Following last year’s survey it was agreed with our Patient Reference Group and Practice Staff to concentrate our 2012 Patient Survey on 3 main areas:

1. Whether patients can get an appointment with a Clinician within an acceptable time frame with 2 independent questions, one relating to the Doctor and one relating to the Nurse.
2. Waiting time (following arrival for appointment)
3. Confidentiality in the Waiting Room
4. Comfort of Waiting Room

Our Patient Survey was carried out on patients who attended the surgery over a 5 week period in November/early December 2012. 194 completed surveys were collected and the surveys had been split into 2 sections, one for patients who said the last time they had contacted the surgery they had wanted to see or speak to a Nurse (26 completed surveys) and one for patients who had wanted to see or speak to a GP (168 completed surveys). The reason for splitting the surveys was to separate out the length of time waited for an appointment - for example, a routine GP appointment should be available within 48 hours if the patient wishes this whereas most Nurse appointments at the Practice are for chronic disease management checks so an appointment within 48 hours is not usually essential. Practices who offer a Nurse Practitioner Service where nurses see acute problems would expect patients to be seen within 48 hours however.

The results of the survey were collated by a member of our Patient Reference Group and were then discussed with the Patient Reference Group and representatives from the Practice Staff at the January Patient Reference Group Meeting. The results were discussed by the GP partners following this. From these discussions the following analysis was made.

**GP Survey**

1. **Length of time waited for an appointment with the GP.**

34% of patients said they wanted to see or speak to the GP on the same day, 11% on the next working day and 26% a few days later. 5% said they wanted to see or speak to the GP more than a week later, 16% said they did not have a specific day in mind and 5% said they could not remember.

When asked how long after they contacted the surgery did they actually see or speak to the GP, 19% said on the same day and 16% said on the next working day which shows us that 32% of patients were seen or spoken to by the end of the next working day. 40% said they were seen or spoken to a few days later and 13% a week or more later. 8% could not remember.

**Comments:** 45% of patients said they wanted to see or speak to a GP on the same day or the next working day and 35% were actually seen or spoken to within that time. From the results it can be assumed the remaining 10% were seen or spoken to a few days later. 5% said they wanted to see or speak to the GP more than a week later and 13% were actually seen or spoken to more than a week later. There could be various reasons for this, for
instance the GP was not available at a day or time to suit them or their GP of choice may not have been available.

Patient could not get appointment or the one offered was not convenient:

When asked if patients weren’t able to get an appointment, or the one offered was not convenient, 24% said there weren’t any appointments on the day they wanted, 17% said there weren’t any appointments at the time they wanted and 11% said they could not see their preferred GP. 4% said they could not book ahead which was surprising as we have never restricted patients booking ahead and always have appointments available 4-6 weeks ahead.

When asked what they did on that occasion (ie when they weren’t able to get a convenient appointment) 39% said they went to the appointment they were offered and 29% said they got an appointment for a different day. 2% said they had a telephone conversation. Nobody went to A&E, 4% said they went to the WIC, 1% went to Care at the Chemist, 1% decided to contact the surgery at a different time and 4% did not see or speak to anyone.

Comments: The Practice Policy is that patients requesting an appointment for that same day are accommodated. However, if there is an unusually high demand on that day, the patient may be asked if they can come the next day and, sometimes, if the appointment time is not convenient the next day, the patient is happy to be seen within the next few days. Patients are also often willing to wait for the GP of their choice if their problem isn’t urgent. It is important to be aware, however, that if a patient needs to be seen urgently, they are always accommodated on the same day. Contingencies are also put in place when GPs are on holiday as there are less appointments available. Such contingencies include booking locum cover, sharing the absent Doctor’s ‘on-the-day’ appointments between the remaining GPs so as not to restrict the number of appointments available on the day.

Remember, you can always ask for a Telephone Consultation if you feel your problem can be discussed with the GP over the telephone. Just contact the surgery to make an appointment in the usual way, stating that you would like a ‘telephone consultation’. The GP/Nurse will ring you back within 30 minutes of the time the receptionist gives you.

Conclusion: Unfortunately, it is not possible to have appointments available at times to suit everybody but the Practice does do its best to always accommodate its patients within the resources available and, when there is high demand, GPs do add ‘extras’ onto their surgeries up to a limit which is considered to be safe Practice. We felt, however, that we should look at this issue a bit more closely and so compared our results with the National GP Patient Survey results January to September 2013. The results of this survey confirmed the results of our in house survey, ie that too many patients were being seen a few days later when they wished to be seen sooner. As a result of this we are going to look at our capacity and demand with a view to possibly introducing more ‘on the day’ appointments.

Action: Include this area in future surveys for comparison

2. Waiting Time (in the Waiting Room)

When asked how long patients normally have to wait after their appointment time, 4% said less than 5 minutes, 46% said 5-15 minutes, 33% said 15-30 minutes, 12% said more than 30 minutes and 4% said they could not remember.
When asked how they felt about the amount of time they had to wait 61% said they don’t normally have to wait too long, 22% said they have to wait a bit too long, 8% said they have to wait far too long and 5% had no opinion.

Comments: This was discussed with our Patient Reference Group and the conclusion was that as long as patients are kept informed that the GP is running late and are given an approximate time of the delay, they usually don’t mind having to wait. The following was therefore agreed:

- Occasionally, the GP is held up on home visits or the GP may return from their home visits and have urgent phone calls to make which can delay the start of surgery. Under these circumstances, the GP will inform the Receptionist when they arrive back at the Practice, or by telephone if they are delayed on an actual visit. The Receptionist will then relay this message to the patients waiting in the waiting room and inform them of how long the delay is likely to be.

