelming majority (88%) rated the nurses as 'very good' or 'good' on the qualities they were judging (compared with 90% last year). Certain qualities such as 'explaining tests and treatments' or 'involving you in decisions about your care' were judged as not to apply more frequently than the other qualities such as 'treating you with care and concern' and it was these same qualities that were also more likely to rated as 'neither good nor poor'. This is possibly because they did not really apply. Only 2% of responses gave 'poor' or 'very poor' ratings (an improvement on 5% last year) suggesting that patients in general are very satisfied with the services offered by the nurses and phlebotomists of the practice.

Though not covered in the survey, other than in the open ended comments at the end of the questionnaire, the blood testing service offered by the practice which has changed this year is raised in the discussion.

**Section D: Some General Questions**

The results of the 2011 survey provided some, albeit ambiguous, evidence that a few patients, especially those with full time work commitments were experiencing difficulty obtaining test results over the phone. Question 18 explored this issue directly and found that 88% (90% last year) of those who had needed test results reported that obtaining them was no problem.

As for the seven respondents who reported a problem, when asked to specify the cause it turned out six of them simply had a problem getting through to the practice on the phone, not with getting given the results once they had got through to a receptionist. In the remaining case there was a one off muddle to resolve.

Even phoning after 11 am callers are often met with a significant delay before the phone call can be answered by a receptionist. The lines are often busy at all times of the day, a comment made by several respondents more this year than in the past.

Question 19 showed that all but one of the respondents rated the GP surgery as 'Very Clean' (66% compared with 75% last year) or 'Clean' (29% compared with 25% last year). The cleaning staff deserve to be congratulated even if respondents are marginally less positive, hygiene standards are not a concern of patients.

Question 20 regarding privacy in the reception desk show a marked and worrying change from last year. 41% of the respondents recognise that in the reception area they can be overheard, but 'do not mind' (compared with 64% last year), whereas 43% do mind (compared with 17% last year), some commenting this is an issue about patient confidentiality. 8% think other patients cannot overhear compared with 12% last year (may be they take precautions at an open desk to ensure they are not overheard) and 8% 'don't know'.

This significant change in the results is almost certainly due to a change in the queuing arrangement for the reception desk. Last year many respondents commented on the problem of long queues stretching into the entrance lobby, keeping the automatic doors open, thereby making the reception area cold and draughty. No one made this complaint this year because to solve the problem identified last year 'bank style' fabric barriers have been introduced to re-locate the queue inside the waiting room.

The queue now doubles back on itself past the reception desk. Unfortunately by solving one problem, another has been created! Patients do not like the arrangement as they feel less private than before when talking to a receptionist. The possibility of altering the queueing arrangements but still staying within the reception area is raised in the discussion.

Question 21 asked how helpful do you normally find the receptionists at the surgery? Last year 66% reported 'Very' and 28% 'Fairly' with just 6% saying 'Not Very' or 'Not at all'. This year 36% reported 'Very', 48% 'Fairly' with 15% reporting 'Not Very' or 'Not at all'. A small but noticeable number added some remark like 'it depends who you get, though the majority are great'.

Reception staff have a difficult job to do often under time pressures, with a queue of patients at the desk and this year with long periods when the touch screen to register arrival for an appointment was out of service. They are also in the front line on the desk or on the phone when patients are frustrated by such things as the unavailability of GP appointments at a time they want.

Elsewhere the survey data has shown that demand for doctor's appointments has gone up this year even more than last, but the number of available appointments has not increased accordingly. The receptionist job has thus become more difficult facing more patients whose needs for an appointment cannot be met. The decline in perceived helpfulness of reception staff may simply reflect greater frustration by patients who are blaming them for the lack of vacant appointments. They are blaming the messenger for the message. They are unable to help not because they are not trying to do so but because they cannot make appointments that do not exist.

Some receptionists may be better at handling difficult situations than others. Help and support with training and advice is probably all that can be done. The practice itself reports an increase in rudeness and aggression directed towards receptionists by a minority of patients. Psychologists have well documented how frustration often leads to aggression, so although this outcome is to be expected, it is nevertheless unacceptable and an issue the managers of the practice are doing their best to address.

From the point of view of a receptionist, just knowing that some frustrated patients may become aggressive may help them not to take it too personally. There are techniques that can be taught to people in how to defuse aggressive behaviour in others, but it would be sad if receptionists needed training in such techniques, most of which would be hard to apply at a reception desk as they require time to be taken with the aggressive person.

Reception staff will always take the brunt of patient frustrations when they are unable to offer appointments when all are booked. Some patients are reluctant to tell receptionists why they need to see a doctor. This is unfortunate when all appointments are gone, as without this information, the receptionist cannot pass requests for urgent medical needs to the duty doctor who, once given the information, may decide (on a triage basis) that the patient does need a consultation, possibly by phone.

