

Patient Participation DES (PPDES)

Local Participation Report

March 2013

1 INTRODUCTION & PURPOSE

This document outlines the work undertaken by the practice to address the requirements of the Patient Participation DES (PPDES).

2 LEADS

The practice lead for this report is Dr Sarah Grinyer.

Management support for this report is provided by Judith Williams, Business Manager.

Patient support for this report is provided by the Patient Participation Group.

3 BACKGROUND

3.1 The Practice

The practice currently has c.11,500 registered patients, mainly urban but with some pockets of rurality.

Within MK Commissioning (CCG) we are one of a minority of practices accepting patients from across two county borders namely Milton Keynes and Northamptonshire.

We are located in a PCT owned Health Centre in a small market town which forms a corner of the city of Milton Keynes.

The building is shared with another general practice and other MK Community Health Service (MK CHS) employed health care professionals namely District Nurses and Health Visitors.

We have 7 partners (6 in 2012) and 1 salaried GP making a WTE of 6 doctors (5.3 in 2012).

Additionally we usually have an ST3 (GP Registrar) working with us at the practice.

We have specialist nurses for all the chronic diseases including insulin initiation for our diabetic patients.

3.2 Patient Access (the appointment system)

Appointments may be made by telephoning or by visiting the practice during core surgery hours (08:00-18:30 Monday to Friday).

Booking an appointment with the Doctor: When requesting an appointment our patients will be asked whether their need is an emergency. If so, they will almost certainly be looked after by the Duty Doctor.

If their need is not urgent, they will normally be cared for by their usual Doctor. If a patient does not know who his or her usual Doctor is, the reception team will be happy to advise them.

Emergency Appointments: When requesting treatment for an emergency (i.e. the patient believes the need must be dealt with on the same day) the patient will be

asked to provide a brief overview of what is wrong with him/her to the receptionist. The receptionist will pass this information to the Duty Doctor who will then be able to prioritise care.

In the first instance, the Duty Doctor will telephone the patient and together will agree the best course of action.

Routine, non-urgent appointments (bookable in advance): When requesting a routine, non-urgent appointment the receptionist will endeavour to accommodate a patient's preference for timescale and timing. If it is not possible to find an appointment that is suitable for the patient s/he may be offered an appointment with another Doctor or she will ask the patient's usual Doctor to telephone him/her. All the Doctors have access to appointments that are not available for the administrative team to release. If the patient's usual Doctor needs to see him/her, the doctor will make an appointment available. The receptionist will, of course, discuss this with the patient at the time of booking.

In summary, there is no need for a patient to call in day after day asking for an appointment; they can leave a message for the Doctor and s/he will telephone them back.

Extended Hours: Patients may pre-book appointments in our extended hour's surgeries.

Extended hours clinics are offered through the week as follows:

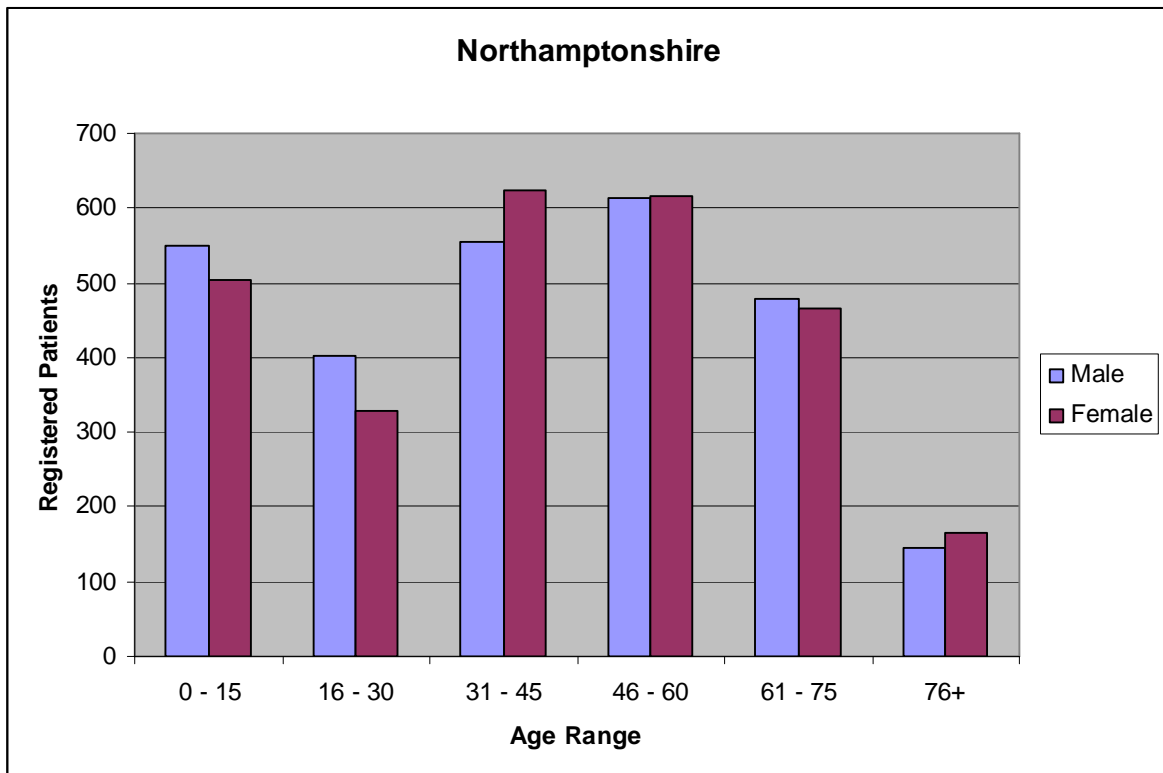
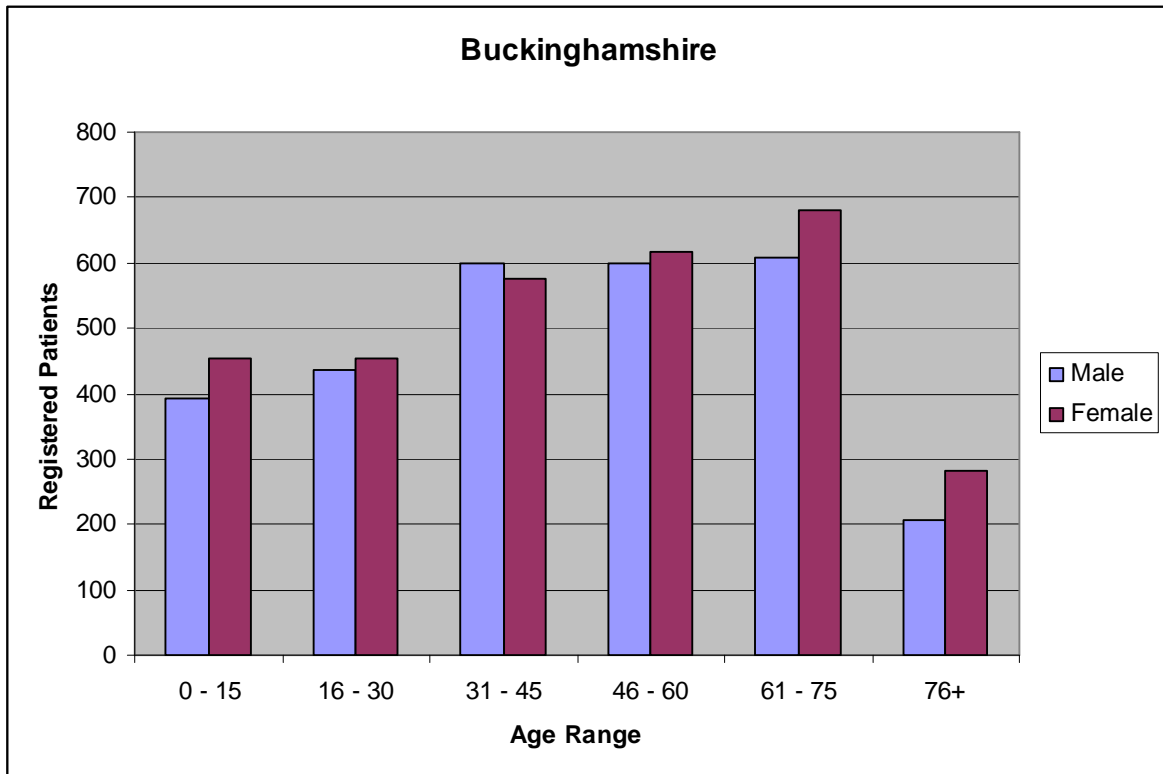
- 07:30 – 08:00 Monday & Tuesday (Nurse)
- 18:30 – 19:30 Wednesday (GP)
- 18:30 – 19:30 Friday (GP)
- 08.00 – 12:15 Saturday (GP)

As these are routine, non urgent appointments patients are encouraged to book extended hours appointments with their usual doctor to ensure continuity of care.

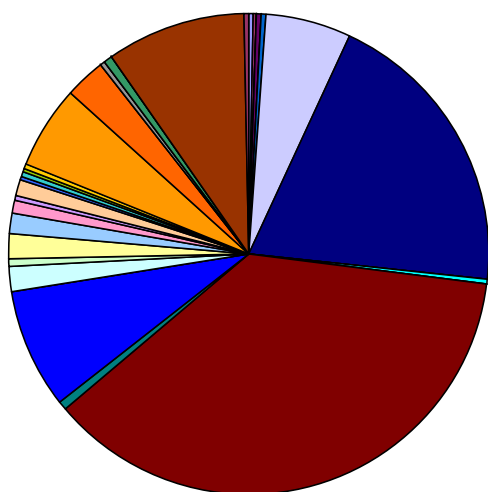
Appointments may be booked via the usual methods of either telephoning the practice or visiting the practice in person during core hours.

3.3 Patient Demographics

Age & Gender



Ethnicity



- Mixed
- White - ethnic group
- Black British
- Indian
- Pakistani
- Ethnicity and other related nationality data
- Chinese
- Ethnic group not given - patient refused
- White British
- White Irish
- Other white ethnic group
- Other Asian ethnic group
- Other ethnic group
- British or mixed British - ethnic category 2001 census
- Irish - ethnic category 2001 census
- Other White background - ethnic category 2001 census
- White and Black Caribbean - ethnic category 2001 census
- White and Black African - ethnic category 2001 census
- White and Asian - ethnic category 2001 census
- Other Mixed background - ethnic category 2001 census
- Indian or British Indian - ethnic category 2001 census
- Pakistani or British Pakistani - ethnic category 2001 census
- Bangladeshi or British Bangladeshi - ethn categ 2001 census
- Other Asian background - ethnic category 2001 census
- Caribbean - ethnic category 2001 census
- African - ethnic category 2001 census
- Other Black background - ethnic category 2001 census
- Chinese - ethnic category 2001 census
- Ethnic category not stated - 2001 census
- English - ethnic category 2001 census
- Black and Asian - ethnic category 2001 census
- Sri Lankan - ethnic category 2001 census
- British Asian - ethnic category 2001 census
- Polish - ethnic category 2001 census
- Commonwealth (Russian) Indep States - ethn categ 2001 census
- Other mixed White - ethnic category 2001 census
- White British - ethnic category 2001 census
- White Irish - ethnic category 2001 census

4 PRACTICE UPDATE

4.1 Demand

General Practice has seen an increase in demand over the years. Consultation rates per person per year is one measure used to assess demand:

Average consultation rates per person per year	
1995	3.9
2000	4.25
2005	5.1
2010	5.25
2015	Forecast. 6.75

We will continue to work hard to meet this demand.

