

THORNELOE LODGE SURGERY PATIENT PARTICIPATION GROUP
ANNUAL REPORT FOR THE YEAR ENDING MARCH 2012

QUESTIONS ARISING FROM / ABOUT THIS REPORT?

Please email: Thorneloe.ppg@nhs.net or phone: 01905 722802 and ask to speak to the PPG Secretary

BACKGROUND

Thorneloe Lodge Surgery has conducted patient surveys on its services and made the results, and any action plans arising, available to patients within surgery for over 10 years. The Patient Participation Group (PPG) was formed in late 2011 / early 2012 in response to NHS initiatives intended to create a more representative, transparent, open and accountable forum in which patients could express their views on both practice and hospital / community services; and wherever possible and agreed; influence future plans and services.

The detailed aims of the PPG are:

- For the practice to understand the patients' point of view and needs.
- To actively encourage and welcome comments, suggestions, and the involvement of the local and wider community.
- For the practice and the group to agree what could enhance the practice.
- To inform the practice of patients' views on secondary care (hospital / community) services.
- To agree health education activities within the practice.
- To encourage self-help projects to meet the needs of fellow patients in line with the representative demographic.
- To assist with extra fund raising activities to enable the practice to improve patient services.

The PPG consists of two groups, the **committee** of between 10 to 15 persons who meet at least once a quarter, and a **consultation (virtual)** group of up to 50 persons whose views are sought on a regular basis via a variety of methods. The surgery senior GP partner, practice manager, and a member of staff fulfilling a secretarial function, attend committee meetings. Other practice staff attend depending on issues to be discussed. Current patient PPG numbers are: committee x 10 , virtual group x 11, total 21.

Main activities during the year 2011/2012 include: two committee meetings, a patient survey of both PPG members and the wider patient population focussing on identified priorities, and the agreement between the PPG and the practice of an action plan for 2012 / 13 to address the main issues identified in the survey.

REPRESENTATIVE NATURE and PROFILE

Considerable efforts were made to both try and recruit a PPG which was representative of the practice population, and to ensure that all patients were offered the opportunity to complete the first patient survey.

Profile - Practice Population v PPG v Survey Respondents

<u>AGE RANGE</u>	PRACTICE	PPG	SURVEY
0-17	19%	0%	0%
18-30	12%	0%	11%
31-45	22%	14%	24%
46-60	22%	14%	19%
61-75	16%	62%	30%
75 OVER	9%	10%	13%

Not stated		0%	0%	3%
<u>GENDER</u>				
MALE		50.04%	38%	39%
FEMALE		49.96%	62%	59%
<u>ETHNICITY</u>	{3,086 from 10,999 patients have a recorded ethnicity}			
WHITE BRITISH		89.02%	95%	91%
BLACK BRITISH		0.58%	0%	0%
ASIAN BRITISH		2.02%	5%	2%
	{Bangladeshi or British Bangladeshi}	{0.65%}		Not recorded
	{Pakistani or British Pakistani}	{0.84%}		Not recorded
	{Other Asian British}	{0.53%}		Not recorded
CHINESE		0.84%	0%	0%
MIXED		0.68%	0%	0%
OTHER NON BRITISH		5.86%	0%	3%
	{Other Non British Black}	{0.16%}		Not recorded
	{Other Non British Polish}	{1.36%}		Not recorded
	{ONB Pacific / Australasian}	{0.52%}		Not recorded
	{Remaining Other Non British White}	{3.82%}		Not recorded
NOT STATED		1%		4%
<u>FREQUENCY OF VISITING THE SURGERY</u>				
Regularly	Over 5 times in last 12 months	not	57%	46%
Occasionally	3 to 4 times in last 12 months	known	33%	26%
Very Rarely	Once or twice in last 12 months	not	10%	22%
Never / Not stated	in last 12 months	known	0%	6%
<u>CHRONIC MEDICAL CONDITIONS</u> - (Some patients/PPG members have more than one condition)				
Asthma		5.11%	10%	Not recorded
COPD		2.06%	5%	Not recorded
Diabetes		5.41%	19%	Not recorded
Heart Disease		7.57%	19%	Not recorded
Cancer		1.54%	10%	Not recorded
Epilepsy		0.59%	0%	Not recorded
CKD		2.97%	10%	Not recorded
Hypertension		12.57%	29%	Not recorded
Neurological		N/A	10%	Not recorded
Other		N/A	29%	Not recorded
None		N/A	19%	Not recorded

The stated occupation of PPG members is: Retired x 12, Self Employed x 3, White Collar x 2, Housewife x 1, Employed x 1, Other x 2.

No comparable statistics exist for the practice population as a whole, or for the respondents to the survey.

Steps Taken To Ensure That The PPG Is Representative Of Registered Patients

The PPG was advertised within surgery on two 6 x 4 foot display boards, on the practice electronic display board and on the practice web site. The expression of interest form for PPG membership included a multitude of “profile” questions designed to facilitate representative selection. Initially the committee was heavily over subscribed with White British, over age 60, retired applicants. The decision was therefore made to freeze committee membership to allow for later younger / more ethnically diverse applicants; although all patients who expressed an interest were offered virtual group membership.

The efforts made to increase the representative nature of the PPG included:

- PPG large display and leaflets made available in the two main non English languages of patients, Polish and Bengali.
- Practice Manager personally spoke to over 10 Asian British patients, asking them to either consider joining the PPG or to discuss providing a community representative with their elders. He also personally handed out application leaflets to younger (age 30 and below) patients in the waiting room on 4 separate occasions.
- Doctors and nurses handed out application forms to patients in consulting rooms, whilst reception staff did the same at the front desk.
- An advert for patients to join the PPG was inserted in the South Worcestershire Clinical Commissioning Group Emergency and Practice Contact leaflet sent to all practice households in late February 2012. It included the plea: **We especially need younger and ethnically diverse members – please join us.”**
- A similar plea was inserted on the practice web site in the top banner, rolling news section.
- A comprehensive PPG section was added to the practice web site to stimulate interest. This included up to the minute news, ongoing action plan and summaries of meetings together with, yet another plea for younger and ethnically diverse members.
- No pre-ordained committee meeting time was set in advance, allowing members to select a time to suit. It was subsequently agreed as in an evening at 5 pm, but with the option to be amended later if required by those subsequently joining.

The main significant results of the above efforts were the subsequent recruitment of one Asian British Male, 3 patients aged between 30 to 44 and 1 more patient aged between 45 – 59. Two of these were definitely the result of advertising / pleas on the practice web site. The Asian British Male and a female aged 30 – 44 have become late joiners to the committee, thus justifying the initial freezing of membership.