Without any information to go on, patients are told simply to try again tomorrow, by which time all appointments are again taken. Patient confidentiality is important but unless receptionists (who do anyway have to have access to patient records to do their job) are trusted to feed key clinical information back to doctors, it is the patient who will lose out.

Some open ended comments by respondents say things like 'it is not up to a receptionist to decide if I need to see a doctor' or 'my medical needs are confidential between me and my doctor and I resent receptionists asking about them'. In an ideal world these attitudes are understandable but in the real world situation they do not help a patient get what may be urgent treatment.

Question 22 asked how long those with appointments normally had to wait to be seen. 82% were seen within 15 minutes at the most, with many seen much faster. Eleven respondents reported 'normally' having to wait over 15 minutes and one more than 30 minutes.

This is clearly not the norm. Waiting times were virtually the same as those reported last year. Question 23 went on to explore patient attitudes to waiting times; 70% ( compared with 82% last year) reported that they 'did not normally have to wait too long' or having 'no opinion' (accepting some delays are inevitable when waiting to see a doctor whose previous patient may have presented with exceptional problems). 17 patients reported having to wait 'a bit too long' and one 'far too long'.

Those in work or with other commitments, understandably more often reported 'having to wait a bit too long' compared with those who are retired or without any work constraints on their time. From the free remarks at the end of the questionnaire a few patients unfortunately reveal a me-centred attitude that expects the whole practice (and probably the whole of society) to revolve round their needs and wishes, they should never have to wait, the telephone should be answered immediately and they should be able to see the doctor of their choice the same day at a time they want, after all 'I am a busy person too'!

Fortunately this attitude is rare and the survey results again show there are no real problems to address about waiting times. Occasional delays are inevitable and most patients appreciate this, even if this year's sample of patients responding to the survey are slightly less patient than those responding last year.

With regard to GP practice opening hours which have featured quite a lot in the media during the course of the past year, respondents were asked 'Even if it means some inconvenience and forward planning of your schedule, when necessary, are you able to visit the surgery when it is currently open?' (The current times were then given). 73 answered 'yes' to this question. Just 6 individual respondents said 'no', two giving reasons such as working in a distant town.

All but one of those responding 'no' were drawn from the sample of patients in work. These patients were then asked in Question 25 to state when they would like the surgery open, two wanted before 8.30 am and one after 5.30pm with two wanting Saturdays. The remaining respondent ticked the box 'I would not want open hours extended if it meant spending less on other services'. As any change to the surgery open hours would have exactly this consequence, based on this survey no case can be made out to press for a change to the opening hours, especially as no real problems were experienced with the out of hours provision (Question 15).

It is also almost certain that any patient in employment who is sufficiently ill (probably needing to be off work any way) can get to see a doctor at the time the practice is open. Special arrangements (pre-bookable Saturday appointments) are in place for patients who cannot visit at other times for non-urgent consultations. Any spare resources would be better spent developing other services (e.g. even further increasing the number of doctor appointments within existing open hours).

Question 26 explored the way the provision for repeat prescriptions is working. Results showed that 83% of all the respondents needed to be prescribed repeats of medicines such as regular pills for conditions like high blood pressure, etc.

 In Question 27 these patients were then asked to indicate how they had gone about ordering a repeat prescription (it being the patient's responsibility to ask for the regular medicines he or she needs) and then to indicate whether using that method was 'quite easy' or 'quite difficult'. Results can be seen in the table in the appendix. By ordering 'in person' or 'arranging for a pharmacist to order it for you' patients experienced the fewest difficulties.

Ordering on line was a problem for a few, probably reflecting the fact that not all patients understand the definition of a 'repeat prescription' which on line covers only medicines a patient needs on a regular basis, not a one off drug (e.g. eye ointment) prescribed once but which the patient now wants to have again. Such medicines are not listed as available as repeats on line. No significant problems with obtaining repeat prescriptions were uncovered in the survey results. Several patients regretted the withdrawal of the service to order repeat prescriptions over the phone. They had still not understood why this service had been withdrawn,

In May 2012 the practice opened a Health Promotion Room (subsequently re-named the 'Health Awareness Room' as the original name was perceived by some as implying a gym!) leading off the main waiting room. Question 28 asked 'have you visited the Health Awareness Room?'. Only 19 had done so who were then asked in Question 29 to indicate which facilities they had used and to indicate how useful this facility was found to be.

Fourteen of those who had visited the room had checked their own blood pressure, 10 saying this was useful, 3 quite useful and one responding 'no'. Six patients had weighed themselves and 18 had read some of the literature available in the room. Patients who need to have their blood pressure monitored can now do so themselves without having to make an appointment with a nurse, hence the facility will, over time, take pressure off nurse appointments.

