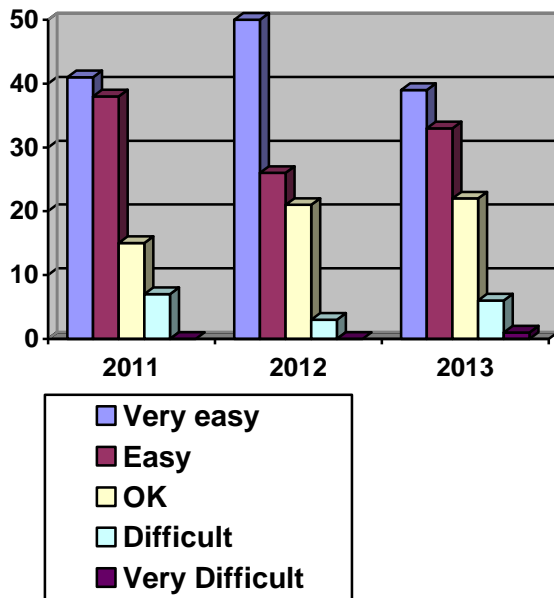


Patient Survey 2013 - Results

1. How easy do you find it to book an appointment with the Doctor or Nurse?



	Response % 2011	Response % 2012	Response % 2013
Very easy	41	50	39
Easy	38	26	33
OK	15	21	22
Difficult	7	3	6
Very Difficult	0	0	1

phones. Too often lunch breaks etc.

- Difficult – I really like the sit & wait for an immediate visit but often find I need to wait at least a week before seeing a Dr. maybe a later evening would help (this pt. thinks the practice is only open mon-fri 9.5)

Practice Feedback on Results

- 94% of responses replied OK or above to this question – a decrease on 2012 of 3% & the same results as in 2011. The practice is happy with this response but feels we should still work hard to improve this. The practice feels that the decrease appropriately reflects the increase in patient demand / expectations and demonstrates the affect this has had on appointment availability. Despite the decrease in patient opinion of appointment availability the practice is still able to offer the patients an appointment within 24hrs and a pre bookable appt with a dr within 48hrs (excluding doctor / nurse annual leave periods) The government guidelines are to be seen within 48hrs.
- The practice always offers URGENT appointment morning and afternoon each day & runs a daily Sit & Wait surgery each morning between 9.00 & 11.00 am
- The practice offers early morning appointments (starting from 8am on certain days of the week) and late evening appointments (on Thursday evenings) please ask reception about availability
- ONLINE booking – patients who wish to take up this service need to contact reception, where you will be provided with instructions, logon ID and passwords to use the service...
- In the last year we have seen Dr Taylor reduce his time in the practice as he has now gone part time. Dr Bacon & Dr Wrigley have increased their commitment the practice increasing their hours, which has resulted in the practice being able to offer the same number of appointments each week compared to prior to Dr Taylor reducing his hours.
- Dr Taylor's reduction in hours may have contributed to some patient's impression of appointment availability within the practice as if patients wish to see Dr Taylor they will now have a slightly longer wait as a result of Dr Taylor reducing his hours within the practice. We understand that this is patient choice to see the Doctor of their choice, but we would like to take this opportunity to remind patients that all Doctors within the practice have full access to your medical records and can help you if you choose not to wait to see Dr Taylor.

Survey Comments

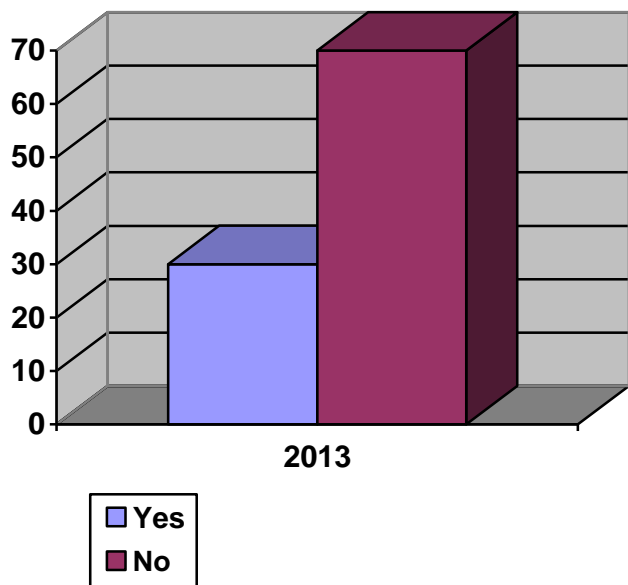
If difficult / very difficult, How could we improve this? – comments