Although the PPG is now more representative than it was, it is still not as representative of the registered practice population as we would wish it to be. Recruitment of those under age 30 is particularly difficult as most rarely visit the surgery and seem, frankly, not interested. Young mothers often state that they are too busy. Other non British patients seem to regard themselves as transient and therefore do not seem to wish to become involved. Retired patients on the other hand generally have the time, interest and motivation to become members; hence they are currently in the majority. This actually reflects the fact that 43% of survey respondents, and hence frequent users of the practice’s services, are over age 60. Efforts will continue to attract those groups of patient under represented; e.g. targeted text messaging is currently under investigation. Seats on the committee will continue to be reserved for under represented groups for the next twelve months.

A wider representative opinion was, however, gained through responses to the PPG survey. The PPG is considering using short, sharp, single issue focussed surveys, both in surgery and via the web site to capitalise on and benefit from the wider patient representation / participation base of surveys.

DETERMINATION OF PRIORITY ISSUES FOR THE 1ST PRACTICE PPG SURVEY

Surveys on seeing individual doctors and nurses, with an emphasis on the clinician's care of patients, had been conducted in the previous 6 months. **It was decided therefore to concentrate on administrative and system issues.** Previous patient surveys, complaints, significant events and experience were used to prepare a list for consideration by the committee at its meeting on 17th Jan 2012. These were grouped under the headings: Under Practice Control – Immediate Priorities and Later Priorities; Hospital Services and Community Services. All members were given opportunity to air their views. After discussion it was decided that the PPG would initially concentrate on issues felt to be largely under practice control. These were: appointment system and experience, home visits, receptionist service, medical secretarial service, communication with the surgery, premises, repeat prescription service, the practice website and overall satisfaction with the practice. There were, however, numerous requests to also include the Out of Hours (OOH) service as a priority.

A list of possible detailed survey questions relating to these issues was then debated. After discussion it was decided that, in order to encourage patients to participate and provide some focus, that the first survey should be limited in the number of questions asked. **Immediate priorities were therefore agreed as:**

- **The appointment system**
- **Communication by phone with the surgery**
- **The OOH service**

HOW THE VIEWS OF REGISTERED PATIENTS WERE SOUGHT AND OBTAINED

A list of possible survey questions was prepared after the first meeting. This was based on recognised General Practice Assessment Questionnaire (GPAQ) and NHS national survey questions, but adapted and with additional questions by the practice to address specific priority areas and elicit meaningful responses, especially with regard to future wishes rather than just historical experience. The draft was discussed with a PPG member with market research experience and refined / shortened. The 1st draft was then sent electronically to members asking for views and amendments. The final version, consisting of 19 questions on two sides of one A4 sheet was then approved by the PPG and produced.

Time Frame of Survey: **8th to 21st Feb 2012**

Method: Lots of advertising / encouragement on the premises via notice boards and electronic display board. Reception staff, doctors and nurses handed them out and encouraged completion. Staff also “prowled” waiting rooms with spare surveys and “encouraged” hesitant respondents. Survey was anonymous and could either be placed in a box in reception or posted back in a stamped addressed envelope. It was also advertised prominently in the news banner part of the website, visited by between 1600 – 1800 patients monthly for information or to request prescriptions / cancel appointments. The online version just required tick box replies but also had a section for free text comments. In addition an electronic tick box survey was created and sent by email to all committee and virtual group members to complete and email back.

Number of Responses: **312** 61 responses were made via the web site. The other 251 were completed by patients attending the practice. The % of patients attending the practice who actually completed a survey was disappointing – about 30%, despite notices and pleas by clinicians and staff.

Initial Results: All replies were then input onto the practice website which has the facility to collate answers and produce an instantly viewable survey result. This initial raw result was immediately made available on the web site in a prominent position.

DISCUSSION OF THE SURVEY AND DETERMINATION OF AN ACTION PLAN.

The Survey.

The survey results together with the practice response to comments is at: **Annex A (Page 8)**

The survey results with initial practice comments were sent to PPG members electronically in advance; then discussed at a PPG meeting on 29th Feb 2012.

Outline Of Discussion Of The Survey By The PPG Committee *(extract from the summary of the meeting)*

General: The PPG considered that the practice should be generally satisfied with its performance on the basis of the results. It was felt that a more accurate outcome could be shown by adding adjusted percentages alongside the raw data to exclude non responders and never tried / not sure / not applicable replies. JS agreed to do this.

Appointments: JS outlined the various appointment systems used during the past 10 years with associated pros and cons. Some members thought that the appointment system was the best that it had ever been and obviously appreciated by patients. No system could be perfect and satisfy all demands. In particular there was **not a large majority for increasing the number of advance appointments available at the expense of same day appointments.** Concern was expressed that more advance appointments might increase the level of "Did Not Attend" wasted appointments which had gradually been reduced from 8% to below 5%. Nevertheless there were issues that could and should be addressed / tweaked if possible without destroying the system. **Patients who needed to leave home before 8 am were disadvantaged, booking a follow up appointment for a month's time before leaving the surgery was often not possible, a greater range of available advance appointments, especially later in the day, would generally be appreciated, particularly by working patients; whilst the option of web booking was marginally popular and could be investigated.** Some members felt that web booking would unfairly disadvantage less IT competent patients. MB recounted that she has felt the same in her previous practice but that the system had been an unqualified success. JS explained that appointment availability via the website could be rationed and their release timed, leaving other appointments free for patients to phone in and book. JS was tasked to contact other practices about their website booking experiences.

Phone Contact: Results were generally satisfactory **except for phoning the practice to make an appointment, where over 40% felt that the system was either only poor or fair.** It was felt that the reason for this was the number of patients wanting to phone 1st thing in the morning to book a same day appointment. The new phone system with extra incoming lines and a partial queuing system seemed to have helped but the choke point was the number of staff available to answer the phone at that time. The practice would try to address this issue.

Out of Hours (OOH): Results looked satisfactory but only a few patients surveyed had actually used the service. It was proposed and **agreed that we should conduct a more targeted survey by writing to those patients known to have used the service.** This would be an action for when the group considered non practice services sometime during 2012 / 13.

Action Plan Determination. The committee then went on to consider an action plan to address the main issues arising from the survey. Broad agreement was achieved and the practice tasked to forward the final wording of the action plan electronically to members for approval. This was done within 7 days of the meeting with copies also sent, together with the survey results and details of committee discussion, to virtual group members for comment.

AGREED PPG / PRACTICE POST SURVEY ACTION and IMPLEMENTATION PLAN.

The practice and the PPG jointly agreed the action plan. The practice will implement it as detailed below.