4.2 Appointments and Access

The practice offers a number of different types of appointments with different health care professionals and range from 5 minute emergency appointments with a GP to 30 minute diabetic reviews with a specialist nurse. In addition we offer telephone consultations and Saturday surgeries for those who find it more difficult to attend within working hours.

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There is no national guidance advising practices on the number of appointments they are required to provide. Current local guidance from NHS MK & N'Hants is that we should provide 72 appointments per 1,000 patients per week.

During November 2012 Stony Medical Centre provided 171 appointments per 1,000 patients per week. This was **230% the local recommendation**.

4.3 Prescriptions

Prescriptions form a huge part of the daily workload of the GP.

When a patient requests medication the doctor has to check that it is safe for the patient to continue to take. This may involve checking notes and making sure the patient has had the necessary blood tests or investigations to ensure that it is safe for him/her to continue.

We receive, on average, 134 requests for 301 items every single day, roughly 2,900 prescriptions per month.

4.4 SystemOne

On 14 February our new computer records and appointment system, SystemOne went live.

On the whole the changeover has gone smoothly.

Between 6 & 13 February (inc) we were in "the cut over period" where we could still access records in our old clinical system but could not write anything into the new system.

Now that our new system is live we are copying over all the records made between 6 & 13 February to ensure our patient's medical records are complete.

During those 6 working days we undertook:

- 18** home visits
- 323** admin interactions (messages from clinicians given to patient by the reception team)
- 536** telephone consultations
- 1,031** face to face consultations

In addition to those patient contacts we generated approximately 1,200 prescriptions which need to be retrospectively added to our new computer system.



4.5 SystemOnline

Starting in May 2013 we intend to start moving patients from our old online repeat prescription service to the new SystemOnline service. Patients will need to change their online accounts but once that is complete they should start to see additional functionality.

By late summer we hope to be able to offer access to our appointment book via a web based booking system.

4.6 CQC

2013 sees general practices registering with the Care Quality Commission (CQC).

The CQC have a checklist of items that practices will be assessed against. While this large piece of work happens behind the scenes and is mainly unseen by patients it requires significant time and effort. We will however strive to ensure care for our patients is never compromised whilst ensuring the CQC requirements are met and evidenced.

5 PATIENT ENGAGEMENT

5.1 Patient Participation Group (PPG)

The Stony Patient Group (our PPG) had its inaugural meeting on 10 September 2009.

From the beginning the group identified key areas that they believed the PPG and practice should focus on. Those areas included:

- Communication
- Reception (manner)
- Appointment System (understanding)
- Access

The PPG have worked with the practice to improve the overall patient experience while remaining sensitive to some of the limitations on the practice whether those be legislative, operational and/or financial.

5.2 Creating a virtual Patient Reference Group (vPRG)

During 2011/12 and in response to the PPDES, the practice considered how best to address the requirements of the DES including the formation of a PRG, while not losing the support and momentum of the existing PPG.

Following discussions between the practice and the PPG the group clearly highlighted a desire to ensure the PPG remained both with its current name and in its current form. We were all loathe to discard an active patient group.

It was therefore agreed that a virtual Patient Reference Group (vPRG) would be created to compliment the existing PPG.

Like the PPG, the vPRG would be a group made up of registered patients but with the main difference being that vPRG members would not be required to attend face to face meetings. Nevertheless all vPRG members would be encouraged to consider joining the PPG at any point in the future.

5.3 Practice, PPG and vPRG; working together

The vPRG is made up of any registered patient who wishes to have an opinion on the practice, its operations, its direction and so on.

The vPRG is used as a forum to poll opinion from as many patients as possible.

The PPG will work with the practice to define questions to be asked of the vPRG.

The views of the vPRG (i.e. responses to questionnaires) are taken back to the PPG so that useful, face to face, two way communication is possible between the patients and the practice.

The PPG remains a group open to any patient of the practice.

This approach to sharing vPRG responses with the PPG is published via our website to

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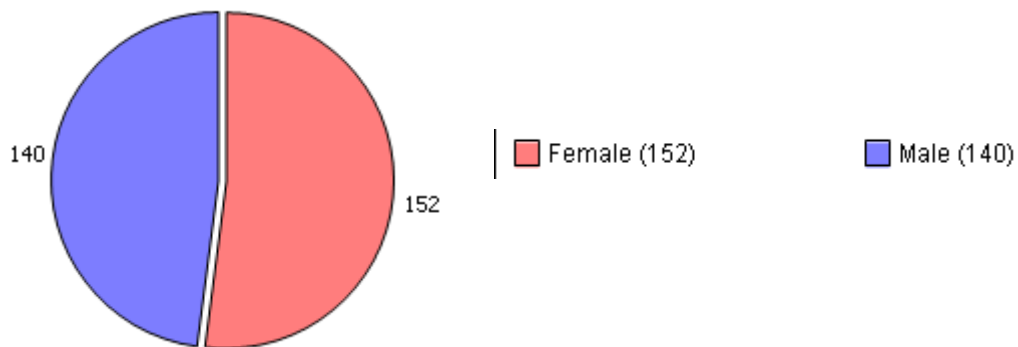
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all patients.

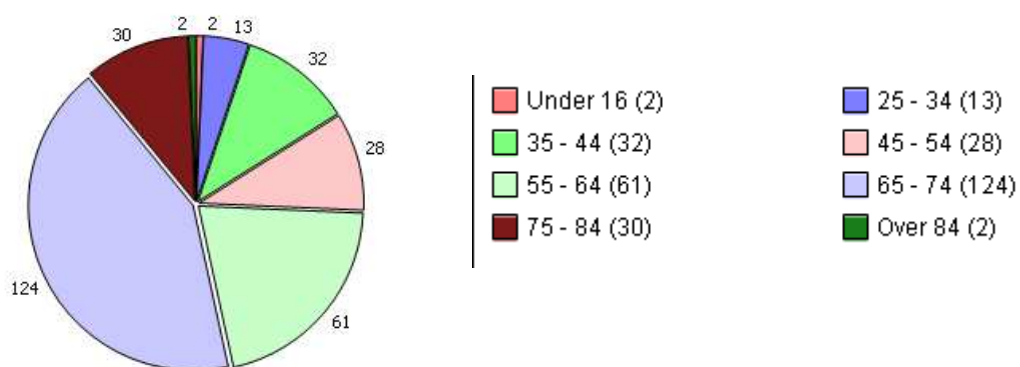
Once results to questionnaires are shared with the PPG, it will be that group that can influence how change may be introduced within the practice.

5.4 vPRG Demographics

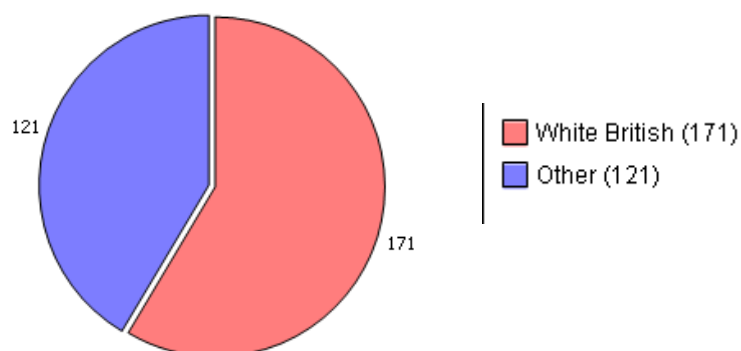
Gender:



Age:



Ethnicity:



5.5 Developing the vPRG

The practice will continue to attempt to attract new members to the vPRG.

The practice, in conjunction with the PPG, continue to explore how to attract additional membership (virtual and in person) that is more representative of our patient demographic. It should be noted however that the practice demographic is heavily weighted towards white, middle aged patients and so, not surprisingly, our PPG is the same and it may therefore be quite a challenge to change the vPRG demographic significantly.

6 SURVEYS

6.1 February 2012

The practice and PPG felt this survey was of such importance that we wanted the widest possible patient representation within the results.

The survey was therefore available to all our vPRG registered members. Additionally a notification of its existence was sent to all registered newsletter subscribers and a link to the survey was provided on the home page of our website.

The survey was available for completion for 1 month closing on 15 February 2012.

6.1.1 Presented to Patient Group

The results of the survey were presented to the PPG at a meeting on 21 February 2012 for discussion.

PPG/vPRG feedback on the current appointment system, implemented c.June 2010, with all patients advised in writing of current system c.June 2011 was the following:

Positive

- Surgery now good for urgent needs
- Triage system works well
- Sometimes patient "only" needs to talk to the doctor. Before would have had to make a face to face appointment but can now deal with issues on the telephone
- Doctors are more accessible
- Continuity of care is good. Re-instating the usual doctor system was in response to what patients wanted and is appreciated.

Negative

- Frustration expressed by patient group and highlighted by the survey is the apparent difficulty that can be experienced when attempting to make an appointment into the future.

6.1.2 Outcomes and Actions Identified

Outcome: Need to ensure patients hear the positive things about the practice and the services provided.

Action 1: Consider working with PPG on PR campaign.

Update March 13:

- The PPG had a presence during our Saturday flu clinic in October 2012. During the clinic the PPG spoke to around 700 patients about the practice including informing them of the new clinical system that was planned for February 2013 and getting as many as possible to sign up to text alerts, to subscribe to the practice newsletter and to join the PPG and/or vPRG.
- Newsletter subscribers totaled 532 households in September 2012. In February 2013 we have 644 households subscribing.
- During 2012 14 different newsletters were sent out to subscribers including a mixture of practice news, CCG updates and general health advice.
- A round up of the year was published in leaflet form to subscribers with printed copies available in the practice.
- Letters were sent to all Dr Atab's patients advising them of their change of registered Dr. Each letter was double sided with information about the change of registered doctor on the front page and on the back we included reminders about how the appointment system works. Total letters 1,690
- The same letters will be sent to Dr Raju's patient within the next 4 weeks. Dr Raju's list currently stands at 1,576 patients.

Outcome: Need to make future appointments more accessible.

Action 2: Create working party between practice and PPG to address this goal. Working party needs to consider how to ensure patients are able to book further into the future. Factors to consider include ensuring the DNA (Did not Attend) rate does not increase as a result.

Update March 13:

- Working party agreed to hold off any significant changes pending the roll out of the new clinical system SystmOne.

Action 3: In response to action 2 consider using text messaging reminder service to minimize risk of DNA rates increasing.

Update March 13:

- With the roll out of SystmOne in Feb 2013 it is expected the SMS alerts will commence from May 2013.

Action 4: Consider making some appointments available for online booking.

Update March 13:

- With the roll out of SystmOne in Feb 2013 to be followed by SystmOnline in May 2013 we hope to have online booking available during the summer of 2013. SystmOnline is the part of the SystmOne that manages online prescription requests and online booking.

Action 5: Introduce effective DNA (Did not Attend) monitoring system allowing practice to flex up and down how far into the future appointments are released based on DNA rates.

Update March 13:

- With the roll out of SystemOne in Feb 2013 this reporting function will be much more straightforward.
- Moving forward automatic messages can be set up to be sent to a patient following a DNA however the roll out of such a system would need to be given considerable thought to ensure patients who have legitimately DNA'd do not get an inappropriate/poorly timed message.

Other themes for improvement included in the 2012 surveys included reception. So, what have we been up to since the last survey?

Survey Question - How did you rate the service when you checked in today?