It is a welcome innovation and should continue to be promoted. This year's results show that patients are using the Health Promotion Room a bit more frequently than last year. Those that do use it are mostly retired or not in work, though 7 patients currently in work and in poor health reported visiting the room. The survey results are encouraging in showing that the facility is being used a bit more often, albeit by only about 25% of patients, nevertheless a number high enough to justify maintaining and potentially, developing the facility.

For many years the practice has had a web site. Question 30 asked respondents to indicate how often they visit this web site. Interestingly, only 5 respondents ticked the box 'not relevant as I do not have routine access to the internet' but 31 reported 'never or almost never' visiting the web site. (This total could include some unwilling to admit having no access to the internet). This left 49% (compared with 38% last year) of the respondents who at least sometimes visit the web site, though the majority (22 respondents) visit it 'very occasionally'. Just 4 visit it 'at least once a month' and 8 'once every two to three months'.

These figures were up on those found last year. Although this is an encouraging trend if it continues, it still has to be concluded that at present not enough patients treat the website as a place where they can get regular information about the practice for it to be relied upon as a way of giving news or topical information to patients about matters that the practice wishes to make known. To become a better channel of communication with patients it would need to be more widely promoted, it has potential when responses suggest, may be a bit optimistically, that about 90% of patients do have access to the internet.

**Section E: Overall views**

Question 31 asked 'How satisfied are you with the care you get at the surgery?' 34 respondents were 'very satisfied', 26 'fairly' satisfied, 8 were 'neither satisfied nor dissatisfied', leaving 10 'dissatisfied' and 2 'very dissatisfied.

Comparable figures last year were far more encouraging as 77 respondents were 'very satisfied' and 22 'fairly' satisfied leaving just 6% of respondents saying they were 'neither satisfied nor dissatisfied' (4 people) or 'quite dissatisfied' (2 people). Nobody reported being 'very dissatisfied' last year. Whilst this decline in satisfaction may be a small sample artefact rather than reflecting the views of patients as a whole, it is instructive to note that 6 of the 12 respondents who were 'dissatisfied' or 'very dissatisfied' were found within the 17 respondents who are working and also in good health. As one in effect put it 'how can I be satisfied with the health care I get from the surgery when I cannot get any since I cannot even get an appointment to see a doctor'.

Only one of the respondents in the group that was working while being in poor health was among these 12 dissatisfied patients. Having overcome the challenge of getting appointments, these patients with health problems appreciated the high standard of care and concern then experienced from medical staff at the practice. As one respondent put it 'I am impressed with everything except the near impossibility of making an appointment'.

The final Question 32 asked what is being called the 'friends and family test'; 'would you recommend the surgery to someone who had just moved to your local area?' Positive responses were less this year than last, which itself was a decline on the year before. 51% answered 'yes' (compared with 85% last year), 16% 'might' (compared with 8% last year). This left 33% of respondents 'not sure' (6), 'probably not' (15) or 'definitely not' (4).

 From comments written next to this question and at the end of the questionnaire it becomes clear that the overwhelming reason patients are increasingly becoming less willing to recommend the practice to friends and family is the sheer difficulty they face getting access to medical services, albeit the fact that these are regarded most highly when they are actually obtained. Even an element of self- interest was apparent in some comments, in effect; 'It is hard enough for me to get an appointment when I need one, so I would be a fool to encourage more patients to join the practice and compete with me for the same limited number of appointments'.

At the end of the questionnaire respondents were invited to write about the good and bad features of the practice in their own words. About a quarter of respondents had something to add, sometimes these were a paean of praise from the happy atmosphere with cheerful staff and the 'always caring and compassionate staff' many of whom this year were mentioned very positively by name.

However even more than last year, by far the most frequent comments were about the problem patients face getting through on the phone to book appointments and the sheer difficulty of getting an appointment at all, particularly for those with work commitments. These patients are calling out for a more user friendly system of booking appointments and blaming the practise managers for not providing it.

Many seem unaware of the huge pressure the whole practice is under, though others add similar comments to last year such as 'I doubt if much can be done about it, but the doctors do seem overstretched'. At least this year there was no complaint about the cold temperature in the waiting room, previously caused by the automatic doors being triggered to remain open by patients standing back whilst queuing at the reception desk. As discussed earlier, these complaints were replaced by criticisms about the new arrangements for queuing at the reception desk and its lack of privacy. One responded called for an update of the web site.

Whilst it was not touched on in the survey questions several comments were made about the new arrangements for blood tests taken at the surgery. Several patients are calling for the pre-bookable arrangement to be restored. This issue is taken up in the discussion section that follows.

G**eneral Discussion**

The key aim of the regular survey of patient opinion is to identify strengths, but more importantly any perceived problems, in order to see if anything can be done to rectify them. As before, this survey showed strengths aplenty, especially patient satisfaction with the standard of medical care provided by most of the doctors and nurses at the practice.