- Difficult – more phone lines
- Difficult – with nurse for holiday jabs – computer appointments diary no available until one month ahead
- V.easy – as long as you are ok to wait for a particular dr or you can go to the sit & wait which is very good
- Ok – sometimes booking a nurse can be problematic to time monthly cycle – but generally all good
- V.easy – love the sit & wait – I know I can be seen that day!
- Perhaps not the have too long to wait for an appointment
- V.difficult – more appointment so may set aside for children. System if people cancel so others can use the appointments – call backs
- Difficult – sometimes waiting up to two weeks to get an appointment
- Difficult – insist receptionists cover lunch break & respond to phone u must filter non well check-ups hypochondriacs, in all ways & every way emergencies prioritised & serious conditions prioritised answers / advice / tel. consultation / evening appts / wk. appts etc. etc. politer & more competent. too slow answering

Patient Reference Group Feedback on Results

- **General Group Feedback – consensus was that the group were in agreement with the practices feedback as above**

2. We introduced a new service to the practice in Jan 2012, a Female Minor Illness Nurse. Patients have the choice to see the Doctor or Minor Illness Nurse when attending the Sit & Wait. Did you know that when booking a Sit & Wait appointment you can request to see the Minor Illness Nurse? (New question for this year)



	Response % 2013
Yes	30
No	70

Survey Comments

If no, How do you suggest we advertise this service better?

- 53% of patients who completed this question gave written suggestions – due to the number of responses I have summarised the suggests and included the number of patients who suggested this method
- **Inform patient when ringing to book appointment** = 27 patients suggested this method of advertising
- **Poster in waiting room** = 19 patients suggested this method of advertising
- **Text message** = 6 patients suggested this method
- **Email** = 5 patients suggested this method
- **Website** = 4 patients suggested this method
- **Notice on reception desk** = 3 patients suggested this method
- **Social media pages / Facebook** = 1 patient suggested this method
- **New to practice feel unable to comment** = 3 patients felt they could not make a suggestion due to being new to the practice
- **General comment on being able to choose minor illness nurse instead of seeing a doctor** – 1 patient thought this was a very good idea.

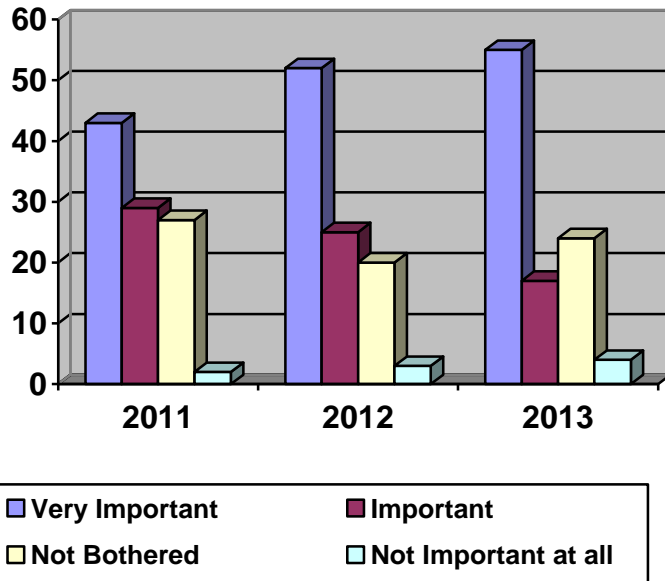
Practice Feedback on Results

- It was brilliant to get such great feedback on how we could better advertise this service and improve patient access to the minor illness nurse, thus better utilising this service provision.
- The general consensus was informing patients at time of booking and advertising the service by placing poster in the waiting room
- The practice will be placing posters in the waiting room to advertise this service
- The practice will be also taking the suggestion up of placing information about the availability of this service on the practice website
- Staff training / staff meeting to inform all staff, especially receptionists of the need to mention this to all patients requesting sit & wait appointments
- Next year’s survey it maybe a suggestion to change this question to “Do you know it is possible to see a minor illness nurse for minor ailments?” this will help evaluate the effectiveness of brining in the above changes to make the service more widely known and thus available to our patients

Patient Reference Group Feedback on Results

- Content with the proposals planned
- Patient Group consensus – are happy and in agreement with practice feedback and plans.
- Good communication is the key here.