Comment from patient, which highlighted a theme:

- It was slow - the member of staff on reception finished what they were doing on the computer (for approx 2-3 mins) before speaking to me and booking us in for the immunization appointment. It wasn't a very friendly service and she could have been more polite/service orientated - e.g. apologizing but saying she would be with me in a moment. It wasn't the wait, so much as the lack of apology / explanation for it.

Action by practice in response to comment

- The PPG have hosted two training events for reception staff following the theme of "what it feels like to be a patient at Stony Medical Centre". These events were excellent and very well received by both the PPG reps and staff alike.
- During the summer months all staff were videoed working on the front desk and telephone calls were recorded.
 - These patient interactions were watched back/listened to and along with 2 of the GP partners each staff member was given focused areas for development.
 - The exercise will start again shortly and will form part of the staff's continuous improvement programme.

6.1.3 Survey Question - Please provide any constructive observations about your experiences of our appointment system and how you believe we could improve it.

Comments from patients, which highlighted a theme:

- Even when I ring up and try to book a routine appointment in say 2 weeks time, I cannot get an appointment.
- To offer more appointments, to be more flexible;

Action by practice in response to comments:

- With our new computer system comes the ability to send SMS reminders to patients about their appointments. It is hoped that once this functionality is

switched on we will have more confidence about opening our books further in advance and not risk having wasted appointments because patients do not attend their pre-booked appointments.

- Despite the expressed wishes of quite a number of patients, unlike the dentist, we cannot fine patients who do not attend appointments, nor can we remove them from our list unless we follow quite a bureaucratic and potentially lengthy process. Instead we will continue to try and educate patients about the importance of either attending booked appointments, or simply cancelling them with sufficient warning that they can be utilised by another patient.

Comment from a patient, which highlighted a theme:

- I do not understand why you cannot use a queuing phone system so that at least people can tell they are being dealt with, instead of constantly having to redial, particularly when they are ill.

Action by practice in response to comment:

- This functionality has been added to our telephone system and is switched on

Comment from a patient, which highlighted a theme:

- I do wonder why our own GPs are so hard to get an appointment with nowadays. Maybe there are too many patients on one GPs books, and this should be spread over more of the GPs available.

Action by practice in response to comment:

- We trust that you have seen an overall improvement around access now that the doctoring team is at full strength again. We have increased the number of doctors from 5.3 whole time equivalents at this point in 2012, to 6 whole time equivalents in 2013.

Comment from a patient, which highlighted a theme:

- I find it very frustrating being offered an appointment sometimes over a week after the phone call, not much use with a poorly child / baby who needs to be seen that day (usually as advised by NHS direct first).

Action by practice in response to comment:

- If the need for an appointment is routine, then we believe that waiting a week (sometimes more) is not unreasonable. The very nature of a routine consultation is that it is not urgent and therefore can wait. Sometimes we (patients) have a niggle for weeks, or indeed months before consulting with our GP and unless that niggle provides the GP with cause for more urgent concern (such as breathing problems, rectal bleed etc) then it is entirely appropriate that the patient may wait a week or two before seeing his/her usual doctor.
- **However**, we do have a duty doctor working all day every day. We do not divert to MKUCS/Walk in Centre unless we have reached a point where it would be unsafe to continue consulting with our patients. This has happened three times in the past 5 years and on each occasion it was because the practice was

swamped with flu and winter vomiting related calls.

- Children and/or the elderly with high temperatures, people with shortness of breath and those with head injuries or chest pain are always dealt with as a priority by the Duty Doctor which is why the receptionist will ask you about your current health issues, to ensure the Duty Doctor can prioritise his/her workload.
- Reception are fully aware of the practice procedure for alerting the Duty Doctor to a patient of concern.
- We know this system is well understood but hopefully anyone who was not aware of it now is and any fear that urgent needs will have to wait a week or more will be allayed. Further information about our appointment system can be found on our website and in our practice leaflet.

Comment from a patient, which highlighted a theme:

- Might a series of suggestions for self help for colds and other common ailments be available to download, or as leaflets, to reduce the demand for appointments.

Action by practice in response to comment:

- The practice leaflet contains a summary of self help information.
- The information within the leaflet is also available on the practice website (as is the practice leaflet).
- The practice newsletter regularly contains information about self help appropriate to the time of year for example as we enter the winter months the emphasis is on treating coughs and colds and winter vomiting bugs. As spring begins so our focus moves towards hay fever.
- The local primary care trust, in conjunction with the wider NHS community, have been promoting the Choose Well campaign which provides a simple overview about where patients should present depending on the illness/symptom. The advice ranges from self treatment and ends for the most serious of illnesses with A&E. The practice has information in the premises and on the website. Additionally the campaign has been promoted via a presence in CMK, in the local press and so on.
- MK CCG have produced a simple printed guide which is now given out by the practice to new parents. This guide is issued at the 6 week check and gives some really great advice about what illnesses/minor injuries a parent can expect to look after at home and which warrant medical assistance.

Comment from patient, which highlighted a theme:

- I understand the way the system works but I do believe that many patients do not, especially the need possibly to speak to a doctor on the phone for assessment if there are no other mutually convenient appointments for that patient. I also believe that many patients, other than those with chronic conditions who can wait for follow up, do actually want appointments within 1 - 2 days of phoning. For most of those patients actually being able to book an appointment within this timeframe, or within a couple of days of it, will be satisfied.

Action by practice in response to comment

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- Access that is acceptable to patients and practical for the practice/NHS may always prove a sticking point, for some practices all the time and for all practices some of the time.

We would reiterate that if the need for an appointment is routine, then we believe that waiting a week (sometimes more) is not unreasonable. The very nature of a routine consultation is that it is not urgent and therefore can wait.

However, quite simply without additional funding it is unlikely that we will be able to uplift the doctoring team much more. The partners have made the decision to increase the doctoring team from 5.3 full time equivalents to 6. This change happened at the tail end of 2012 and at their cost.

- Moving forward we need to use our nursing team in a smarter way. This is within the control of the practice but will depend on our patient's willingness to consult with nurses where nurses are the best skilled to manage their care e.g.: long term, chronic condition management.
- While we understand that patients do not always want a telephone call, nor understand why they cannot be seen by the GP whenever a request is made studies have shown that approximately 1/3 of appointments (when not triaged) could have been dealt with effectively with a telephone consultation.
- Further, if we solely rely on face to face consultations the real number of available consultations with patients will reduce. At present, the doctors make telephone calls after their morning and afternoon surgeries (between home visits, prescription work, medication reviews, referrals and so on). Those telephone calls can take a matter of moments or 20+ minutes. Unlike face to face consultations however we do not fix an appointment time to a telephone consultation meaning the GPs are able to slot calls around their other duties. If we converted those calls into face to face consultations we would not be able to offer so many.
- To quantify this, 5 years ago, a typical GP surgery included approximately 2 telephone calls at the end of morning surgery. Now our GPs will generally have 5-8 phone calls an uplift of upto 75% in their daily telephone call workload.
- During the same period the number of face to face bookable slots has also increased by approximately 7.5%
- The area of largest growth however is for our Duty Doctor. An audit of our appointment system shows the following:

Duty Doctor Shift	Date	Face to Face Consultations	Emergency * Telephone Consultations	Total Emergency * Consultations	Uplift 2009 - 2013
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(*emergency as defined by the patient)

Morning	4 Mar 09	3	12	15	340%
Morning	4 Mar 13	11	40	51	

Afternoon	2 Mar 09	10	6	16	281%
Afternoon	4 Mar 13	7	38	45	

6.1.4 Some of the Positive Comments

Of course the feedback was not all negative and we received some positive comments too. Here a just a few of them:

- Telephone consultations appear good and efficient for both patient and GP.
- The appointment system works for me as I'm now retired so I can be more flexible with my time.
- The current system is a marked improvement on the previous one as it enables me to speak directly to my Doctor if available or another who can then make an earlier appt directly without referring me back to the switchboard.
- The receptionists are a lot more accommodating than those who worked there a couple of years ago. They make every effort to find you a date/time. They are also a lot more friendly than those employed two years ago.
- The system has improved dramatically in the last few years
- Very pleased to be given a Saturday morning appointment, recently. Lots of patients work long hours during the week and miss out on surgeries during the day and evenings.

6.2 March 2013

6.2.1 Results

The results for the most recent survey are shown in Appendix 1 attached.

6.2.2 Outcomes and Actions

Areas for development, identified via this survey and for attention through 2013/14 fall broadly within the following 3 themes:

- Staffing;
- Appointments; and
- Systems & Infrastructure.

6.2.2.1 Staffing

Staffing - Reception

Patient comments within the survey were divided when reflecting on the reception staffing team.

Some were very positive about reception and the changes that have been made in the past 12 months. Some were less impressed.

While staff training will continue be an important area of focus for the practice it is worth noting that Q1a asked "How helpful do you find the receptionists at your GP practice?"

48% of respondents found the team to be fairly helpful while 39% found the team to

be very helpful.

Staffing - Doctors

A number of patients expressed frustration at the changing doctor team. We truly believe that the team is now settled and patients and staff alike will see the marked improvement that comes with an established, settled team.

Unfortunately a number of patients commented that they had not been notified about the appointment of Dr Raju.

While it may appear a simple process to write to all affected patients as soon as the practice becomes aware of a change in the doctoring team there are actually a number of factors that can contribute to a delay in notification. The process is not "simply" an internal practice matter, but instead involves the local health authority and, because of the location of Stony Medical Centre spans two counties this actually involves two health authorities.

Another factor is the very real issue of cost. Mailshotting Dr Raju's patients will cost in the region of £1,000 an expenditure that the practice does not commit to lightly ie: the mailshot can only be sent once the transfer of patients from one list to another has been completed.

Meanwhile, we continue to encourage patients to subscribe to our newsletter. Notification of Dr Raju's appointment was published to all subscribers before she started at the practice. Notices have been on display in the practice for the past 2 months and of course our website reflects the change in doctoring team.

6.2.2.2 Appointments

Appointments continue to be an area of frustration for some.

Appointments – Emergency access

Emergency demand has grown by 340% over the past four years, but without additional funding available we do not have answers as yet.

Nevertheless it is encouraging to see that when asked (Question 2b) "If you feel you need to consult with a GP urgently can this normally happen?" 63% of respondents confirmed yes.

Appointments – Forward booking

Our survey results suggest that forward booking seems to be more of a problem than emergency access. Of course with staffing levels being finite if we take resource away from emergency access to supplement forward booking then emergency access will suffer however some short term improvements that are already underway include online booking and commencing a service where SMS reminders are sent to patients prior to an appointment in the hope that appointments are not lost.

6.2.2.3 Systems & Infrastructure

Privacy at front desk – this recurring theme will be discussed with our landlords at the earliest opportunity.

Prescriptions – as mentioned earlier we are now positioned to introduce a new online prescription service that should provide the patient with more ability to track requests through the system. Also, with the introduction of our new clinical system we are

poised to be permitted to use the electronic prescribing system which (for patients that have opted in) will mean the removal of the paper prescription, instead your "prescription" will be sent electronically straight to your nominated pharmacy. This is an optional service for patients but should mean a significant reduction in the amount of paper and therefore a reduction in the risk of lost prescriptions.

Communication – we would like to encourage patients to subscribe to our newsletter. Last year 14 newsletters were published containing a range of practice and/or general health related information.

If the phone system could place you in a queue and tell you which number you were in the queue – a queuing system is already live.