Last year the survey results highlighted what was already known to be a problem, the difficulty patients face trying to book appointments to see a doctor, especially when their health needs are acute and urgent. The problem has not gone away and objective evidence shows it has become even worse. Being unable to get through on the phone to make an appointment to see a doctor, or the challenge of getting any appointment at all, is the single topic about which most comments were made.

At its core is the worrying fact that whatever the practice does to make available more appointments with doctors (and more have been provided this year) demand still exceeds the number available. Hence when the telephone lines to book appointments open each weekday morning at 8.30am they are all in use immediately and there is also a queue of patients at the surgery trying to book in person to see a doctor the same day. Frustration for patients is thus inevitable, especially those who are anxious to see a doctor urgently.

A new feature this year was a few patients giving vent to their frustration by making it clear they would not recommend the practice to friends and family till this problem is solved. Others were suggesting that if the practice cannot cope with existing numbers of patients registered with the practice then it should refuse to take on any more new patients.

If the responses to Question 5 are compared with those to Question 16, it will be noticed that trying to book an appointment with a doctor is far more difficult than booking an appointment with a nurse. This difference arises from the far greater need to book doctor appointments urgently and also from the sheer weight of demand for doctor appointments. It is not so much the booking system that is a problem (though getting through on the phone is highlighted as a problem by many patients) but the sheer numbers of patients trying to see a doctor compared with a nurse.

With an ageing population with increasing health needs, there may be little more the practice can do to meet the demand for appointments apart from expanding the number of doctors in the practice or limiting the number of new patients registering with the practice. Practical, resource and financial issues are raised by both courses of action, but the practice is under pressure from patient numbers and is now being forced to try and squeeze two quarts into a pint bottle.

A glimmer of hope may be provided by the advent of GP Registrars (recently qualified doctors choosing a career in general practice rather than hospital medicine) now that the practice has been approved as a training practice. Their presence will increase the number of appointments available, albeit at the cost of some supervision time by experienced doctors in the practice. This welcome development is too recent for its impact to be evaluated.

The knock on consequences of having to cope with so many patients are almost all negative. Patients rate the practice less favourably in 'friends and family' recommendations which then reflect badly on the practice when judged externally against such criteria, (which are all to often taken at face value.) Patients get more frustrated and prone to complain more or become aggressive and abusive with receptionists.

Dealing with the consequences all takes staff time which could be better spent elsewhere. Doctors and all staff feel under pressure, they are giving of their best, as the survey shows, but demand for services still cannot be met and everyone gets demoralised. New housing estates are going up in the vicinity of the practice which is likely to lead to yet more patients seeking to register at Station View. The problem of overstretch for the doctors in the practice which this survey highlights, seems insoluble at a time when financial provision is becoming less rather than more. All this is happening at a time when from the Department of Health downwards, GPs and their practice managers are being burdened with yet more bureaucratic information demands and expected to meet externally set targets.

Could the voice of patients via our Patient Participation Group, in league with those of other practices which are all facing similar problems, be harnessed in quasi-political ways to campaign for steps to be taken to reduce the unnecessary levels of bureaucracy imposed on GP practices to allow doctors to do what they do best, treating patients?

There must be times when GPs face the dilemma, do I spend my time treating patients or spend it keeping a log of actions taken to demonstrate targets have been met, which if missed have consequences for the funding to run the practice. Are there issues that the PPG should seek to pursue externally to the practice? Also, is there anything the practice can do, even covertly, to limit the number of patients joining the practice? Refusing to accept transfers of patients from other practices within the area rather than just discouraging such transfers might be a start?

When a survey like this draws attention to the pressure the practice is under and the sheer difficulty patients have getting appointments, it leads to real feelings of anger that a significant number of patients (something like 10%) book appointments and then fail to turn up without cancelling in advance. So called DNAs (Did Not Attends) are a huge waste of resources. It beggars belief that patients have so little sense of social responsibility that when they cannot attend a booked appointment they do not ring up to cancel and thereby permit another patient to take their place.

Previously there was concern that the greater availability of book-in-advance appointments might lead to more missed appointments, but the practice finds it is even patients who have booked an appointment the same day who then fail to turn up but do not cancel.

In some cases, the patients concerned live such chaotic lives that missing appointments is a symptom of their medical condition (e.g. addictions to drugs or alcohol), but in other cases it is either sheer lack of concern for others that patients do not cancel appointments they cannot attend, or forgetfulness ( in which case one wonders was the patient really in need of the appointment in the first place, if they were really ill they would not forget!).

What can be done about this problem of DNAs? The practice already writes to 'repeat offenders' and appeals to their social conscience to consider the needs of other patients who could have seen a doctor in their place. It would all add to work demands on the administrative staff, but the practice might look into the introduction of a system of sending patients a text message as a reminder of a pre-booked appointment, copying what a few other GP practices have introduced (e.g. the South Wigston practice).