3. How important do you think it is for the practice to have a female doctor?



- **Don't always want to talk to a male Dr** == 1 patient responded with this response
- **Sex issues** = 1 patient responded with this response

Practice Feedback on Results

- The year on year trend show that patients who responded with it is very important to have a female Doctor is increasing. A 9% increase from 2011 to 2012 and only a 3% increase from 2012 to 2013. The interesting result is the % of patients who responded with important to have a female doctor is actually going down. A 4% decrease from 2011 to 2012 and a 8% decrease from 2012 to 2013
- After studying the results we noticed that the % of patients who responded with it is very important or important to have a female doctor has gone down and the number of patients who responded with not bothered / not important has gone up. In 2013 the results went back down to the same levels as the 2011 survey. The only year patient opinion went up about the importance of having a female dr was in 2012 since then patients opinion has gone down.
- The primary reason for preferring to see a female dr is embarrassment or feeling more at ease.
- The practice is aware of the issue & is looking into ways to provide this in the future. Currently whenever Locums are employed within the practice our first priority is to try to fill the available doctors sessions with a female locum doctor
- In January 2012 the practice introduced a fully qualified Minor Illness Nurse (female) to our service provision who can see female patient for certain problems. But it seems from these results that patients are not utilising this service or may not be aware / not being offered the service. The practice will discuss this and the next practice wide staff meeting.
- We have almost completed the training of another of our practice nurses to be a Minor Illness Nurse (female) which will only add to this service and will increase the availability within the practice.

	Response % 2011	Response % 2012	Response % 2013
Very Important	43	52	55
Important	29	25	17
Not Bothered	27	20	24
Not Important at all	2	3	4

Survey Comments

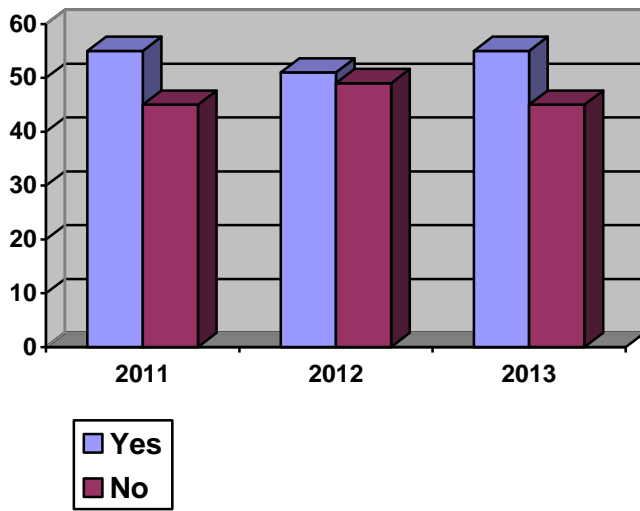
Why do you think that?

- 56% of patients who completed this question gave written responses – due to the number of responses I have summarised the responses and included the number of patients who responded with the same response
- **Feel more comfortable / easier / more confident talking to a female Dr** =26 patients responded with this response
- **Not bothered / happy to see a male Dr despite being a female patient / it more important that you see a doctor rather than what gender that dr is** = 9 patients responded with this response
- **Better understand female problems / to discuss female problems / for a female opinion** = 7 patients responded with this response
- **Embarrassment** = 6 patients responded with this response
- **Prefer to see a Female Dr** = 5 patients responded with this response
- **Privacy** = 3 patients responded with this response
- **It's good to have both / a choice is important** = 3 patients responded with this response
- **It's important to us females** = 2 patients responded with this response

Patient Reference Group Feedback on Results

- Patient Group consensus – are happy with practice feedback
- No real comments were made by the PRG to reflect if they felt a female Doctor was a necessary requirement for the practice or not.

4. Do you think it is possible to speak to a doctor over the phone?



	Response % 2011	Response % 2012	Response % 2013
Yes	55	51	55
No	45	49	45

Survey Comments

If so, How do you think this is done?