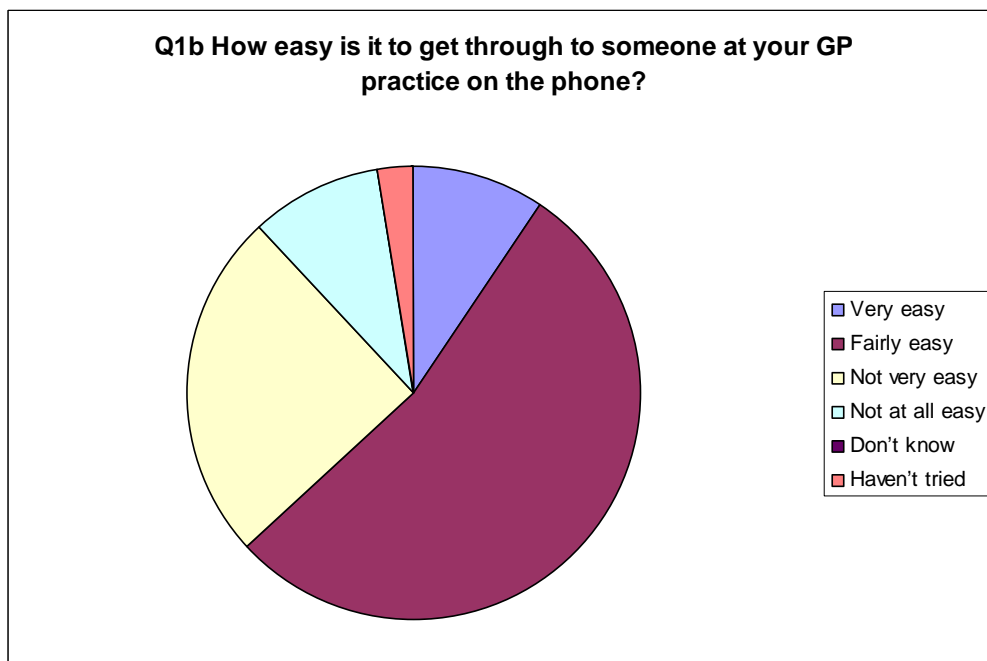
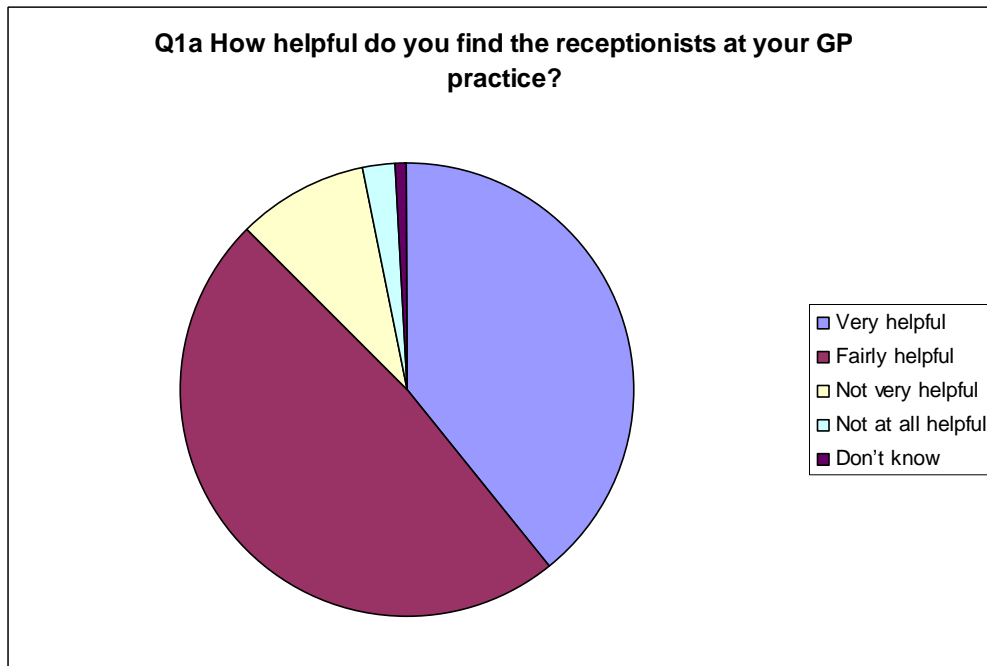
Waiting area rather depressing - could do with smartening up – we will discuss this request with our landlords at the earliest opportunity and establish when a routine re-paint is due.

The surgery should fine people who do not attend or cancel their appointments – although requested by more than one patient, we are not permitted to fine non-attenders.

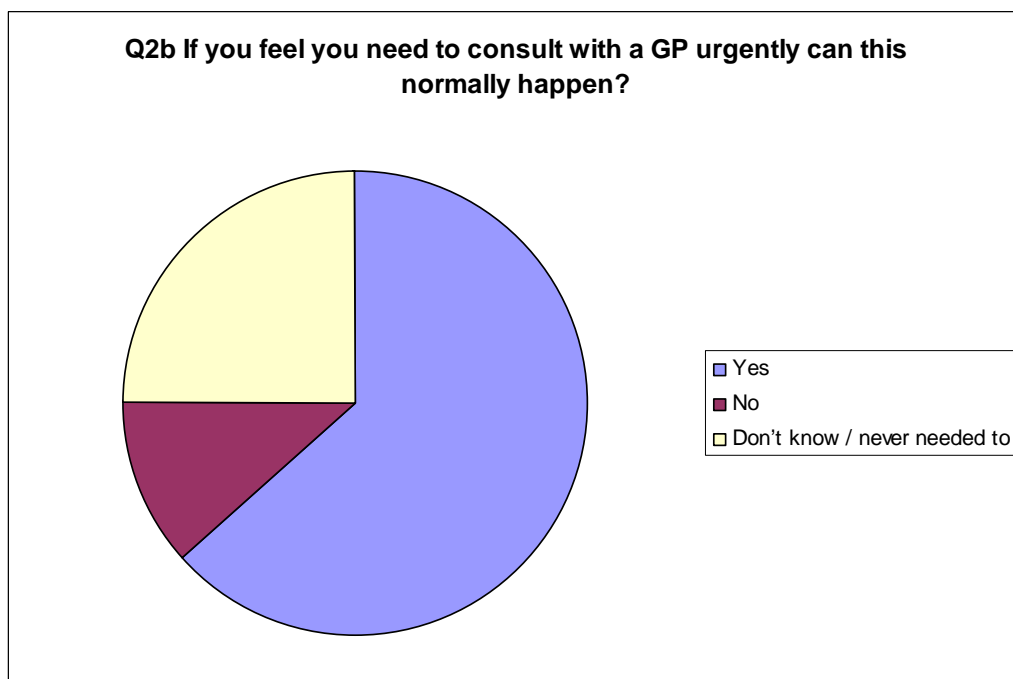
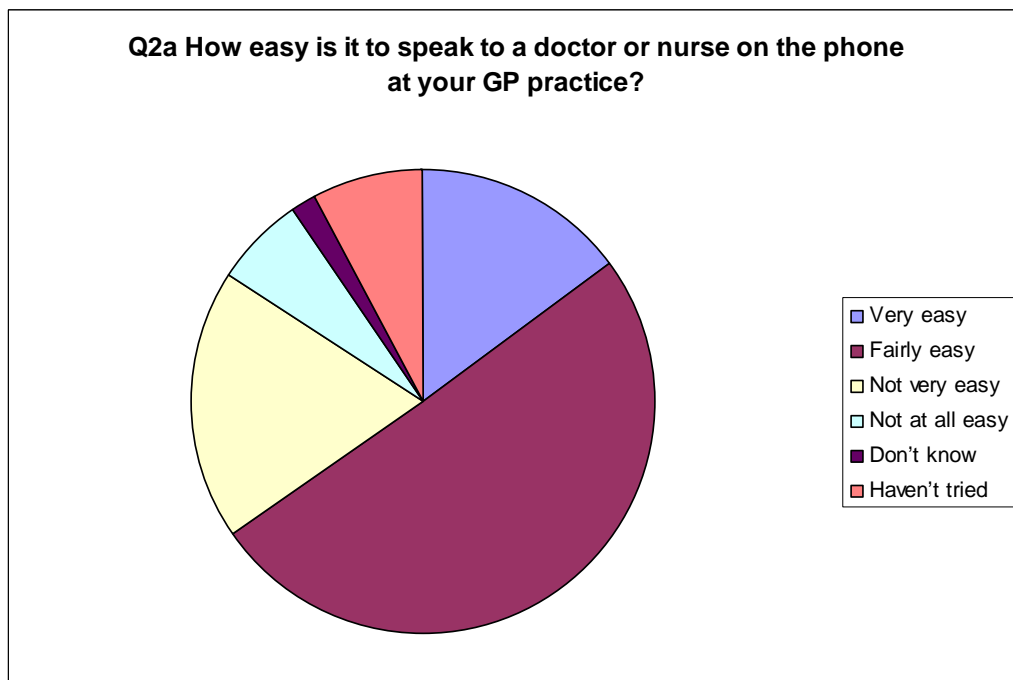
Proactive approach to health care – we will continue to take recommendations from the department of health with regards to proactive health care. That said the practice has seen a massive shift towards preventative care since 2004 when the new contract was introduced. Broadly speaking before 2004 patients attended their surgeries only when they were unwell, nowadays a large number of patients are regular attenders participating in preventative clinics. Indeed 64% of the patients that responded to our survey stated that they have a chronic condition and will therefore be attending the practice regularly to ensure that condition is managed.

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Q1 About Receptionists & Telephones

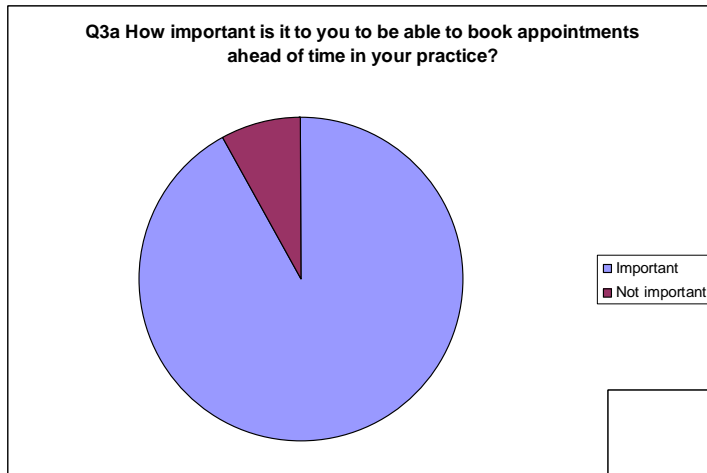


2 About Accessing the Clinicians

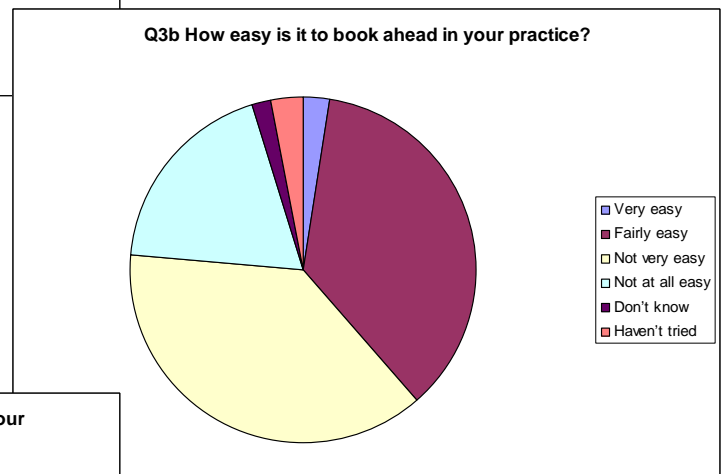


NB for an emergency appointment you should be offered a telephone appointment with the Duty Doctor, we are not trying to assess on the day, emergency access to your registered GP.