The option of charging patients for missed appointments is not possible under NHS rules. The survey has shown that patients do find it hard to get through on the phone to a receptionist even after the early morning rush of calls trying to get appointments. There may be patients who do try to ring to cancel an appointment but on finding the phone line constantly engaged give up. To deal with this possibility, the practice might consider having a dedicated mobile phone number to which patients are asked to send a text message if they need to cancel an appointment. At the time of booking appointments this number would be given out (and written on appointment cards and given when appointments are booked on line) and patients told to use it only for text messages cancelling appointments. It would be made clear that the mobile phone number for the practice will never be answered, it is only for receiving text messages cancelling appointments and such messages will not themselves be acknowledged.

The survey showed up the perennial problem of communication with all patients registered with the practice (over 13,000). Letters in the post are too expensive and still not enough patients are visiting the web site for this to be used as a reliable means of distributing information or making news available.

Even the presence of a new facility like the Health Awareness Room leading off the main waiting area is still missed by some patients one of whom wrote on the questionnaire 'what is this?'. To get messages across (like the consequences for others of missing appointments) it may be fruitful to explore giving more publicity to the practice web site as a source of information that it will benefit patients to visit.

The possibility of adding a current news update to the web site might interest patients, increase readership of the web site which would then become an increasingly viable means of communication. At meetings of the PPG, the Practice Manager in particular provides all kinds of information on the practice, (e.g. progress with the Shingles Vaccination programme, its expense and why it is currently targeted at only two age groups, or the success the practice has had keeping within budget for prescriptions and hence the policy to prescribe generic drugs when possible).

Could such information not be published on the web site, possibly with the help of a PPG reporter? One way of introducing this might be for the PPG to give a report on its last meeting and what was learnt about the practice, thereby disseminating further the information imparted to the PPG.

Communications could also be improved with a bit more up front information given on existing notices. For instance, the survey revealed patients are critical of the time it took to get the touch screen, check-in facility repaired. Along with the notice saying the screen was out of order a brief explanation saying how the practice was dependent on unresponsive, external repair agencies would defuse at least some such criticisms.

Such explanations are worth doing even if they do not always get accepted. Some patients still regret and criticise the withdraw of the facility to order repeat prescriptions over the phone, but at least some accept the explanation that was given about 'best practice' and the danger of error with telephone requests.

When discussing the queuing arrangements at the reception desk which are not welcomed by some, how many of the critics are aware of why the changes were introduced ; an attempt to move the queue into the building in response to previous patient complaints that queuing by the automatic doors allowed the waiting room to become too cold. Assuming, in the light of responses to Question 20, a further attempt to address this problem will be made, perhaps the notice this time should add an explanation why the revised queueing arrangement is being tried? e.g.'To retain warmth in the waiting room we are experimenting with arrangements that keeps the queue within the room; please circle round the barrier to join the queue'. Giving explanations for changes is likely to be helpful in forestalling at least some criticism.

This year, the practice has changed the arrangements for offering blood tests. The new arrangement in which patients need to book on the day after 9 am has been adequately announced, but it is likely that not many patients appreciate that the availability of Phlebotomy services at the practice is an 'extra' that not all GP practices can provide. With the best will in the world, the practice cannot meet the needs of all registered patients needing blood tests.

Choices have to be made, some will need to go elsewhere (to the Hinckley Hospital) for their blood tests. The new arrangement works far better than the old book-in-advance one at least for patients who need a on-off, often urgent, blood test to help a doctor reach a diagnosis. Previously with only pre-booked appointments it could take days or even weeks before a phlebotomy appointment could be offered. However, comments at the end of the survey show that the patients who now lose out are mainly those who need a regular blood test, say monthly, to monitor a chronic medical condition or the impact of drugs designed to treat it.

Whilst such patients requiring regular tests can still ring up at 9 am or join the queue on the day to book a test, it is far less convenient for them than being able to make regular bookings in advance. One patient in work pointed out that to get a blood test she now has to take potentially a half day off work; having managed to book a test after 9am she may then have to wait till mid morning to get the test done. Previously she could plan her day round a know-in-advance booking. Several patients in this position are asking to be allowed to again make book-in-advance appointments for blood tests.

However, should such patients not be encouraged to get their regular blood tests at the Hinckley Hospital in Hill Street where they can still make book-in-advance appointments? This would leave the book-on-the day faculty (less easy to access quickly at the Hinckley Hospital) available for those needing urgent blood tests for diagnostic purposes, which arguably, the practice has got right in identifying as a priority, given that it cannot cope with all requirements for blood tests. Once again, it would help patients appreciate the situation if the practice could be explicit and up front in admitting that the Phlebotomy service it provides as an 'extra' cannot meet the needs of all who need blood tests. Those requiring regular tests are thus encouraged to book them in advance with the Hinckley Hospital. It would also help all patients if on the notice on the reception desk saying that bookings for blood tests can be taken only after 9 am also gave the number to ring to book a blood test at the Hinckley Hospital.