- Doctor could call
- Don't know
- Not sure how it was done think the doctor rang me. Keeps infections away from seating area in waiting room
- Depends on circumstances
- Depending in illness / problem
- Make appt for telephone appt
- Specific time slots at a certain time of day
- Don't know
- Requesting it
- Ask receptionists
- Via receptionist. Needs to be restricted to housebound & those too ill to attend surgery
- If absolutely necessary
- Would need to book scheduled times for this to be done during quieter times of day
- Ask reception
- Not sure
- After morning surgery
- I would rather see them personally if possible
- Presumably between the appointments
- Phone main number to ask for call back
- Didn't know you could
- When the doctor has time he could ring you back
- Book appointments
- Some surgeries get the dr to ring back

Survey Comments - cont

- I think it is but wouldn't know under what circumstances
- Phone appointment slots
- Have a brief chat about what the problem is
- Sometimes it's a simple request etc or just reassurance
- Request a call back
- Only in the most dire emergency
- Not sure
- NO – IT SHOULD BE of course & it isn't – I've requested this many times & always been told "we don't offer that service!" in a resentful manner
- Don't know, this would help me considerably & a lot of people. Often I don't need to see a Dr but talking over the phone would be enough. Maybe a set time during the day to make phone calls
- Ask reception
- By speaking to receptionist and they organise call back
- Ask, if urgent, for the doctor to phone you when available
- The doctor calls you back when he is able to. He might not be available straight away but you can always ask
- No idea – never tried
- Sometimes / possibly! Really depends to me what the problem is
- Have heard that it can be done but don't know how
- The doctors have to call back after surgery
- Saves waiting time coming to see one
- Requesting that they phone when convenient

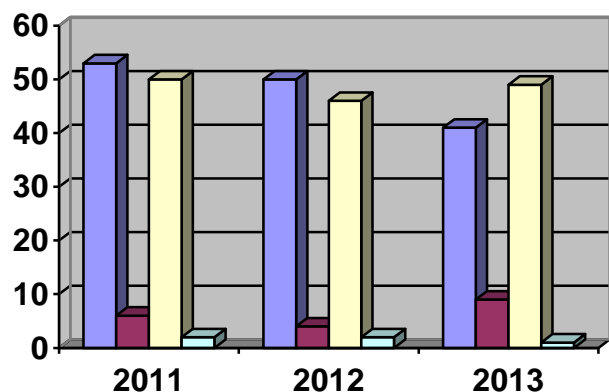
Practice Feedback on Results

- The results have improved on 2012's results returning to exactly the same levels as in 2011
- The advertising of this service in the waiting room as part of last year's survey results as well as being included in the practice booklet seems to have worked and improved patient education on the availability of this service.
- The practice will carry on advertising that this service is available & how to do it
- The doctors have limited time each day to provide all the necessary services but endeavour to return calls when they are not seeing patients or carrying out home visits

Patient Reference Group Feedback on Results

- Practice Group consensus – are happy and in agreement with practice feedback
- Good communication is the way forward – website, posters, leaflets, verbal communication, answer phone messages etc

5. When contacting the surgery by telephone how easy do you find it to get through to a receptionist?



- Answered in 5-10 rings
- Phone rang but no one answered
- Line if often engaged
- You are unable to ring during working hours

	Response % 2011	Response % 2012	Response % 2013
Answered in 5-10 rings	53	50	41
Phone rang but no one answered	6	4	9
Line if often engaged	50	46	49
You are unable to ring during working hours	2	2	1

Survey Comments

Additional Comments:-

- Line is often engaged – especially in the morning
- Depends how busy – usually harder on Mondays
- Ring back works well
- Okay if you wait until later in the day
- I will accept that the doctors are busy and I do not find this a problem
- It's easier to book online
- Engaged – in the mornings only
- Online booking system available out of hours – can also cancel appointments online
- I simply try to avoid busy times i.e. Monday mornings but more staff at this time would be useful if you have been ill over the weekend
- Sometimes in you ring bang on 8am the answerphone is still on
- All the receptionists I've spoken to have been very pleasant and helpful
- You have to ring a lot of times to get through
- Varies on time of day
- It is very bad – but also very varied so sometimes good or bad or very bad or impossible even. I give 2 out of 10 & that's generous
- I expect to find it engaged so not a problem