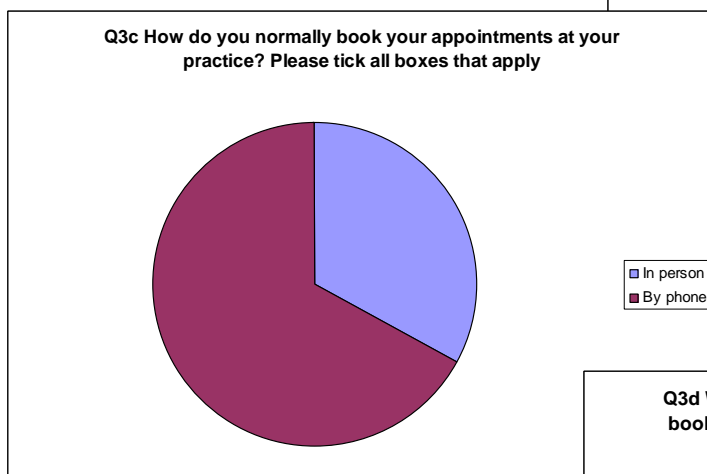
3 Appointments



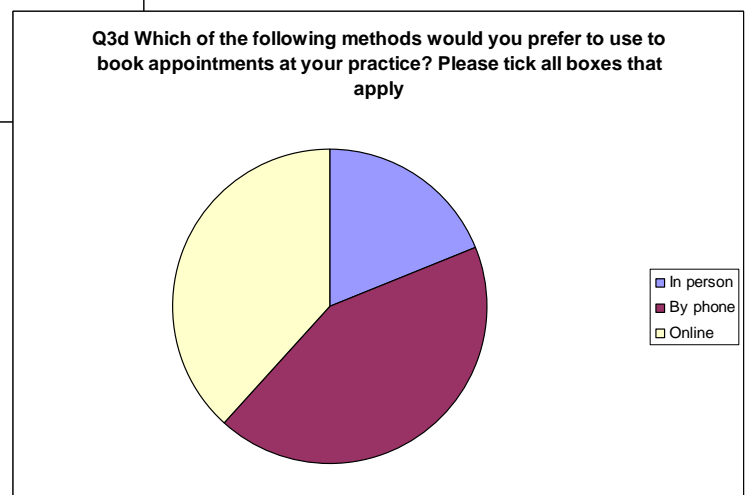
■ Important
■ Not important



■ Very easy
■ Fairly easy
■ Not very easy
■ Not at all easy
■ Don't know
■ Haven't tried

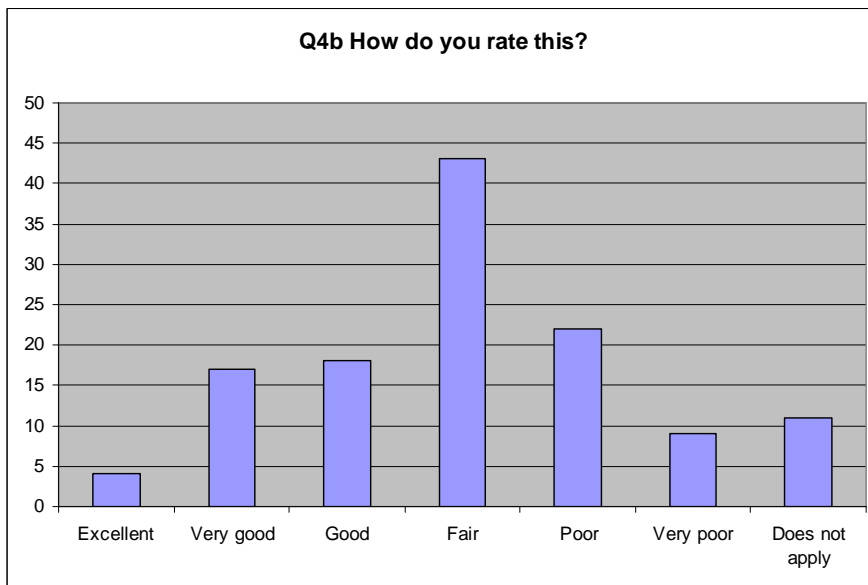
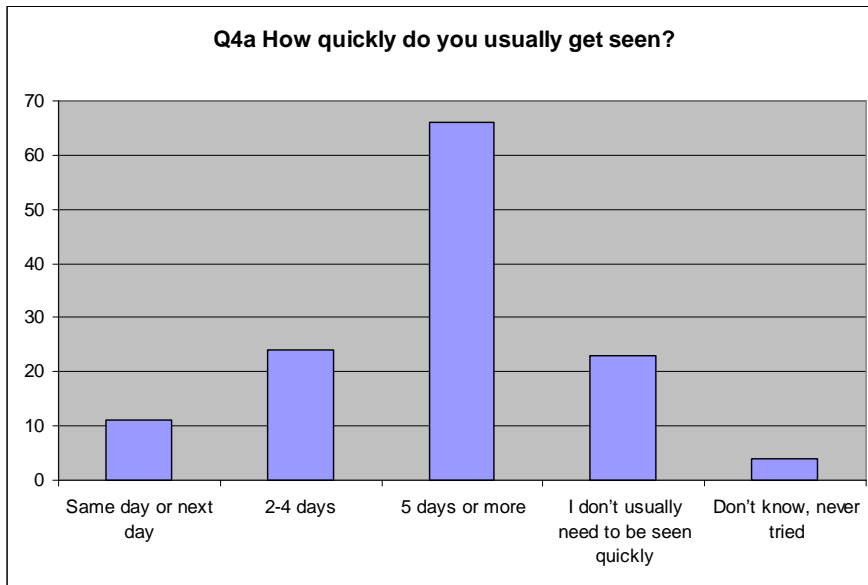


■ In person
■ By phone

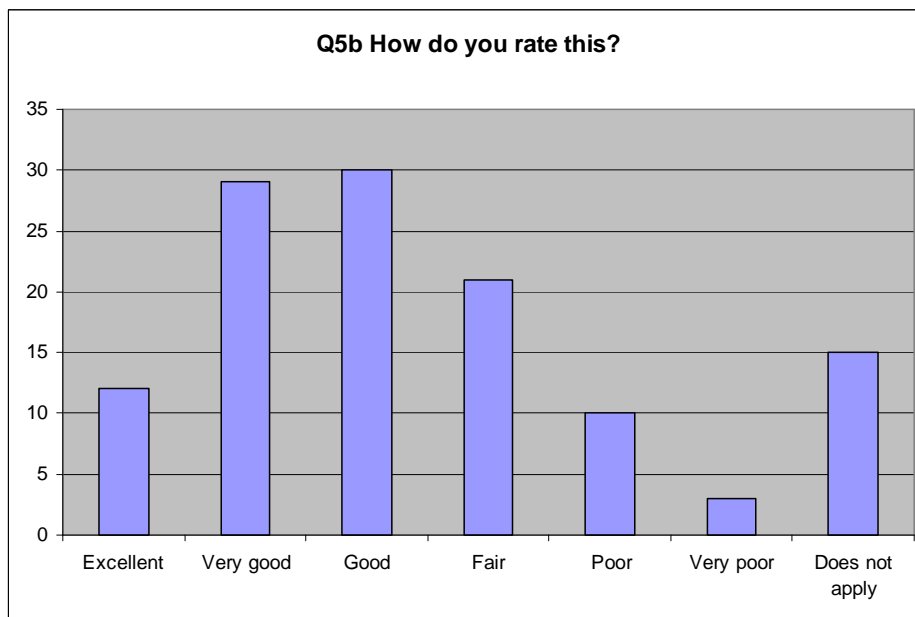
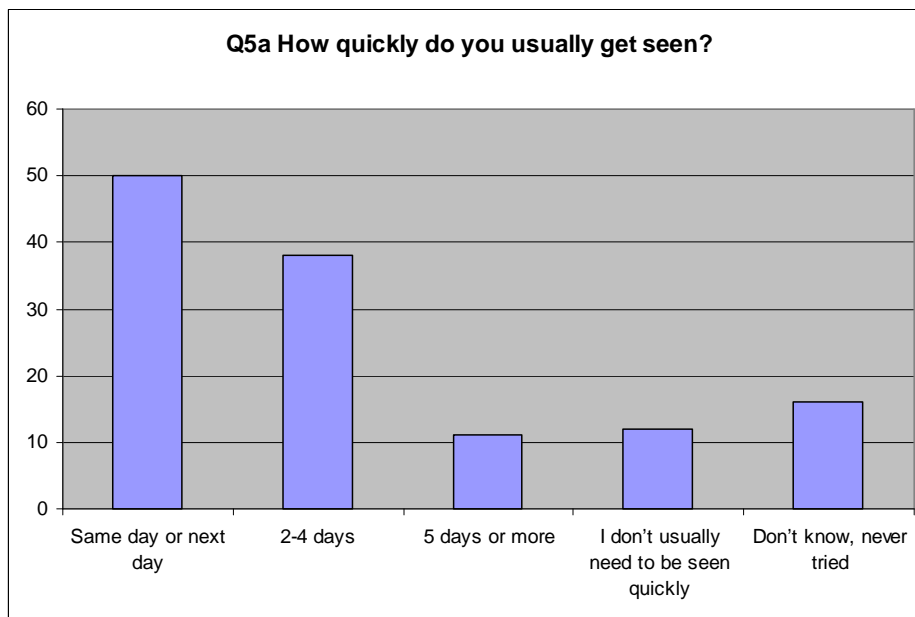