- If the GP starts surgery on time and is then delayed because of the need to spend longer than the allotted 10 minute appointment time with some patients, the policy is that when the GP starts to run 30 minutes late the Reception staff will inform patients booking in and announce to patients already waiting in the waiting room that the GP is running 30 minutes late. This Policy will be reinforced again with the Reception staff.

Conclusion: The Practice recognizes that it is very frustrating for patients who are kept waiting beyond their appointed time and the GPs on the Practice will give their best efforts to keep their surgeries to time but this will certainly not be to the extent that it will compromise good clinical care when there is the clinical need to spend longer than 10 minutes with a patient. The Patient Reference Group recognized from previous discussions that the Practice have taken steps in the past to address this issue, one of which was the introduction of ‘catch up’ slots in surgeries where GPs tend to run late. This issue has also been discussed extensively both by the Practice and the Patient Reference Group in the past. It was agreed, however, that patients should be kept more informed when a Surgery is running late. It is also unacceptable for a GP to start their first surgery of the day late unless there are unusual circumstances.

What patients can do to help:
- Please try to turn up on time for your appointment
- Please do not bring other family members to the appointment asking for them to be seen at the same time – each patient needs a separate appointment.
- If you have a long list of things to discuss with the GP, please recognize that the appointment is 10 minutes long and it may be necessary to make another appointment to discuss everything on the list.

3. Confidentiality

This area was included by the Practice because, although previous surveys had not indicated this was an issue, the Practice felt that it should be included as they had taken steps to improve confidentiality in the waiting room.
When asked whether other patients can overhear what is said to the Receptionist at the Reception desk, 64% said that other patients can overhear but they don't mind. 15% said other patients can overhear and they are not happy about it, 6% said that other patients could not overhear and 11% said they did not know.

Comments: The Patient Reference Group felt that patients do not usually discuss confidential matters at the Reception desk – the Practice agreed but said that if patients did wish to discuss something sensitive there was an interview room available at the side of Reception. The Patient Reference Group said they were not aware of this and it was decided that there should be a notice on Reception referring to this.

Regarding patients in the waiting room overhearing confidential conversations by staff in the Reception area, following consultation with patients last year the Practice introduced a Radio into the waiting room and confirmed that it had been a great success. Reception staff were also trained not to partake in confidential discussions in earshot of the waiting room and not to repeat patient names or other personal details when speaking to patients on the telephone.

Action: The Practice to Introduce a patient notice on Reception informing patients that there is an Interview Room available should the patient need to discuss something confidential with a Receptionist.

4. Comfort of Waiting Room

35% of patients said the waiting room was very comfortable, 51% said fairly comfortable, 13% said not at all comfortable and 0% had no opinion. When compared with a similar question on last year’s survey there had been a significant shift in the number of patients who said the waiting room was good, very good or excellent (79%) to the number who said it was fairly comfortable or not at all comfortable (19%).

Comments: This difference could not be explained. The radio had been introduced in the last 12 months but this was not thought to be a negative. The Practice had consulted with patients prior to the introduction of the radio and had received overwhelming support and since the radio had been introduced the Practice had received no negative feedback. It was acknowledged that the waiting room chairs are uncomfortable but these cannot be changed as they are the same chairs throughout the building to meet infection control requirements. Action: Repeat this question in next year’s survey.

5. Reception Staff

When asked how helpful patients found the Receptionists to be at the surgery – 63% said very helpful, 31 said fairly helpful, 2% not very helpful, 1% not at all helpful and 1% did not know.

Comments: There were no areas of concern here – the results were commendable.

6. Overall Experience of GP Surgery

In response to this question 66% said Very good and 30% said Fairly good. 2% said neither good nor poor and 1% said Fairly poor. 0% said Very poor.
Comments: Our ultimate aim is to ensure all patients are satisfied with the service we provide. However, if patients are not happy about any aspect of the service we do have a Complaints Procedure – just ask to speak to the Practice Manager or if she is not available the Reception staff will provide you with an information leaflet on how to complain.

Nurse Survey

The Nurse survey was looked at in less detail as the data was flawed. Question 3 asked – “Last time you wanted to speak to a GP or nurse from your GP Surgery What did you want to do?” Some patients had ticked more than one box indicating they had wanted to see or speak to a GP and a Nurse which meant the subsequent questions could not be analysed correctly.

The survey did indicate however that 42% of patients had been seen a few days later and 38% had been seen a week or more later which is reflective of waiting times for nurses providing chronic disease management checks. 15% had been seen on the same day which would have been for a more acute nursing problem. This survey had been useful as by extracting this data from the GP survey, it meant that the GP Survey results regarding waiting times for appointment were more accurate than in previous surveys.

DRS WOODCOCK AND PARTNERS

Patient Satisfaction Survey Feedback

It is almost impossible to get a truly representative view from such a small sample of patients. We would, therefore, welcome more comments and, in particular, any suggestions you may have on how we can improve our service to you. We would also welcome any positive comments you may wish to make.

Please enter your comments below and post in the Comments Box on the Ground Floor (near the entrance).

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If you would like us to feedback on your comments please enter your contact details below:

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