- Sometimes the phone rings for longer & sometimes it is not answered but I try again
- There should be more than one telephone that it connects too!
- Have always managed to get through – ring back works well
- Line is often engaged but when rings always answered promptly
- Depends sometimes engaged sometimes answered quickly
- Just have to keep trying maybe have one number that is an emergency line

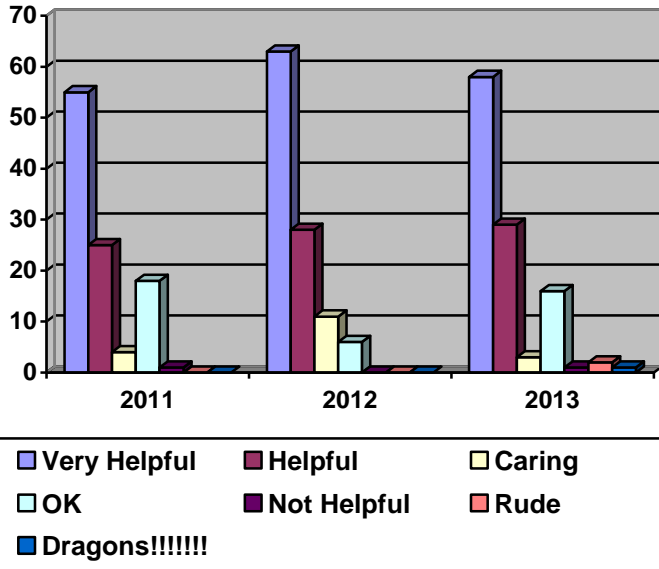
Practice Feedback on Results

- As a practice this year we have found patient demand has increased significantly. This maybe down the A&E being busy and more patients trying to attend our Sit & Wait clinic each morning. But it is also down to patient demand in general being on the increase within all GP surgeries in the area.
- There has been no increase in infrastructure by the government to help GP Surgeries cope with this increase in demand and this is obviously reflected in the results as patients are finding the lines engaged more often. There is also an increase in the % of patients finding the phone ringing but not answered
- Despite the practice's best efforts to increase staffing levels at peak times without the investment from government into general practice to allow us to increase our infrastructure to meet the increased demand we are limited in being able to do much more than we are doing currently.
- Unfortunately the NHS does not have the resources or finances to provide call centre type facilities to deal with peak times. The practice is always aware of the phone issue monitors and reviews it constantly.
- The suggestion of additional phone lines into the practice in principle is a good idea but does not work if there is no one to man / answer that line. This would result in the patients finding the line just ringing and ringing until a member of staff is available to answer that line which would then in turn mean another phone line would be unmanned. The best solution is to only have the same number of lines as staff manning them. So that patients don't feel they are being ignored. By only having 2 phone lines patients know that as soon as the line is free that someone will answer it.

Patient Reference Group Feedback on Results

- Patient Group consensus – are happy and in agreement with practice feedback

6. How helpful do you find the receptionist?



	Response % 2011	Response % 2012	Response % 2013
Very Helpful	55	63	58
Helpful	25	28	29
Caring	4	11	3
OK	18	6	16
Not Helpful	1	0	1
Rude	0	0	2
Dragons!!!!!!	0	0	1

Survey Comments

If Not Helpful, Rude or Dragons, Why?

- Dragons – never!
- Rude – they leave you waiting @ the desk whilst finishing conversations on a regular basis. Only time I was seen as soon as I walked in the door was today when I received this survey
- Ok – don't always seem to have time to listen
- Dragons – only joking!!!!
- Dragons - ha ha not at all. They're fab!
- V.Helpful – try hard to help you and help resolve problems
- Ok – depends on who and what.....
- Helpful / not helpful / rude / dragons - ticked all 4 – occasionally helpful but often not helpful & “DRAGONS”!!!!!! yes I dread ringing or visiting the desk (never caring sadly) & often uncompetent too !!!!!!!!!!!!!!!
- V.Helpful – people need to be more polite with the receptionists and they will find them the most helpful people. Lovely ladies good job.