- **Priority One:** Increase the number of reception staff manning phones and responding to appointment requests with immediate effect, to a minimum of 4 and maximum of 5 persons between 8 am and 8:30 am.
The aim is to improve response times and reduce line engaged frequency.
- **Priority Two:** Make between 6 to 8 weeks appointments available on computer.
The aim is to make booking a follow up appointment without phoning back the following month more possible.
Provisos / Limitations: To be conducted as a 6 month trial with an approximate start date of May 2012.
- **Priority Three:** Adjust the balance of appointments marginally between same day embargoed, advance available and flexible reserve.
The aims are to improve the availability and range of appointments bookable more than one day in advance, make booking an advance appointment with a named doctor more possible, and to make the appointment system more working patient friendly.
Provisos / Limitations: Due notice is to be given to patients of the change in policy before any implementation. Sufficient appointments for release either on the day or within two days must be retained to preserve current access rates within 48 working hours. The impact of any changes are to be monitored on a weekly basis. To be conducted as a 6 month trial sometime after June 2012.
- **Priority Four:** Investigate other practices' experiences of website appointment booking. If favourable, to introduce website appointment booking for a trial period of 12 months.
The aims are to reduce the frustration sometimes experienced when phoning in, and to allow patients to see and book a date / time to suit from a range of appointments.
Provisos / Limitations: Care is to be taken not to disadvantage less IT competent patients by limiting the number and controlling the release time of any appointments made available via the website. Impact to be reviewed after the initial 12 month trial period.

Action Plan Publication / Dissemination: The final action plan, once approved, was immediately made prominently available on the practice website. It will shortly be the subject of a PPG display together with survey results and comments within surgery for patients to read.

FUTURE ACTIVITIES

Recruitment to the PPG will continue. The committee has 4 meetings scheduled for 2012 / 13 and will use these to look at other practice issues and other areas including hospital and community services. It is also hoped to consult with the virtual group more widely by means of short focussed surveys and general requests for issues that concern them. A targeted OOH survey will be conducted. The current action plan will be monitored. Further priorities will be determined and surveys conducted. Full current details of the PPG, its meetings and actions can be found on the practice website.

INFORMATION REQUIRED BY THE NHS TO BE PUBLISHED WITH THE ANNUAL PPG REPORT.

PRACTICE PREMISE OPENING HOURS and METHODS OF ACCESSING SERVICES DURING CORE HOURS

Core Opening Hours.

Thorneloe Lodge Surgery is routinely open Monday to Friday 08:00 to 18:30. Doctors' routine consultation hours are Monday to Friday 08:20 to 11:00 and 14:00 to 17:30. Nurse routine appointments are 08:10 to 12:40 and 14:00 to 17:30 Monday to Friday.

Access to Services:

Appointments: Bookable by phone 08:00 to 16:45 and by visiting the surgery at any time it is open.

Home Visits: Emergency visit requests can be made at any time the surgery is open. Urgent same day visit requests can be made by phone between 08:00 and 11:00. Routine visits can be requested by phone 08:00 to 16:45 or visiting the surgery at any time it is open.

Repeat Prescriptions: Request can be made:

Via voice mail 09:00 to 14:00 and 15:00 to 18:30 Monday to Friday.

By phoning and speaking to a prescription trained receptionist 14:00 to 15:00 Monday to Friday.

By email, fax or post at any time.

Via the **practice website** at any time.

By completing a **request slip in surgery** any time it is open.

Test Results, General and Prescription Enquiries: By phone or in person 09:00 to 16:45 Monday to Friday.

Further details of services and access to them is contained within the practice leaflet which can be printed from the practice website: **www.ThorneloeLodgeSurgery.co.uk**

PRACTICE EXTENDED HOURS OPENING AND SERVICES.

Thorneloe Lodge Surgery is **open during extended hours**, over and above routine core opening hours, alternate **Mondays and Wednesdays 18:30 to 20:30** and **one Saturday per month 8:30 to 12:00**.

Services during extended hours include: pre booked doctor and nurse appointments, walk in advance appointment booking, collection / ordering of prescriptions and enquiries. **Phones will not, regretfully, be answered** during these times due to the limited number of staff on duty and associated security requirements.

Extended hours dates are published monthly in the surgery foyer visible from outside, and on the practice website.

Prepared by J. A. Shaw

Practice Director

Thorneloe Lodge Surgery



23/3/12

Copy to:

Worcestershire PCT.

PPG Members.

Practice Website.

PPG Display Board within surgery.

Patient magazine table within surgery.

Annex:

A. **Survey Results** (PPG Survey 1)

See page 8

PPG SURVEY 1 RESULTS

Time Frame of Survey: 8th to 21st Feb 2012

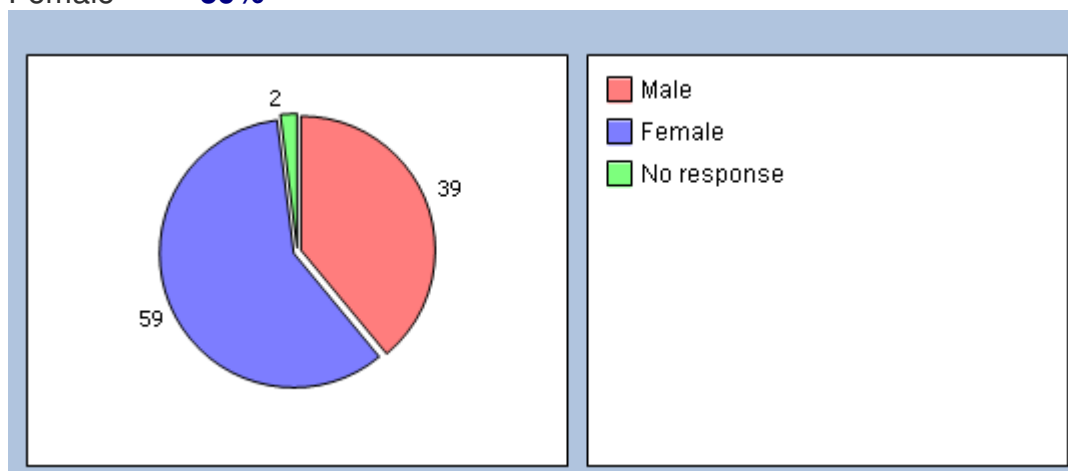
Method: Lots of advertising / encouragement on the premises. Survey available within the practice to complete anonymously and either hand in or post back. Also available on line via the practice web site.

Number of Responses: **312** 61 responses were made via the web site, the other 251 were completed by patients attending the practice. The % of patients attending the practice who actually completed a survey was disappointing – about 30%, despite notices and pleas by clinicians and staff.

QUESTIONS ABOUT YOU

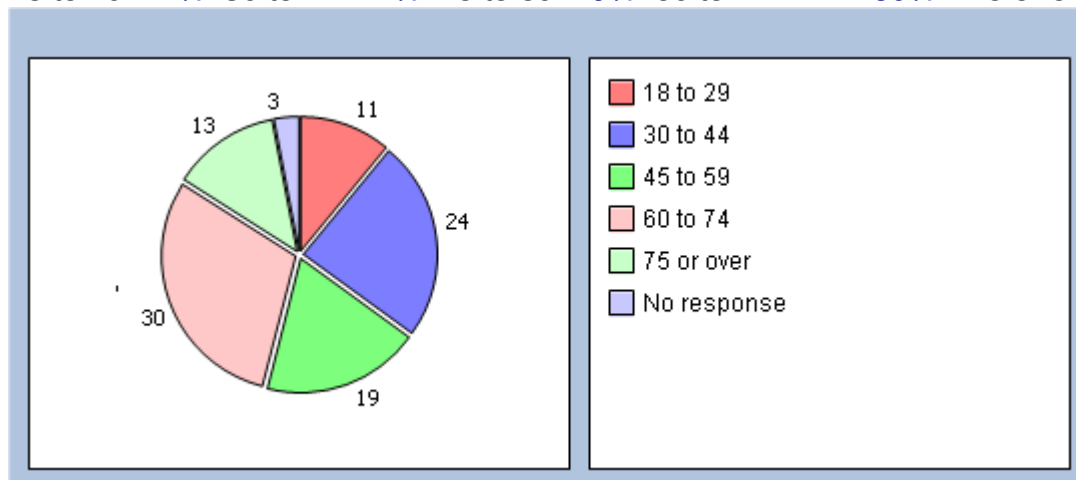
1. Are you male or female?