■ In person
■ By phone
■ Online

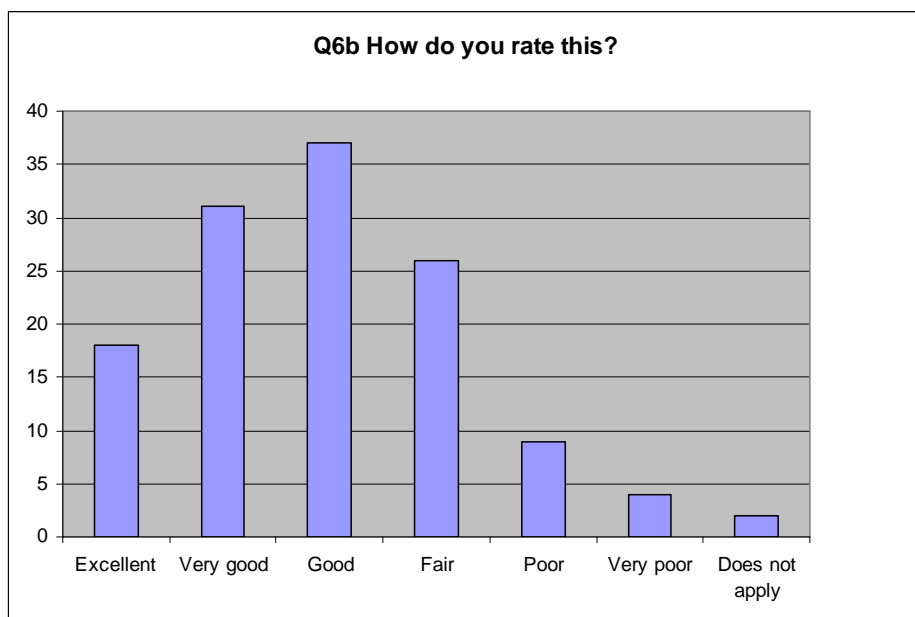
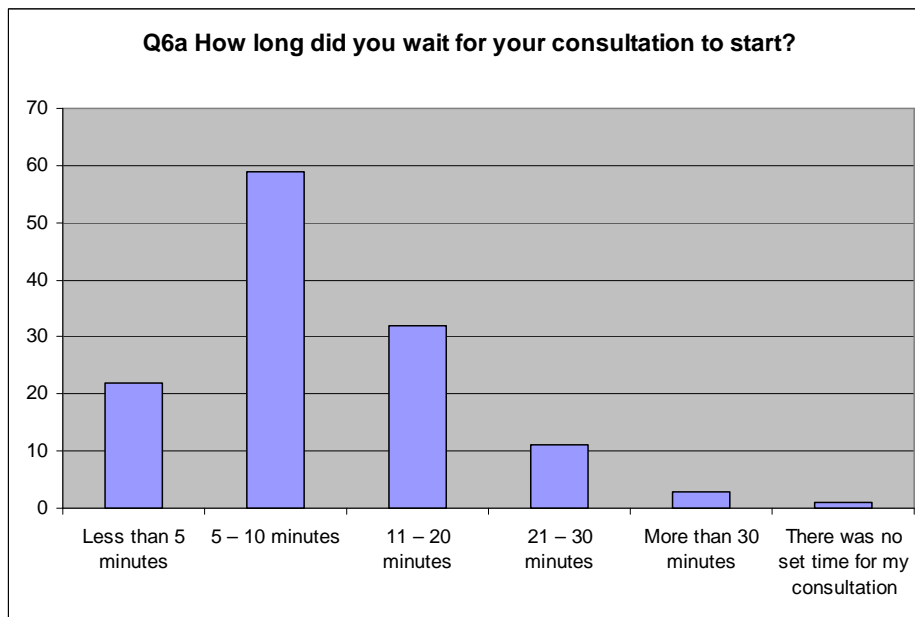
4 Thinking of times when you want to see a particular doctor:



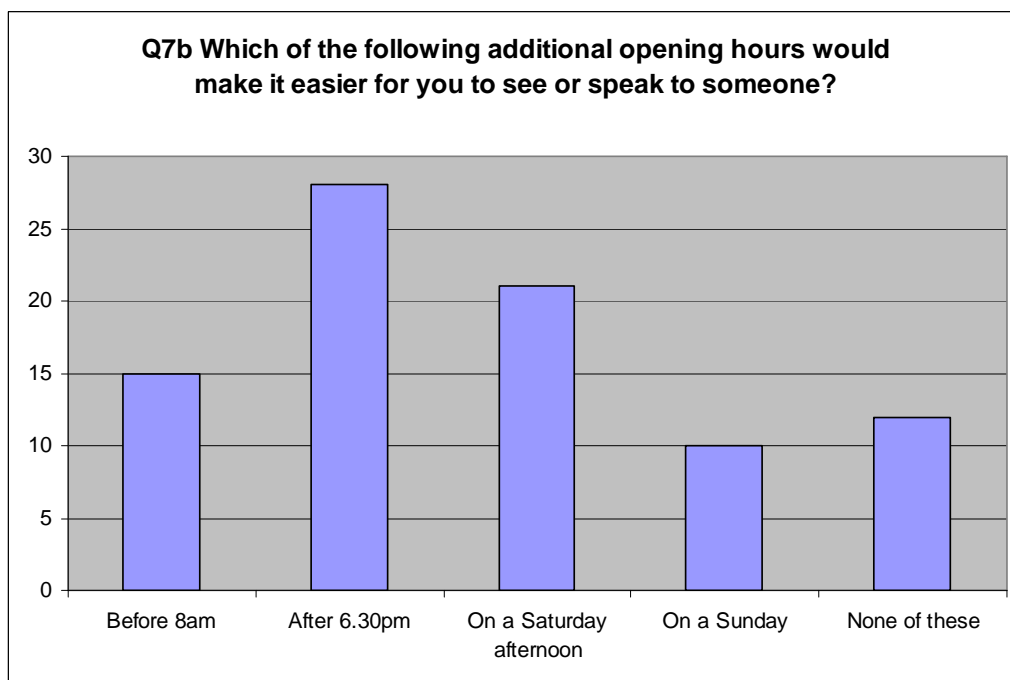
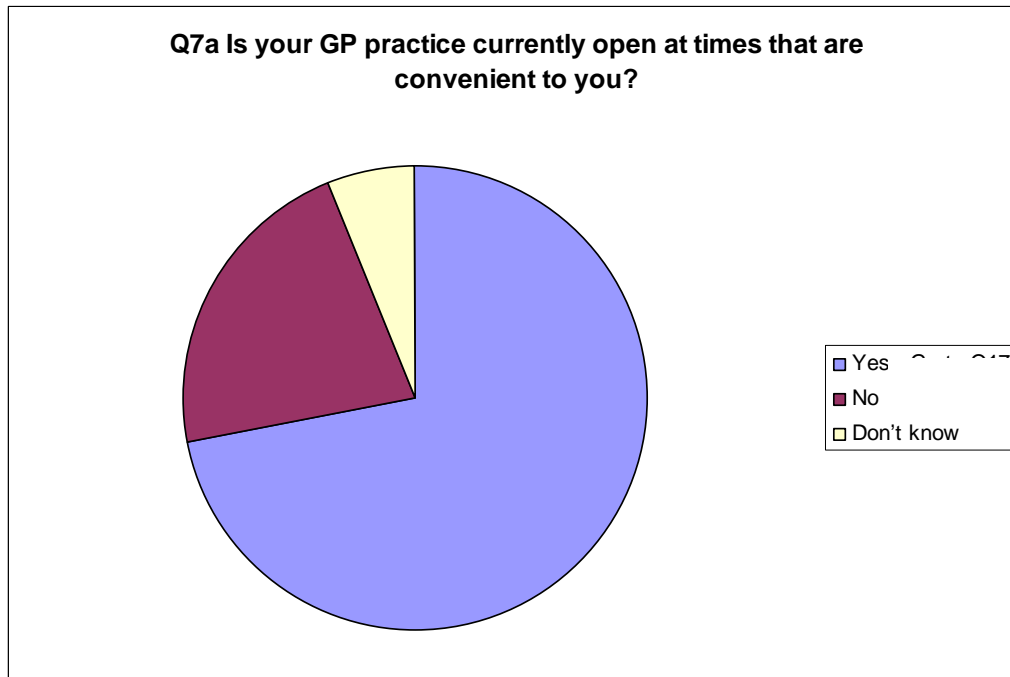
5 Thinking of times when you are willing to see any doctor:



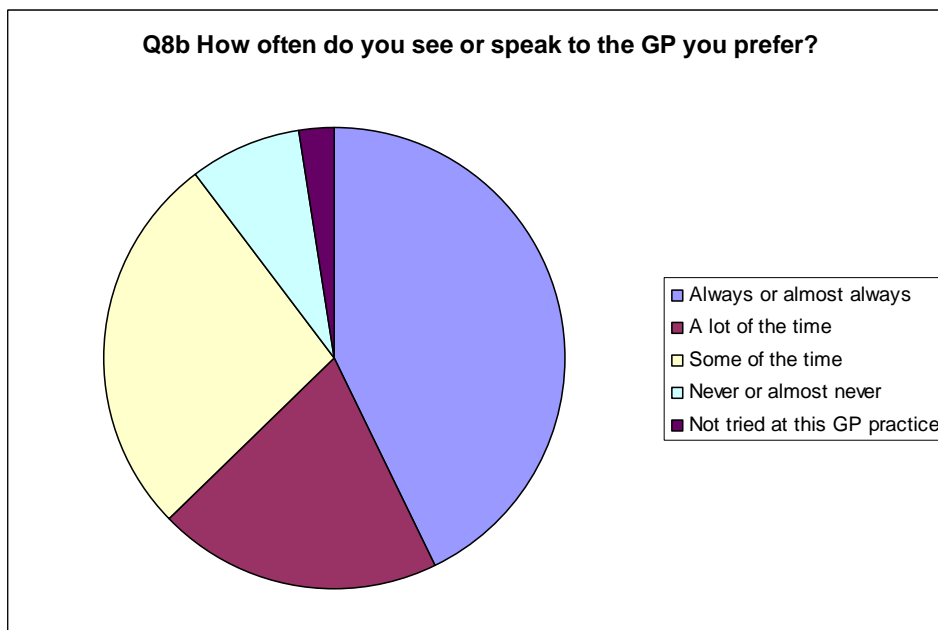
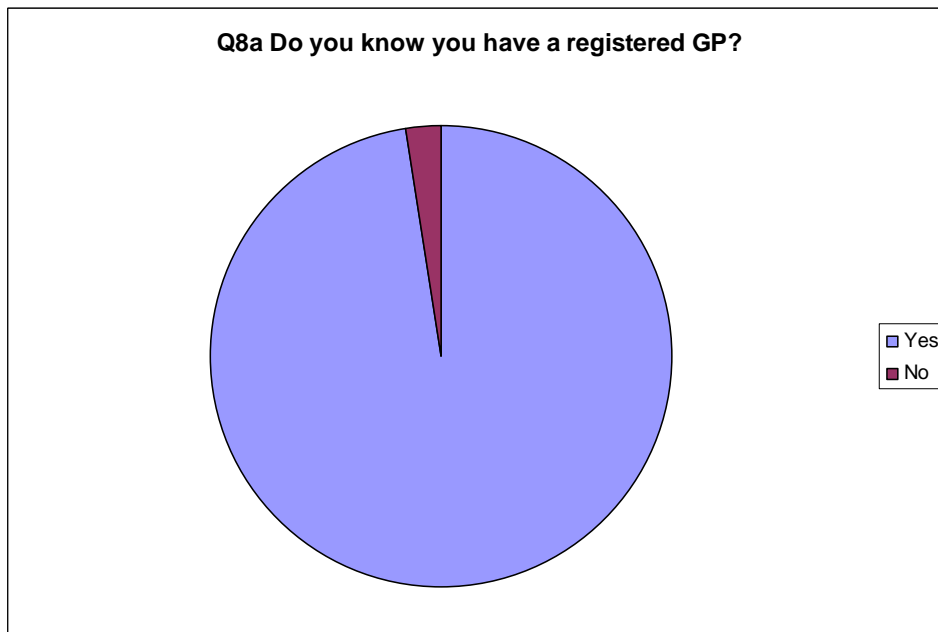
6 Thinking of your most recent consultation with a doctor or nurse