Again this is an example of where an explanation for what some patients see as a decline in services offered by the practice may help them to accept the change with good grace. Not all needs can be met and the practice is prioritising the urgent over the routine, but in so doing drawing attention to alternative provision.

The above ideas, prompted by the survey results are put forward to stimulate discussion. They are made in the spirit of responding even to minority concerns among some patients. At the same time it must be emphasised how the the survey shows that the Station View Health Centre team is doing very well and their efforts are appreciated by a significant majority of patients. Most patients recognise that the practice, like the whole NHS, is facing huge pressure from patient numbers with limits on resources. As a consequence, all patients need to behave responsibly and not make unnecessary demands. The minority who fail to think of other patients whose needs may well be greater than their own, who miss appointments in a 'could not care less' manner might be influenced by more information on the demand pressures the practice faces. A 'responsible patient guide' might be prepared by the Patient Participation Group in consultation with the practice, making information available on ways that patients can help the practice (e.g. is going to a drop in centre after hours costing the practice more than going for an out of hours appointment or visiting A&E?) and advice offered on when it is safe to self treat and not ask to see a doctor. The more patients can be encouraged to treat the surgery as a valuable but scarce community resource that it is everyone's interest to use responsibly and the less patients think in terms of their rights for this or that, the better it will be for everyone. Pigs may never fly, but small incremental changes in some current unhelpful attitudes may be possible?

**THE STATION VIEW HEALTH CENTRE GP PATIENT SURVEY 2013/14**

**Section A: Some Questions about You**

Please first answer some questions about yourself so we can see how well we are meeting the needs of different groups of patient within the population. We will keep all your answers completely confidential. The survey is anonymous so you are not asked to give your name.

**Q1.** **Are you male or female ?**

|  |  |
| --- | --- |
| Male | 36 |
| Female | 44 |

**Q2. How old are you ?**

|  |  |  |  |
| --- | --- | --- | --- |
| Under 18 | 0 | 55 - 64 | 15 |
| 18 – 24 | 2 | 65 - 74 | 27 |
| 25 – 34 | 5 | 75 - 84 | 12 |
| 35 – 44 | 7 | 85 and over | 2 |
| 45 – 54 | 10 |  |  |  |  |

**Q3. Are you working or not working/in education/retired ?**

|  |  |
| --- | --- |
| Working | 33 |
| Not working/in education/retired | 47 |

**Q4. Do you have any of the following long-standing, continuing conditions (tick all that apply):**

|  |  |
| --- | --- |
| Deafness or severe hearing impairment | 6 |
| Blindness or partially sighted | 4 |
| A long-standing physical condition resulting in you having at least some mobility problems making moving about difficult | 10 |
| A learning disability | 0 |
| A mental health condition | 2 |
| A long-standing condition requiring continuing medication or treatment such as cancer, HIV, diabetes, chronic heart disease, high blood pressure or epilepsy | 43 |
| A long term condition resulting in continuing pain or discomfort | 13 |
| I do not have a long standing health problem or disability | 28 |

**Section B: Questions about Seeing a Doctor**

**Q5. During the last six months which of the following methods have you tried to book an appointment to see a Dr (tick all that apply) and then indicate how easy you found it to make the appointment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Appointment Method | Quite Easy | Quite Difficult |
| By Telephone | 67 | 9 | 58 |
| In Person | 43 | 33 | 10 |
| On Line | 25 | 15 | 10 |
| Through a nurse you were already seeing | 7 | 7 | 0 |
| No appointment needed | 3 |  |  |

**Q6. During the last six months, when you last needed to see a doctor fairly quickly were you able to do so?** *By 'fairly quickly' we mean on the same day or in the next two weekdays that the Surgery was open.*

|  |  |
| --- | --- |
| Yes | 46 |
| No | 25 |
| Does not apply | 8 |

**Q7. If you answered 'No' to Question 6 please indicate why this was:**

|  |  |
| --- | --- |
| No appointments were available | 20 |
| No appointment could be offered at a convenient time for me | 1 |
| The appointment offered was with a doctor I did not want to see | 5 |
| I was offered a telephone conversation with a doctor who after talking to me decided I did not need to see a doctor in person | 3 |
| A nurse appointment was offered but I wanted to see a doctor | 6 |
| Another reason (please give in the space below) | 0 |