Male **39%**
 Female **59%**



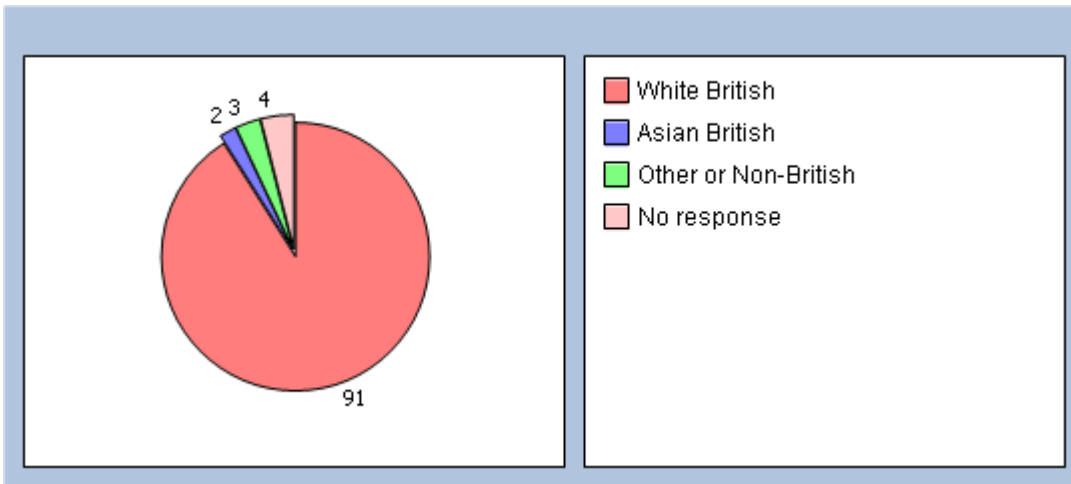
2. How old are you?

18 to 29 **11%** 30 to 44 **24%** 45 to 59 **19%** 60 to 74 **30%** 75 or over **13%**



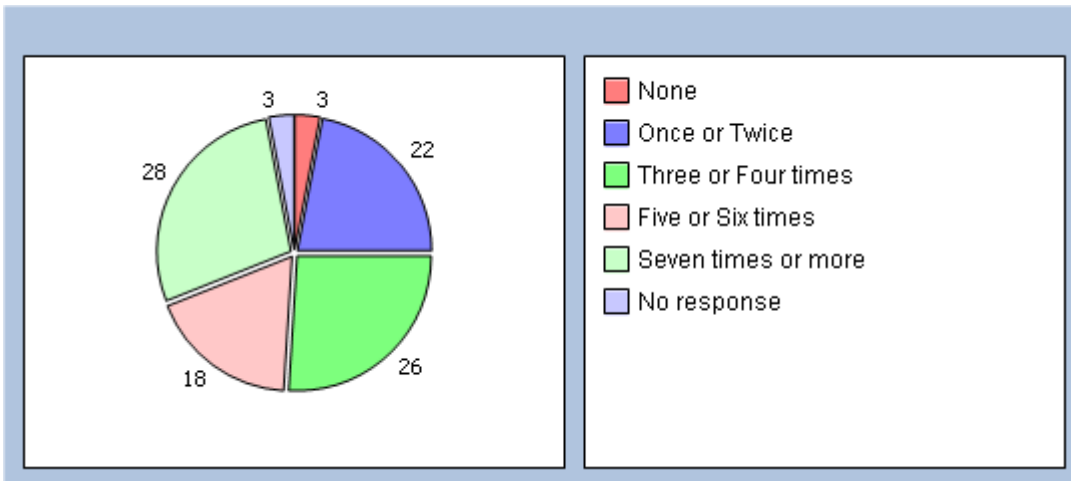
3. What is your ethnic group?

White British **91%**
 Black British **0%**
 Asian British **2%**
 Mixed **0%**
 Chinese **0%**
 Other or Non-British **3%**



4. In the last 12 months, how many times have you seen a doctor or nurse at the practice?

None	3%
Once or Twice	22%
Three or Four times	26%
Five or Six times	18%
Seven times or more	28%



QUESTIONS ABOUT THE APPOINTMENTS SYSTEM

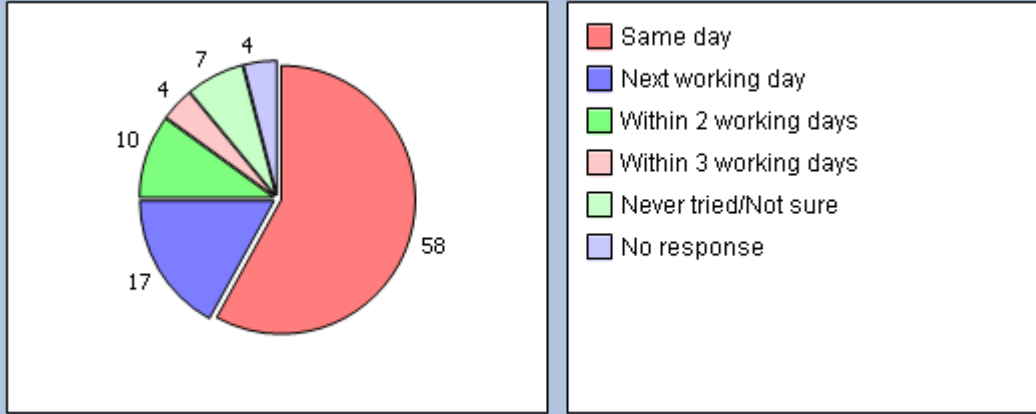
PLEASE NOTE; In questions 5-9 - **ANY** doctor means most doctors including locums with the odd exception. - **NAMED** doctor means one specific doctor of choice.