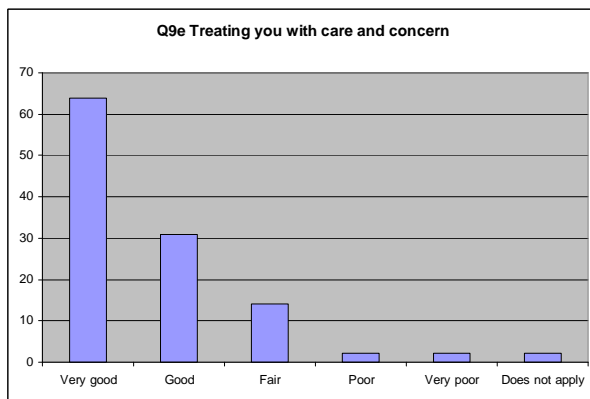
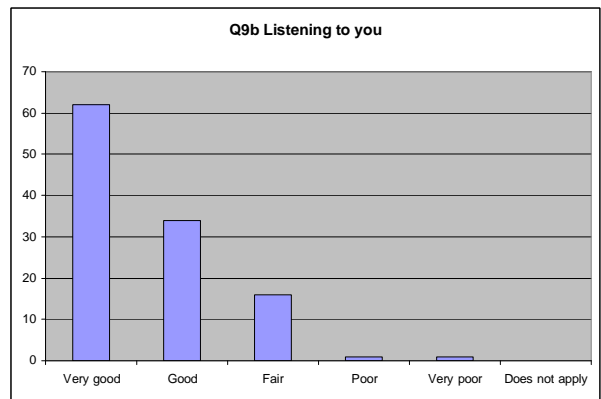
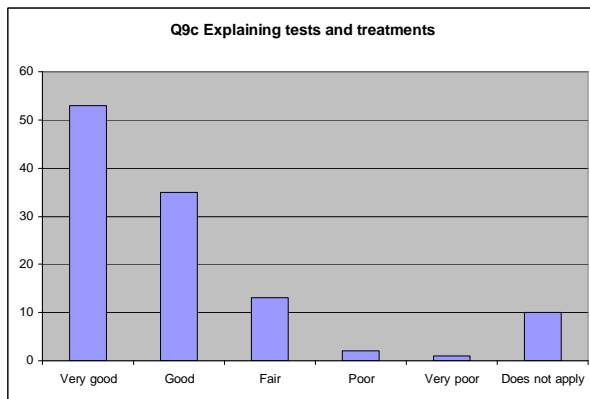
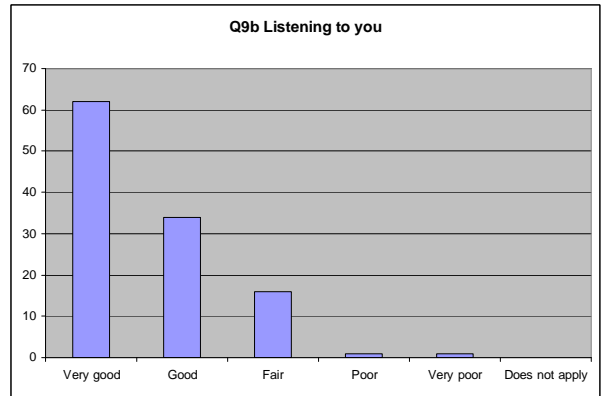
7 About opening times



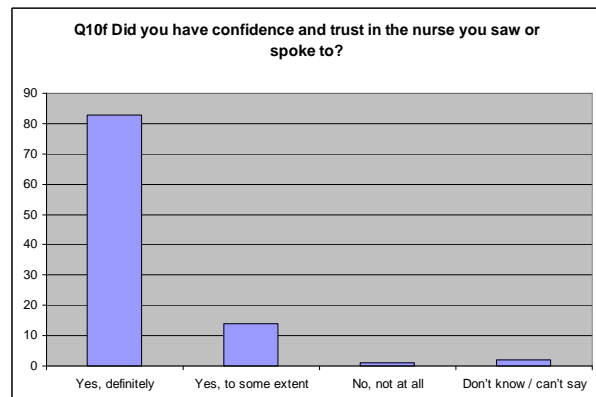
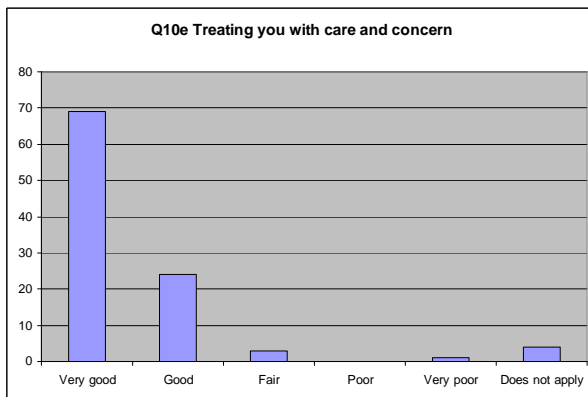
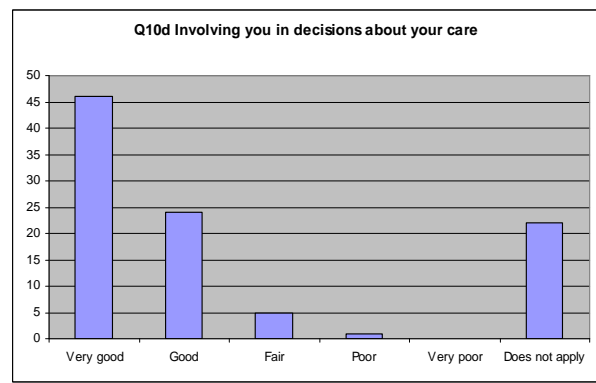
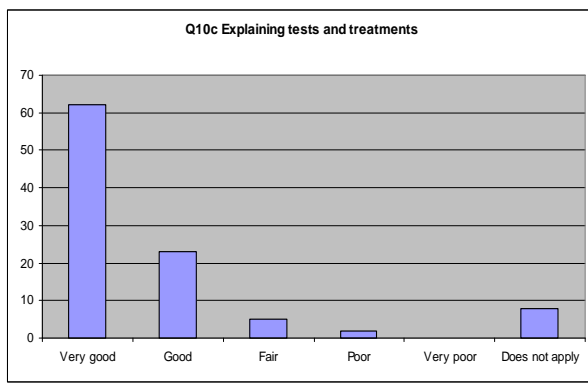
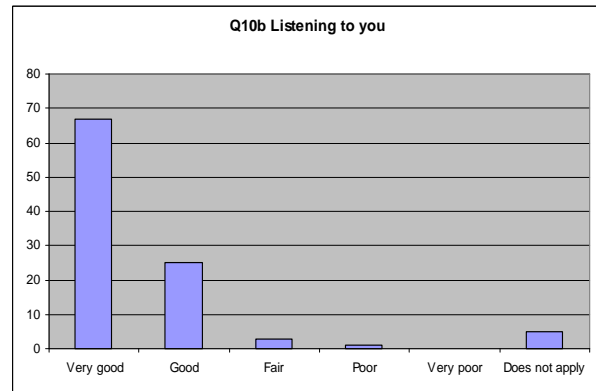
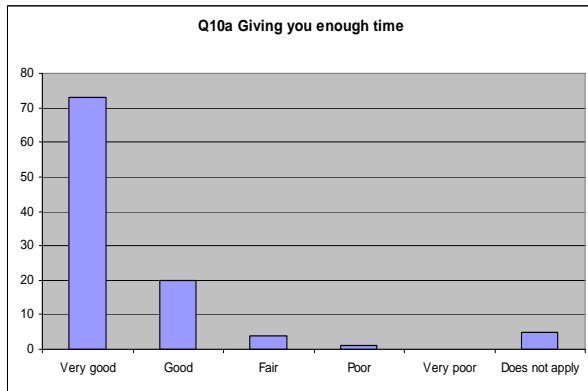
8 About seeing the doctor of your choice



9 How good was the last GP you saw at each of the following?

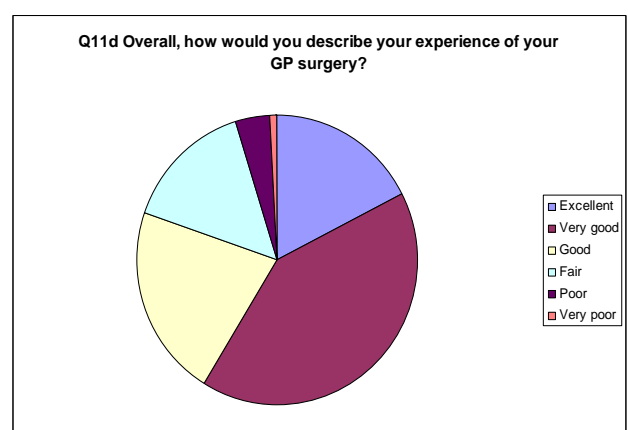
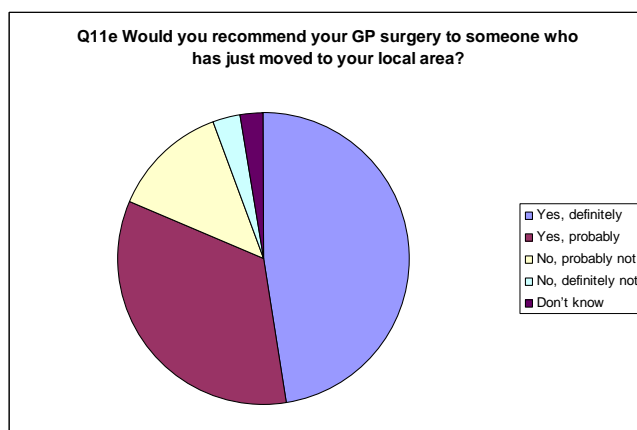
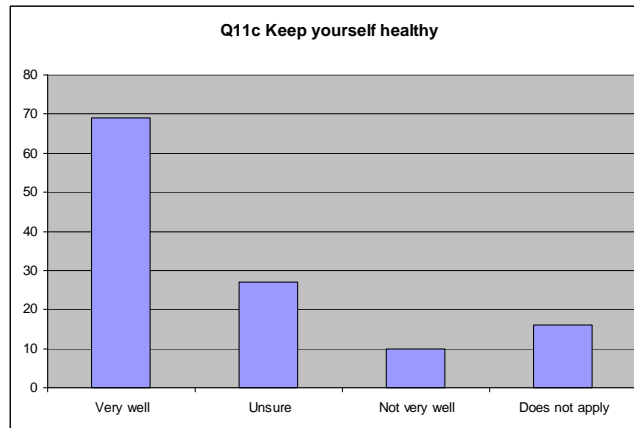
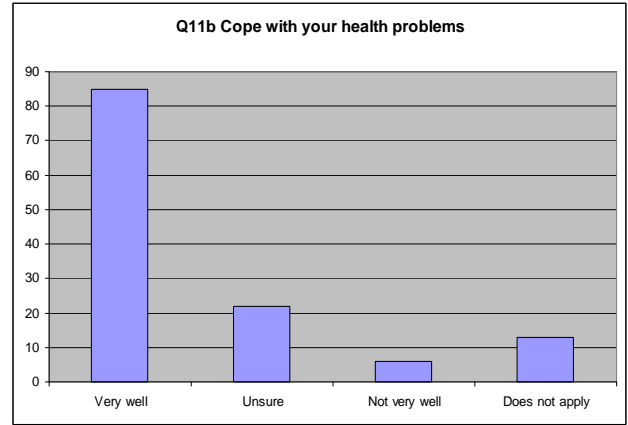
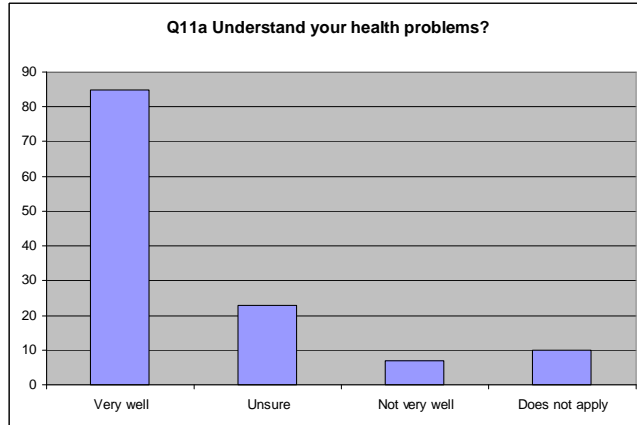