**Q8. During the last six months have you tried to book a non-urgent appointment with a doctor more than two weekdays in advance?**

|  |  |
| --- | --- |
| Yes | 46 |
| No | 31 |

**Q9. If you answered 'Yes' to Question 8, how did you try to make this appointment and was one offered?**

|  |  |  |
| --- | --- | --- |
| Method | Please indicate | Was Appointment Offered? |
| Yes | No |
| By Phone | 26 | 12 | 14 |
| In Person | 20 | 13 | 7 |
| On Line | 12 | 10 | 2 |
| Through a nurse you were already seeing | 0 | 0 | 0 |

**Q10. Is there a particular Dr you prefer to see at the GP Surgery or Health Centre ?**

|  |  |
| --- | --- |
| Yes | 49 |
| No | 29 |

**Q11.If you answered 'yes' to Question 10, how often do you see the Dr you prefer?**

|  |  |
| --- | --- |
| Always or most of the time | 10 |
| A lot of the time | 12 |
| Some of the time | 22 |
| Never or almost never | 7 |
| Not tried at this GP Surgery | 3 |

**Q12. The last time you saw a Dr at the surgery how good was the Dr at each of the following ?** *Please put a tick in one box for each row*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Verygood | Good | Neither good nor poor | Poor | Very poor | Doesn’t apply |
| Giving you enough time | 29 | 27 | 8 | 2 | 3 |  |
| Asking about your symptoms | 30 | 27 | 6 | 1 | 3 | 1 |
| Listening | 35 | 29 | 7 | 2 | 2 |  |
| Explaining tests and treatments | 26 | 24 | 8 | 3 | 2 | 5 |
| Involving you in decisions about your care | 28 | 18 | 14 | 0 | 3 | 7 |
| Treating you with care and concern | 34 | 24 | 7 | 1 | 5 | 1 |
| Taking your problems seriously | 34 | 27 | 8 | 2 | 3 |  |

**Q13. Did you have confidence and trust in the doctor you saw ?**

|  |  |
| --- | --- |
| Yes, definitely | 45 |
| Yes, to some extent | 24 |
| No, not at all | 3 |
| Don’t know/can’t say | 0 |

 **Q14. During the last year have you needed to see a doctor for a sudden urgent problem that arose over a weekend when the surgery was closed?**

|  |  |
| --- | --- |
| Yes | 18 |
| No | 62 |

**Q15. If you answered 'Yes' to Question 14 did you do any of the following and then indicate if the outcome was satisfactory from your point of view:**

|  |  |  |
| --- | --- | --- |
| Action taken |  Action | Outcome satisfactory ? |
| Yes | No |
| Phoned NHS 111 | 4 | 3 | 1 |
| Phoned the 'Out of Hours Service' | 9 | 8 | 1 |
| Went to a GP 'Drop In Centre' (e.g. in Loughborough or Oadby) | 2 | 2 |  |
| Went to an A&E Department in a hospital | 7 | 7 |  |
| Waited till Monday and made an appointment when the surgery was again open | 2 | 2 |  |
| Took advice from a pharmacist | 3 | 2 |  |
| Took over-the-counter medication | 2 | 1 | 1 |
| Did nothing but rest and hope the problem would clear up on its own | 2 | 1 | 1 |

**Section C: Seeing a Nurse at the GP Surgery or Health Centre**

**Q16. During the last six months which of the following methods have you tried to book an appointment with a Practice Nurse (tick all that apply) and then indicate how easy you found it to make the appointment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Tick all that apply | Relatively Easy | Quite Difficult |
| By Telephone | 36 | 23 | 13 |
| In Person | 28 | 25 | 3 |
| On Line | 3 | 0 | 3 |
| Through a nurse you were already seeing | 8 | 7 | 1 |
| No appointment needed | 23 |  |  |

**Q17. During the last six months, if and when you last saw a Practice Nurse at the Surgery, how good did you find the Practice Nurse at each of the following?** *Please put a tick in one box for each row*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Verygood | Good | Neither good nor poor | Poor | Very poor | Doesn’t apply |
| Giving you enough time | 32 | 24 | 3 | 0 | 0 | 0 |
| Asking about your symptoms | 25 | 21 | 7 | 1 | 0 | 5 |
| Listening | 30 | 24 | 4 | 1 | 0 | 1 |
| Explaining tests and treatments | 26 | 23 | 5 | 1 | 0 | 7 |
| Involving you in decisions about your care | 25 | 10 | 10 | 1 | 1 | 12 |
| Treating you with care and concern | 32 | 24 | 4 | 0 | 0 | 0 |
| Taking your problems seriously | 30 | 16 | 5 | 1 | 1 | 6 |

**Section D: Some General Questions**

 **Q18. In the last six months have you experienced any difficulty obtaining test results (normally over the phone)?**

|  |  |
| --- | --- |
| No | 53 |
| No, but I have not needed any | 16 |
| Yes (please state reason in the space below) | 7 |

|  |
| --- |
| Reason: |

 **Q19. How clean is the GP surgery ?**

|  |  |
| --- | --- |
| Very clean | 52 |
| Fairly clean | 23 |
| Not very clean | 1 |
| Not at all clean |  |
| Don’t know |  |