5. Last time you tried to see ANY available doctor, how quickly were you seen?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not
Sure**

Same day	58%	65%
Next working day	17%	19%
Within 2 working days	10%	11%
Within 3 working days	4%	4%
Within 4 or more working days	0%	0%
Never tried/Not sure	7%	

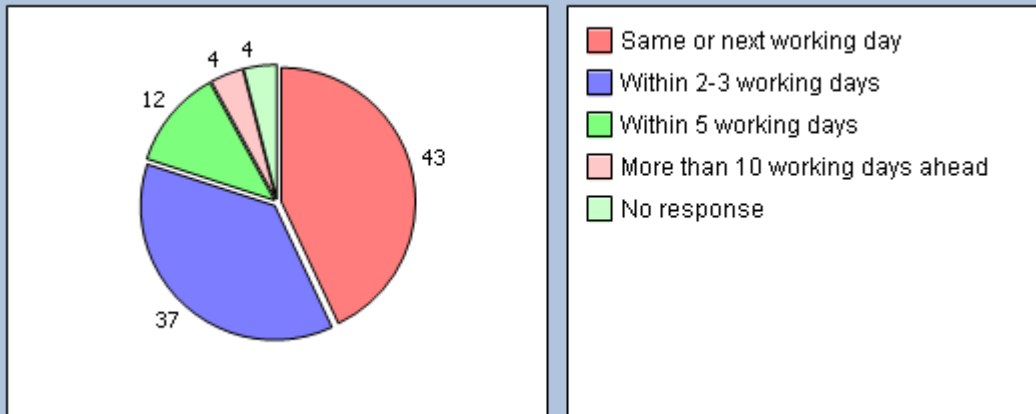


6. When you want to book an appointment with ANY available doctor in advance, how many days do you think it is acceptable to wait?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not
Sure**

Same or next working day	43%	45%
Within 2-3 working days	37%	39%
Within 5 working days	12%	13%
Within 10 working days	0%	0%
More than 10 working days ahead	4%	4%

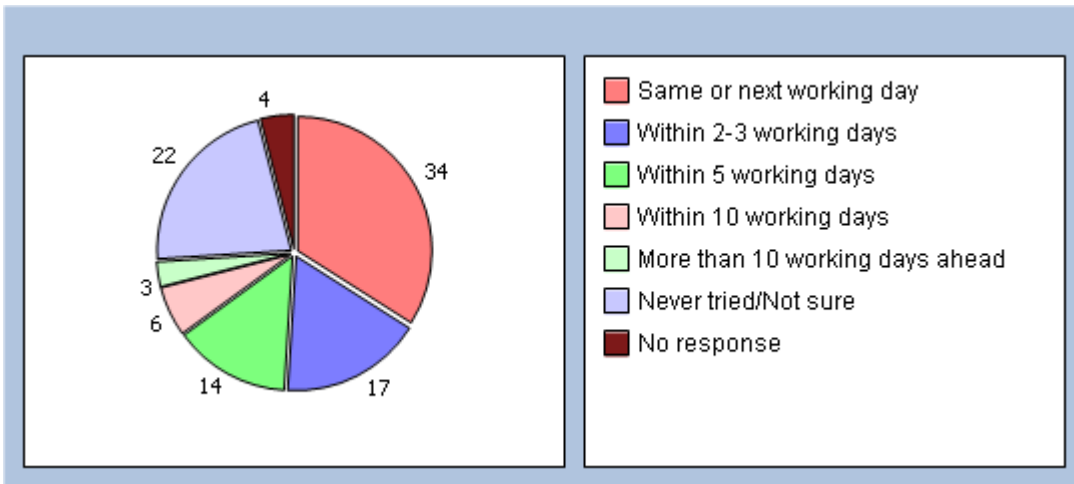


7. Last time you tried to see a NAMED doctor, how quickly were you seen?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not
Sure**

Same or next working day	34%	46%
Within 2-3 working days	17%	23%
Within 5 working days	14%	19%
Within 10 working days	6%	8%
More than 10 working days ahead	3%	4%
Never tried/Not sure	22%	



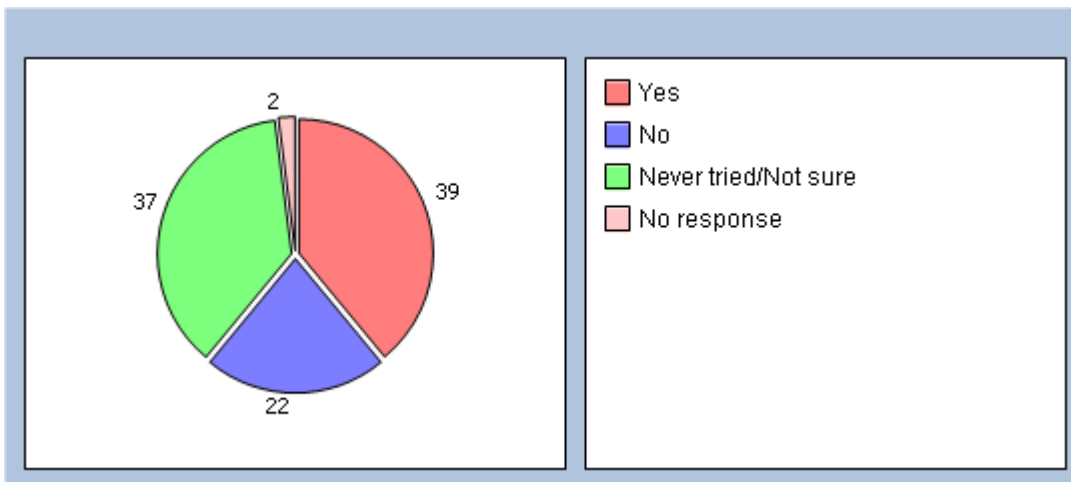
8. Last time you tried to, were you able to get an appointment with a NAMED doctor more than 2 full week days in advance?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not
Sure**

Yes	39%
No	22%
Never tried/Not sure	37%

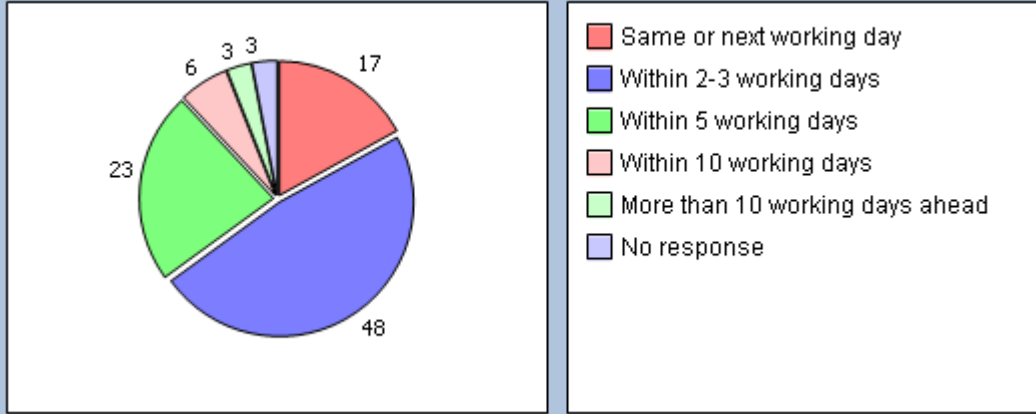
64%
36%



9. When you want to book an appointment with a NAMED doctor in advance, how many days do you think it is acceptable to have to wait?