10 How good was the last nurse you saw at each of the following?

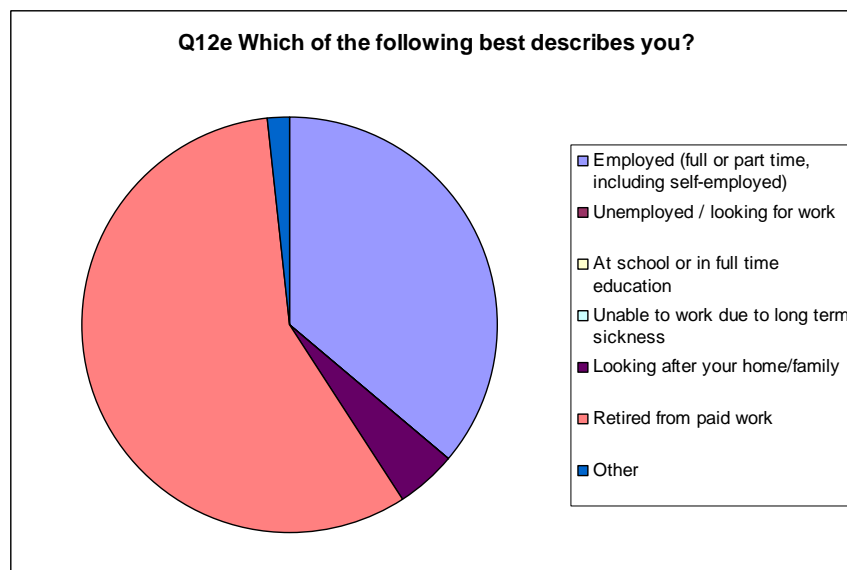
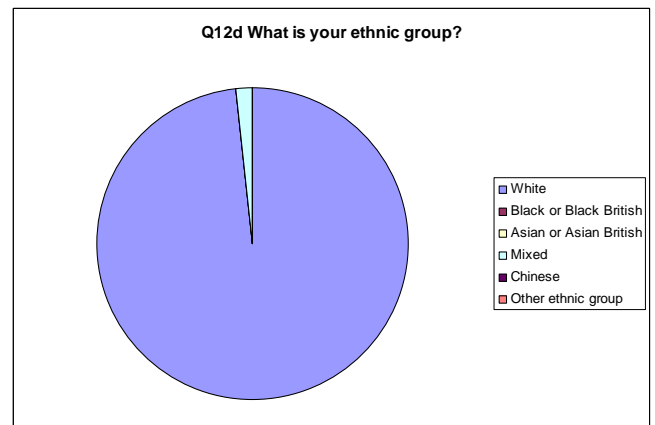
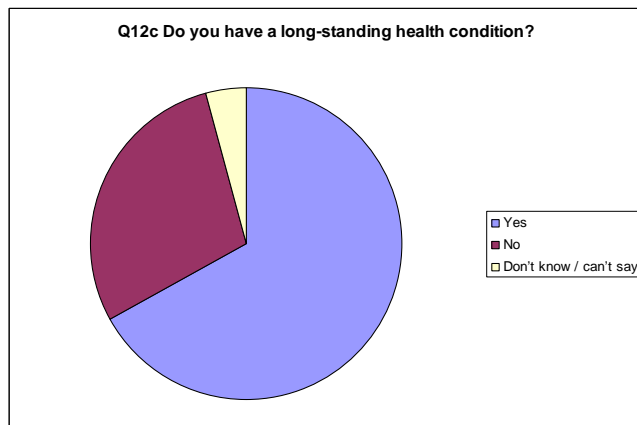
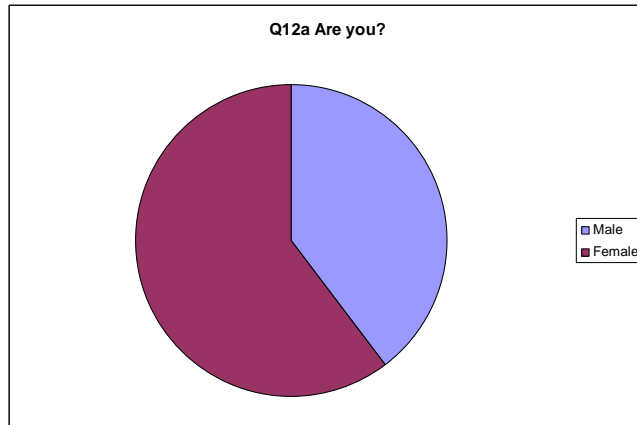


11 About care from your doctors and nurses

Thinking about the care you get from your doctors and nurses overall, how well does the practice help you to:



12 It will help us to understand your answers if you could tell us a little about yourself



Comments

Some survey participants were kind enough to make comments. Although not all comments have been included within the survey we have attempted to summarise the general themes as follows:

Areas of concern and/or for improvement

Staffing

- There is a need for more staff on the reception
- A "more friendly" attitude from the reception staff would be helpful
- Some receptionists are aggressive and will only consider their own agenda, but some are really excellent
- The impression I always get that receptionists regard patients as potential timewasters.
- The system at the moment for the reception and booking an appointment isn't really working. I called only last week and waited 1 HOUR & 35 MINUTES+ (with SIX calls in front of me) to get through. When I eventually got through I was told that I could only be helped with one of the three things I needed help with. I'm not sure I have the answer, and I totally understand being customer service/receptionist can sometimes be a thankless task, which I try to remember when I call but to be honest, to hold on the phone for that long tested my patience to the limit
- Would prefer to SEE a GP when phoning for an emergency appointment rather than having a telephone consultation
- Constant change of registered doctor
- There seem to have been a lot of staff changes in recent months particularly with the GPs and I no longer feel that I know the doctors, that they know me and that it is worth getting to know them as they may move on. My registered GP left the practice at the end of January 2013 and I am still waiting for formal notification of my new GPs name (it is now the end of February) despite the fact that the practice has known about the change for several months. It makes me feel that patients are not very important to them.

Appointments

- Difficult to get appointments
- Bring back booking four weeks not two like now
- Disappointing that there is no 'emergency' appointments on Saturday
- Getting the appointment is the most unsatisfactory part for me as a patient
- Problems occur when trying to book a convenient appointment, for example, trying to get through from 8am for an appointment for the same day is very difficult. As I am working it makes it very difficult to be available for the doctor to call me back which has led to missed calls back and forth.
- I have on occasions tried to book an appointment with the doctor who has requested I see them specifically on a date and that is extremely difficult either I have had to phone 2 weeks before the date I want and hope slots have been opened
- Forward booking
- I am very fortunate at the moment as I do not need to see the Doctor too often. However the main worry, when I do need an appointment, is the ability to see the Doctor reasonably quickly (and especially out of hours). Once I've got to see her/him I have been treated very well
- I do not understand the appointments system, you can't book an appointment for more than two weeks ahead whereas I know that this can be done in other practices.

Stony Medical Centre

K82009

Some of the receptionists have a very superior attitude. They should remember who pays their salaries - the tax payer.

I can't for the life of me see why non-urgent appointments can't be timetabled ahead in the same way as seeing a teacher or lawyer. You can't book more than 2 weeks ahead and when you try there are no spaces - and I'm not picky about whom I see.

Systems & Infrastructure

- Privacy at front desk
- I do not like having to explain to the receptionist the reason why I need to see a Doctor.
- When I was waiting for results from Hospital, 3 members of staff kindly 'phoned me to let me know they were available, which suggests some communication or recording system had failed.
- Would like to see more emphasis on preventive care.
- I would just like to have my repeat prescriptions sorted on time and given the correct medicines that I request.
- I don't think that the recent migration to the new computer system was handled very well. It meant that crucial records were not available at the time they were needed.
- I would like to be kept up to date with changes at the Stony Medical Centre, especially with Doctors who leave the Practice such as when my Doctor Samantha Howell moved to another practice, I was not notified and it came as a surprise and a disappointment when I was told by a third party.
- I would like to take a pro-active approach to impending old age. I would like to be able to email my GP with quick questions instead of attending surgery and to leave the decision as to whether an appointment is necessary to them.
- If doctor is going to 'phone me at home, I am only told which day. No idea of what time - not even am or pm.
- the surgery should fine people who do not attend or cancel their appointments
- The repeat prescription system seems to be having problems at the moment
- If the phone system could place you in a queue and tell you which number you were in the queue you would at least know that you will be answered in order and not trust to pot luck if you can get through.
- Waiting area rather depressing - could do with smartening up.

Areas of praise

As with the areas of concern and/or for improvement comments noted above not all the positive comments received are shown below, however these have been included for the purposes of balance and also to recognize that for a sizeable number of patients we are providing a good service:

- Apart from the telephone issue, this surgery (Stony Medical Centre) is the model of excellence.
- Busy practice but well run. If you have an urgent problem it is sorted.
- Doctors all fantastic.
- For a long time I had a GP who was off sick a great deal and the care I received then was poor. Since I have been allocated a new GP things have improved greatly.
- Generally I feel there has been an improvement in the general efficiency of the practice in the last few years.
- With regards to receptionists almost all are polite and helpful.

Stony Medical Centre

K82009

- Improved communications (e.g. Email medical communications and bookings) would be welcome.
- GP practice and staff excellent and always helpful.
- GP's are generally brilliant.
- I am quite happy with the care I receive when needed. Thank you
- I am very satisfied with all aspects of the surgery, I do think it is short-sighted that they no longer offer well women and men clinics.
- I appreciate the care the doctors take in looking after me, checking my records when prescribing medication to ensure they are safe for me to take.
- I have always found the Surgery staff very helpful and pleasant. Also accommodating. If unable to give an appointment at the time they will get the duty Doctor to phone very soon after speaking to them.
- Overall, a very satisfied patient.
- I have been very happy with the service provided by my practice however being relatively healthy I do not have to attend on a frequent basis. I feel that the practice has undergone a lot of upheaval in recent years which it has coped with to the best of its ability but is now settling down so should hopefully re-emerge as a top class practice.
- I think we are fortunate in Stony to have such a committed and progressive medical team who treat their patients with care and respect.
- I would just like the medium of this survey to express my gratitude for the treatment, care and advice I have received over the last 20 months
- Just a very good practice.
- Love the new checking in/telephone which tells you how many people ahead of you
- Much better than it was.
- On the whole good and caring. Thanks.
- Practice offers a very good service. Would it be possible to have an annual general health check up to catch any illness early.
- The GP practice is welcoming which is important if you're unwell.
- The press often implies that our health service makes less effort than it should to look after the elderly. I have never experienced this. On the contrary I am amazed at the efforts made to care for my welfare at the age of 82.
- The service & helpfulness of the reception staff has improved greatly in the last few months. The phone call from a duty doctor for urgent consultations is very reassuring as I have a young child, whose health can deteriorate quickly so waiting 1-2 days for an appointment would not be good. Please keep this service!
- There has been a huge improvement in the last few years. I am very impressed with how easy it is to get a phone consultation with your registered GP. I have confidence in the practice now whereas I didn't 10 years ago. I hope the huge workload they have does not impinge on care in the future, but I am pleased to see they are modernising the computer system and hope that helps the staff as well as the patients
- There have been a few changes but on the whole I am well satisfied.
- Very helpful & polite.

END.