**Q20. In the Reception Area, can other patients overhear what you say to the Receptionist?**

|  |  |
| --- | --- |
| Yes, but don’t mind | 31 |
| Yes and am not happy about it | 33 |
| No, other patients can’t overhear | 6 |
| Don’t know | 6 |

**Q21. How helpful do you normally find the receptionists at the Surgery ?**

|  |  |
| --- | --- |
| Very | 29 |
| Fairly | 39 |
| Not very | 9 |
| Not at all | 3 |

**Q22. How long after your appointment time do you normally wait to be seen?**

|  |  |
| --- | --- |
| I don’t normally have appointments at a specific time | 1 |
| I am normally seen on time | 3 |
| Less than 5 minutes | 5 |
| 5 to 15 minutes | 55 |
| 15-30 minutes | 11 |
| More than 30 minutes | 1 |
| Can’t remember | 2 |

**Q23. How do you feel about how long you normally have to wait ?**

|  |  |
| --- | --- |
| I don’t normally have to wait long | 46 |
| I have to wait a bit too long | 17 |
| I have to wait far too long | 5 |
| No opinion/doesn’t apply | 5 |

**Q 24. Even if it means some inconvenience and forward planning of your schedule, when necessary, are you able to visit the surgery during the hours when currently it is open?** (Appointments booked on weekdays 8.30 am to 5.30 pm and some Saturday mornings, but only for pre-booked appointments)

|  |  |
| --- | --- |
| Yes | 73 |
| No | 6 |

**Q25. If you answered 'No' to Question 24**

 **when would you most like the surgery to open for extra appointments**

|  |  |
| --- | --- |
| Before 8.30 am | 2 |
| After 5.30 pm | 1 |
| On Saturday | 2 |
| On Sunday |  |
| If it meant spending less on other services I would not want the open hours extended | 1 |

**Q26. During the last six months have you needed to obtain repeats of medicines you have been prescribed, including regular pills for conditions such as high blood pressure?**

|  |  |
| --- | --- |
| Yes | 65 |
| No | 13 |

**Q27. If you answered 'Yes' to Question 26 in which of the following ways have you requested your repeat prescription (at least two days before it is needed) and then indicate how easy you found it to have your request approved:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Indicate method used | Was it quite easy? | Was it quite difficult? |
| In Person | 28 | 26 | 2 |
| By Post | 1 | 1 |  |
| On Line | 17 | 13 | 4 |
| By arranging for a pharmacist to order it for you | 33 | 32 | 1 |

**Q28. Have you visited the Health Promotion Room leading off the Waiting Room and opened in May 2012?**

|  |  |
| --- | --- |
| Yes | 19 |
| No | 60 |

**Q29. If you answered 'Yes' to Question 28, which facilities did you use and then indicate if you found them useful?**

|  |  |  |
| --- | --- | --- |
|  | Facility Used | Was it useful ? |
|  |  | Yes | No | Quite |
| I checked my own blood pressure | 14 | 10 | 3 | 1 |
| I weighed myself | 6 | 3 | 1 | 2 |
| I read some of the health promotion literature such as that about taking exercise and eating a healthy diet, encouraging breast feeding or about good parenting | 5 | 3 | 1 | 1 |
| I read some of the literature about self help for specific medical conditions | 5 | 4 | 1 |  |
| I read some of the literature about immunisation | 1 |  | 1 |  |
| I read some of the literature about actions to take to help avoid infections | 1 |  | 1 |  |
| I read about when feeling unwell what symptoms you really should report to a doctor and when it is safe to self-treat, probably with the aid of over-the-counter medicines | 2 | 1 | 1 |  |

**Q30. How often do you visit the Station View Health Centre Web Site (e.g. to read Newsletters or check on services available from the Surgery) ?**

|  |  |
| --- | --- |
| At least once a month | 4 |
| Once every two to three months | 8 |
| Very occasionally | 22 |
| Never or almost never | 31 |
| Not relevant as I do not have routine access to the internet | 5 |

**Section E: Your Overall Views**

**Q 31. In General , how satisfied are you with the care you get at the Surgery ?**

|  |  |
| --- | --- |
| Very | 34 |
| Fairly | 26 |
| Neither satisfied nor dissatisfied | 8 |
| Quite dissatisfied | 10 |
| Very dissatisfied | 2 |

**Q32. Would you recommend the Surgery to someone who has just moved to your local area.?**

|  |  |
| --- | --- |
| Yes | 39 |
| Might | 12 |
| Not sure | 6 |
| Probably not | 15 |
| Definitely not | 4 |
| Don’t know | 6 |