Results % using all replies.

Same or next working day	17%
Within 2-3 working days	48%
Within 5 working days	23%
Within 10 working days	6%
More than 10 working days ahead	3%



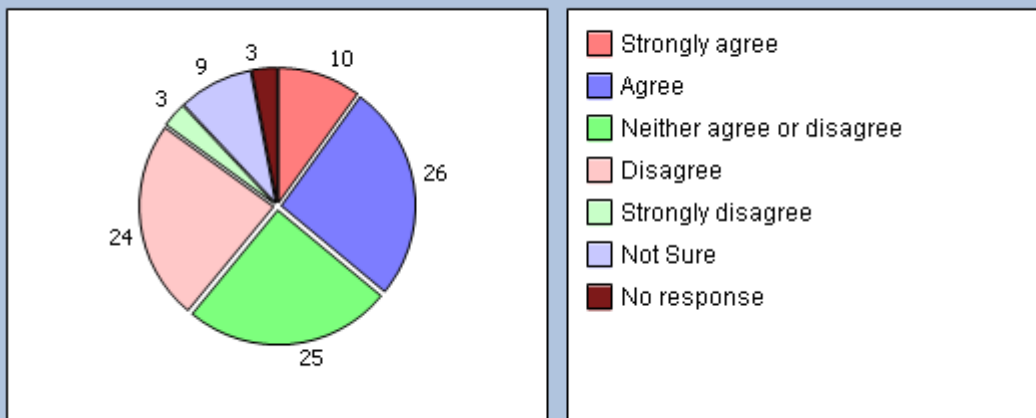
10. Do you think that we should free-up more appointments to book in advance, even though this would GREATLY REDUCE the availability of SAME DAY appointments?

Results % using all replies.

Adjusted % Excluding No Response / Never Tried / Not Sure

Strongly agree	10%
Agree	26%
Neither agree or disagree	25%
Disagree	24%
Strongly disagree	3%
Not Sure	9%

Strongly agree	11%
Agree	30%
Neither agree or disagree	28%
Disagree	27%
Strongly disagree	3%



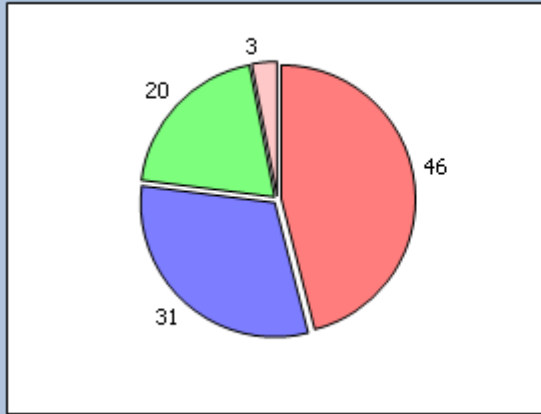
11. Would you like the facility to book appointments online through the practice website?

Results % using all replies.

Adjusted % Excluding No Response / Never Tried / Not Sure

Yes	46%
No	31%
Not Sure	20%

Yes	60%
No	40%



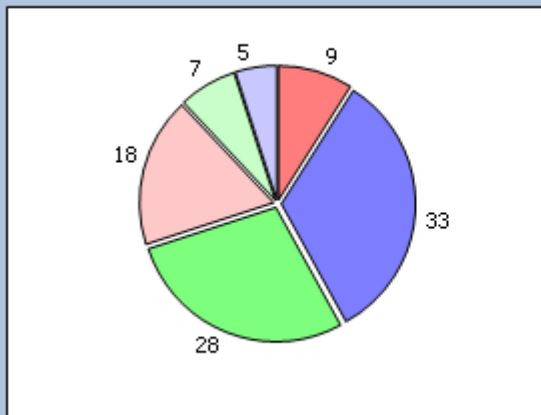
QUESTIONS ABOUT PHONING THE PRACTICE

12. How have you found getting through on the phone to book an appointment?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not
Sure**

Poor	9%	10%
Fair	33%	38%
Good	28%	32%
Very good	18%	20%
Haven't tried/Not sure	7%	

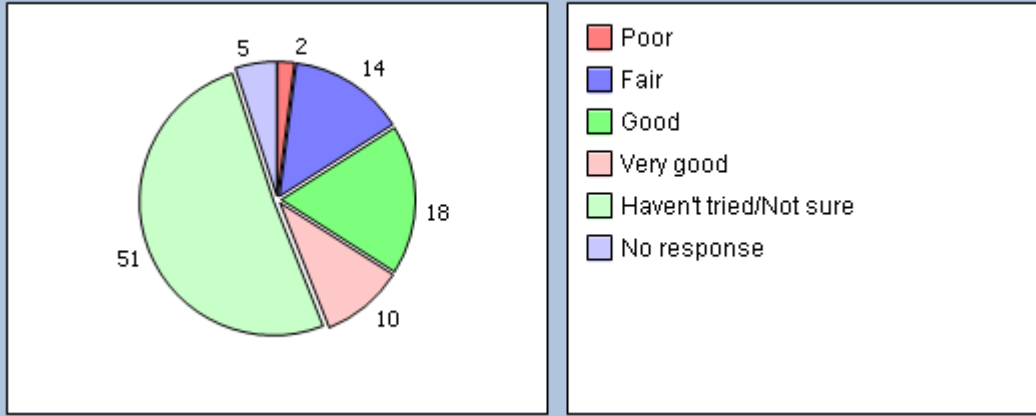


13. How have you found speaking to a doctor/nurse on the phone or getting them to phone you back to discuss a problem?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not
Sure**

Poor	2%	5%
Fair	14%	32%
Good	18%	41%
Very good	10%	23%
Haven't tried/Not sure	51%	



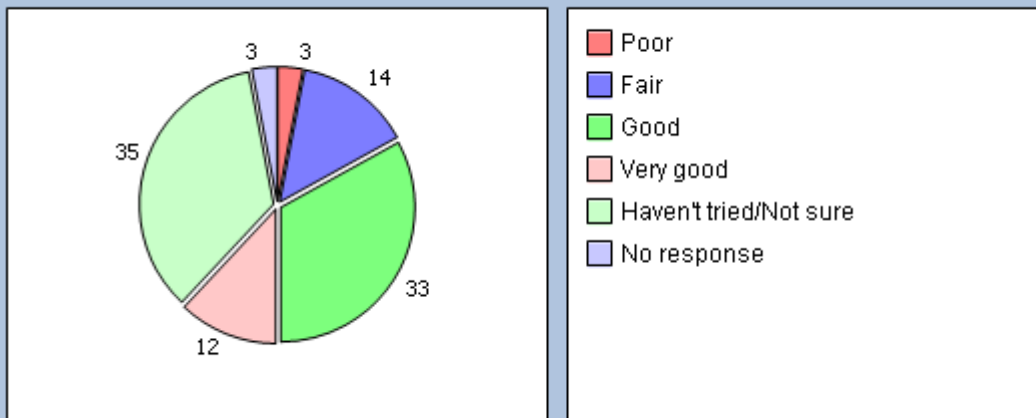
14. How have you found getting test results or the answer to a query on the phone?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not
Sure**