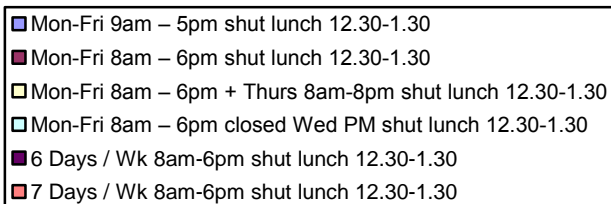
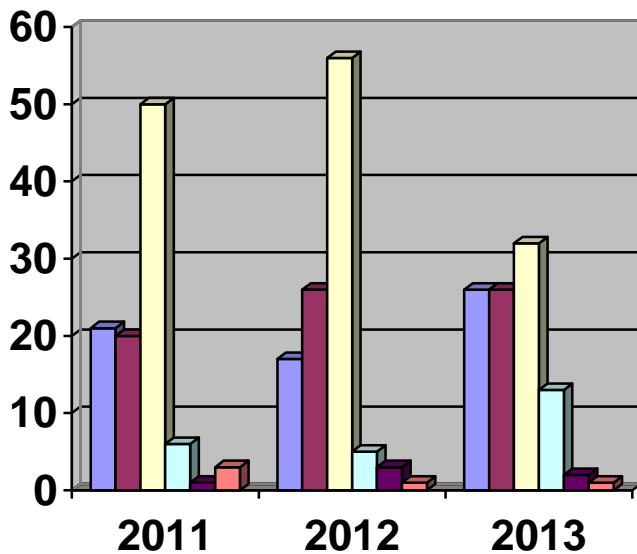
Practice Feedback on Results

- Patient satisfaction with the receptionist this year has decreased on 2012. Dropping from 100% saying that they find the helpfulness of the receptionists to be OK or above to 96% for 2013.
- The results may be confused slightly as out of the 100 patients surveyed 110 responses were ticked in response to this question . Creating slightly skewed figures as some patients ticked multiple responses.
- During the last 12 months we have had significant changes in the reception team with retirements and difficulty filling the vacant post with suitable staff. This has now been resolved and with time and training the reception team looks forward to a bright future. The team is still gelling but the practice is pleased with how they are moulding into a great team.
- As you can see from the results the overall opinion and comments about our reception team are good. The practice views these results positively and always strives to improve customer care and will discuss them at the next practice wide meeting
- A refresher course for customer care will be arranged in the next 12 months to help with team building and improve customer service.
- If patients are unhappy with any level of service they receive from the practice / staff please bring it to our attention so that we can rectify this improving the overall patient experience.

Patient Reference Group Feedback on Results

- Content with the proposed plans
- Patient Group consensus – are happy and in agreement with practice feedback

7. What times do you think the surgery is open?



Survey Comments

Are you happy with the current opening hours? If not, Why?

- Yes
- Mon – Fri 9.00-5.00 – should have later hours for after work
- Mon – Fri 9.00-5.00 – as someone that works late – a late night option would be ideal
- Mon – Fri 9.00-5.00 – I think there should be longer hours on certain days to help workers
- Yes
- Being retired I can come to suit everyone
- No idea of opening times as website doesn't show this
- Mon – Fri 9.00-5.00 – more late or really early appointments
- Extended hours option ticked – Yes
- Mon – Fri 8.00-6.00 – the hours suit me as I do not work
- Closed wed pm – Yes
- Mon – Fri 9.00-5.00 – limited open times
- Yes
- Mon – Fri 9.00-5.00 – appointments only made when needed therefore frustrating if cannot book in as needed
- Mon – Fri 8.00-6.00 – Yes
- I think the open hours are 8.00-5.00 5 days a week & shut at lunch. Extra hours would be good for working
- Mon – Fri 9.00-5.00 – would like sat morning hours – other surgeries do
- Extended hours – Yes
- Extended hours – more evening appts
- Mon – Fri 9.00-5.00 – Yes
- 6 days per week – at the moment its ok
- Mon – Fri 9.00-5.00 – later opening should be available for commuters
- Mon – Fri 9.00-6.00 – Yes
- Closed wed pm – Yes
- Closed wed pm - Yes
- Mon – Fri 9.00-5.00 – Yes
- Mon – Fri 9.00-5.00 – Yes happy

Survey Comments - cont

- Mon – Fri 9.00-5.00 – either open early or later due to people working when opened
- Closed wed pm – Yes
- Extended hours option – I AM VERY UNHAPPY of course. We want 24/7 appointments & to be seen within 4 hour? OR AS CLOSE TO THIS AS POSSIBLE
- Mon – Fri 9.00-5.00 – could offer an extra hour or 2 one or two nights per week, could be unrealistic though
- Closed wed pm – if it was open Wednesday afternoon it would open up more appointments
- Extended hours – there ok not great if you work full time should be open Saturdays
- Extended hours – maybe another late night as it is hard to get late appointments for people who work
- Mon – Fri 9.00-5.00 – Yes very happy