Poor	3%
Fair	14%
Good	33%
Very good	12%
Haven't tried/Not sure	35%

5%
23%
53%
19%



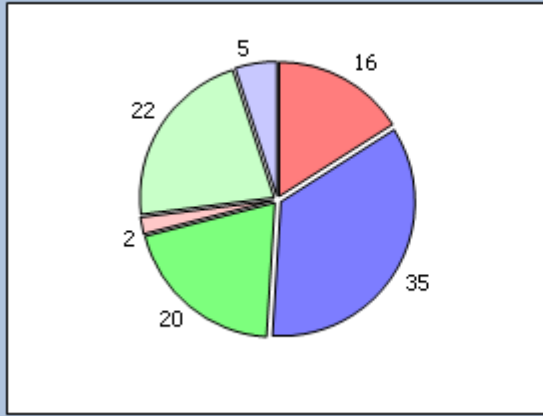
15. The practice installed a new one number / menu choice phone system in Mid-December. How do you rate it over the previous phone system?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not
Sure**

Very much better	16%
Better	35%
About the same	20%
Worse	2%
Much worse	0%
Haven't tried/Not sure	22%

22%
48%
27%
3%
0%

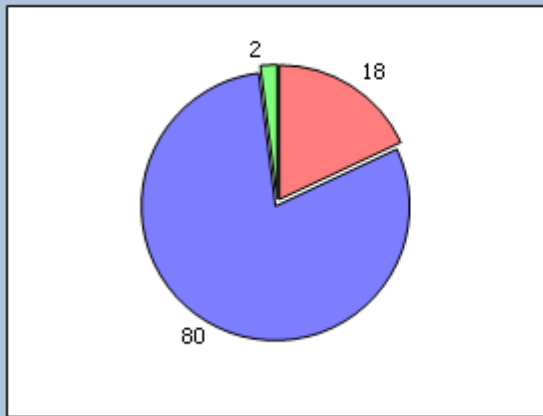


QUESTIONS ABOUT THE COUNTY OUT OF HOURS SERVICE

16. In the past 12 months, have you or someone else on your behalf tried to call the Out Of Hours GP Service when the surgery has been closed?

Yes **18%**

No **80%**



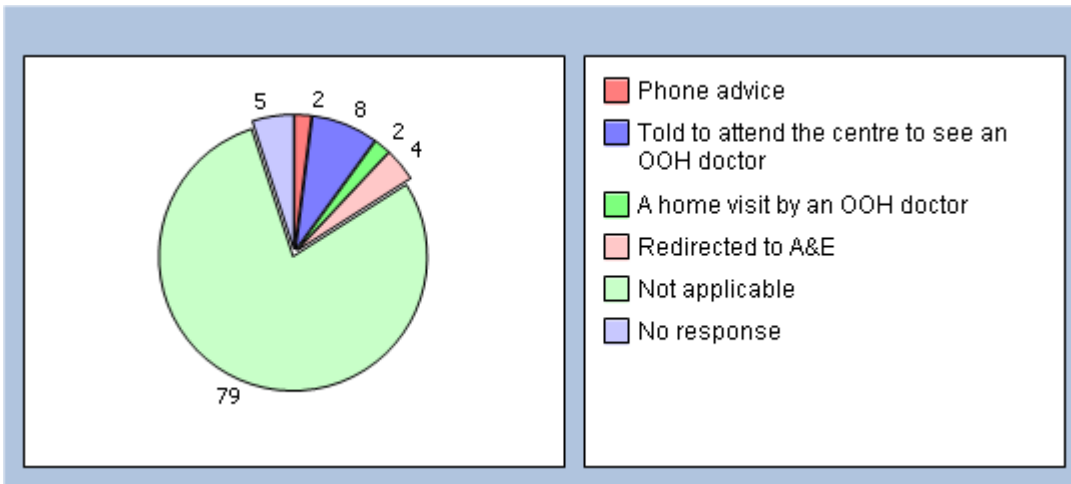
17. What type of care were you given by the Out Of Hours Service?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not**

Sure

Phone advice	2%	13%
Told to attend the centre to see an OOH doctor	8%	50%
A home visit by an OOH doctor	2%	13%
Redirected to A&E	4%	25%
Redirected to GP practice next day	0%	0%
Not applicable	79%	



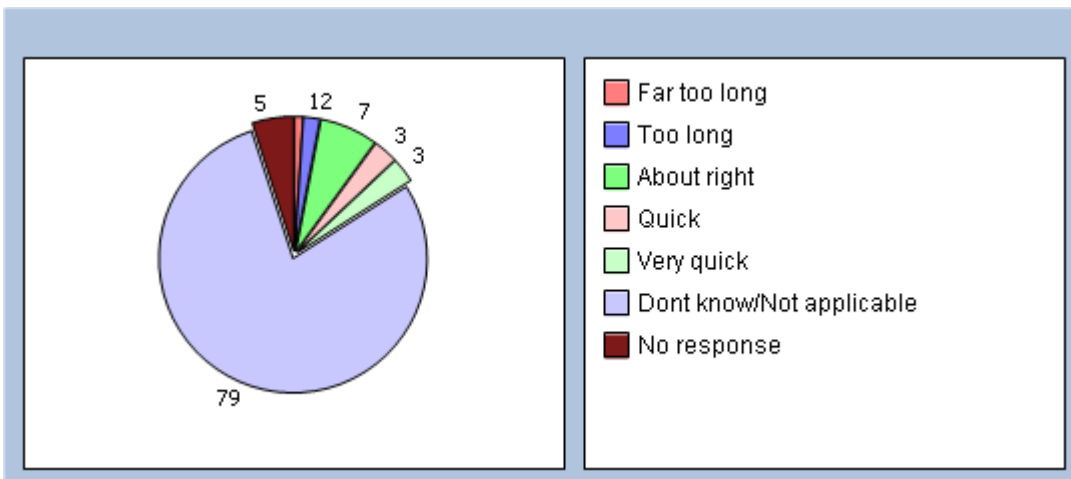
18. How do you feel about how quickly you received care from the Out Of Hours GP Service?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not**

Sure

Far too long	1%	6%
Too long	2%	13%
About right	7%	44%
Quick	3%	19%
Very quick	3%	19%
Don't know/Not applicable	79%	



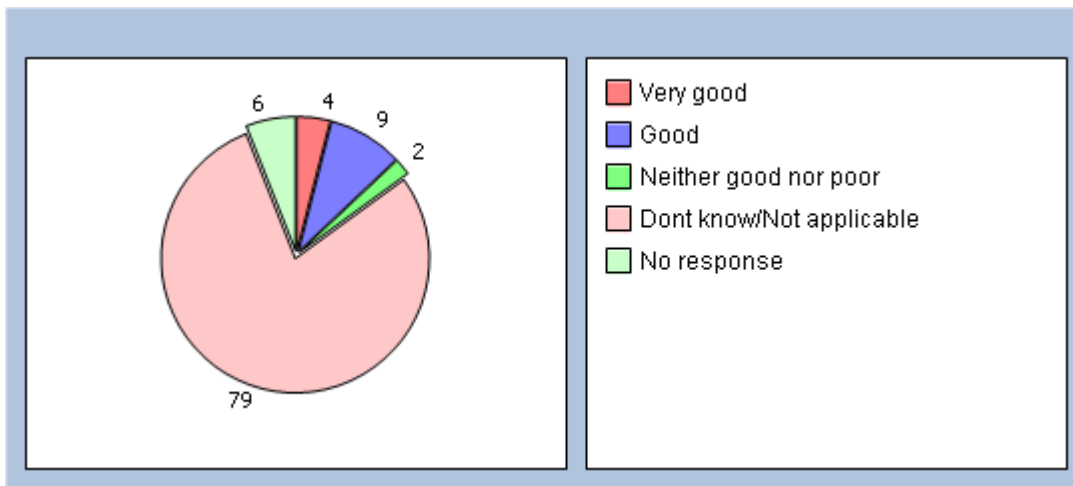
19. Overall, how do you feel about the care you received from the Out Of Hours GP Service?

Results % using all replies.

**Adjusted % Excluding
No Response / Never Tried / Not**

Sure

Very good	4%	27%
Good	9%	60%
Neither good nor poor	2%	13%
Poor	0%	0%
Very poor	0%	0%
Don't know/Not applicable	79%	



DO YOU HAVE ANY OTHER COMMENTS ABOUT APPOINTMENTS, PHONING THE PRACTICE OR THE OUT OF HOURS SERVICE?

PATIENT COMMENTS and PRACTICE RESPONSES

General Practice Response. Although these are single comments and are relatively few in number, there are definite issues of service / staff education / patient education / systems bureaucracy to address.

1. As a pensioner I am able (and prefer) not to have early / late appointments which would be of more benefit to people working, but have been told must be allocated in order.

Practice response: This should only apply to the on call GP's mop up surgery due to unknown requirements to go out for an urgent visit. **Action:** Reception Manager to double check that incorrect information is not being given out to patients.

2. As mentioned in no.8 it would help if making a follow up appointment for 4-6 weeks time, that the computer appointment system would have the following month's appointments available to enable me to make an appointment rather than having to ring back at a later date.

Practice response: **Accepted.** There are availability problems i.e. knowing in advance when clinicians will be away. Cancelling appointments for a whole day takes a considerable amount of time and effort. **Action:** Included in action plan as a trial making 6 – 8 weeks appointments available. Trial to start approximately June 2012.

3. For patients who cannot manage the stairs a room downstairs should be made available so they can see a doctor of their choice who works upstairs.

Practice response: We just do not have an extra room. The only way to do this would be to reduce the number of doctors / nurses on duty and thus the number of patients who can be seen. Patients can, however, be seen downstairs with their GP of choice. The GP will either interrupt a nurse and use that room or wait until another room is free. This might mean waiting until the end of a surgery. Acknowledged regretfully that this is not a satisfactory situation, but no other option at present until we move to larger premises.

4. Good service.
5. Haresfield house have an automated system that from 12.00am (after midnight) offered available next day appointments

Practice response: Not sure whether this is phone or web based. **Action:** We are investigating the impact of on line booking to ensure non IT literate patients are not

disadvantaged. Possible 12 months trial with some kind of facility to release some appointments at a specified time in advance.

6. I have always received exceptional treatment from this practice and am very grateful. Thank you.
7. It amazes how much time has to be wasted doing ineffective NHS surveys. Why can't they just leave the medical practitioners to do what they do best, treat and repair people. Surely if someone wanted to know about how good the service is in any particular practice, just look at the records to determine how many patients left and went elsewhere because of their dissatisfaction with the service and also check how many patients moved from another practice to themselves. Also this participation scheme, we all participate, we come to you with a problem and you fix it, so why another scheme. No wonder we have problems with the NHS, too many chiefs and not enough Indians. A very satisfied "customer"
8. It is difficult to get through to the surgery in the first place and the appointment system rules are unclear. It does not seem easy to get an evening appointment.

Practice response: Although we do have extended hours and some appointments after 5 pm we agree it is not easy to get an evening appointment. Appointments system is explained in an A4 handout and the current practice leaflet (available in the surgery or via the practice web site.)

9. More flexibility to book appointments in advance for people who work full-time and cannot ring at 8 am in the morning.

Practice response: Agreed. **Action:** Definite need to try to improve access for working patients. The % of patients who wanted to increase advance appointment availability at the probable expense of same day access were pretty evenly balanced. Nevertheless some amendments to appointment balance between same day and advance booking should be tried. Again for a trial period.

10. Still difficult to get appointment with a named doctor within 24 hours. Queuing system on phone may improve phone waiting times in the future, hard to tell, its early days yet! (previously very bad!)

Practice response: Agreed but this is really asking for the "holy grail". In the bad old days the wait for any GP let alone a named GP was at least 5 days. **Action:** Appointment balance adjustment trial.

11. The doctor I saw was lovely but I had to wait a long time to see her despite being pregnant and in pain, I also had to wait for over 1 1/2 hours at the out of hours centre.

Practice response: If staff had known that the patient was in pain they would have asked the GP to see her out of turn. Appointments are all timed for 10 minutes in order allow a timeframe for the patient to book. Some patients are in and out in a very few minutes, others, for example somebody suffering from depression, may take considerably longer. The doctor has to react to the patient's needs and thus can sometimes overrun. The alternative to this would be to allow longer per patient on the booking system. This would reduce the number of patients that could be seen. Staff will always ask that patients be seen out of turn if there is a genuine reason and they are made aware of it.

12. The last time I tried to make an appointment with Dr Davis, I was told that I was not able to do so, despite me being very flexible I offered to do anytime any day it was made quite clear to me that I could not pre-book an appointment with him. That is why I ticked never to question 7.

Practice response: Confused. If he has free appointments in advance of course they can be booked. Possibly all of his pre bookable appointments had gone. **Action:** Reception Manager to check what information is being given out.

13. The practice has been very good and I have no concerns. I would note that when our children have been ill the service has been very responsive ,in fact excellent. Thank you

14. This surgery appears to be geared towards older patients.

Practice response: This is in fact true as nearly 50% of patients seen are over 60 years of age. **Action:** More working patient user friendly measures in the action plan.

15. Would be much better if the next four weeks of appointments were available when patients are receiving monthly treatment at the practice so the next appointment can be made before they leave.

Practice response: Accepted. See practice response at patient comment number 2 above.