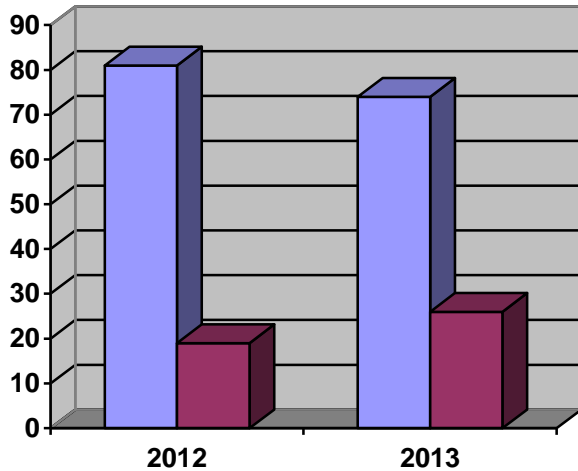
Practice Feedback on Results

- As you can see from the results patient perception of our opening times varies significantly with many patients believing we are only open Monday to Friday 9am to 5pm and a significant number of patients believe we are still closed on a Wednesday afternoon despite being open on Wednesday afternoons for the last 9 years.
- There is clear confusion with regards to actual opening times as you can see from the responses patients are happy with the times they think we are open. Even though they think we are only open Mon – Fri 9.00-5.00 and still closed on Wed afternoons they are happy with these hours even though the service we provide is actually open more hours than this.
- Patients answering the survey this year in 2013 do not appear to be so aware of our late night opening as in previous years. This may be down to the fact that whilst our reception team was in transition with a vacant post and the learning curve of the newest member of the team the practice was not able to provide our usual late night clinic. The service is now back up and running as of Nov 2013 and the late night surgery on Thursdays is there for patients to use if requested.
- This question was included in the practice survey because patients in the past have said they are unhappy with the opening hours and it's apparent from the results that many patients don't seem to be aware of our actual opening hours..
- In the previous 2 years, 2011 & 2012, we said that before we can get an accurate response of whether patients are happy with the opening hours the practice needs to educate the patients to the actual opening hours of the practice by better advertising of our opening hours. This was done but it is still clear from these results patients are still unaware of our opening hours despite advertising our opening hours with new signs on reception counter, on the website and in the practice booklet.
- Action Plan – to educate patients for 2014-2015 – place bigger poster in waiting room and ensure practice website displays the correct information
- Weekend and lunchtime opening is something the practice may consider in the future depending on funding and actual demand. The practice has found that when we have made changes to our opening hours, the introduction of our late night opening, patients seemed to want this service when asked this question but in reality the demand for these late night appointments is very low and patients when offered do not seem to want them, which is a shame.

Patient Reference Group Feedback on Results

- **Communication is the key here – perhaps a campaign that brands all of your materials across all methods ie website, posters, leaflets etc**
- **Content with the proposed plans**
- **Patient Group consensus – are happy and in agreement with practice feedback**

8. Are you happy with the reception & waiting room areas?



■ Yes

■ No

	Response % 2012	Response % 2013
Yes	81	74
No	19	26

Survey Comments

If No, What changes would you like to see?

- No comment ☺
- No – feels dirty – always feel like I will come away sicker than I came in. Possibly have a section for waiting where those who are not ill can wait. Waiting with my baby for check-up – would be nice to sit somewhere where ill people aren't surrounding us. I know this is not possible.
- No – less people. If you haven't got it when you arrive, you have by the time you leave!
- No – privacy when speaking to receptionist
- No – more private reception
- Yes – the carpet is gone! Would like to see some plants.
- No – black canvas chairs could do with a clean
- No – magazines in the waiting room
- Yes – if on my own. No – if with pushchair – a lockable area for pushchairs or park inside.
- No – more seating & "waiting time clock maybe" (Digital Type). Too many babies / toddlers who R NOISY & have intimidating chav parents & seem to never be ill – should be given special appt dates to keep as separate as possible.
- No – average
- Yes – could do with redecorating though, but they serve the purpose

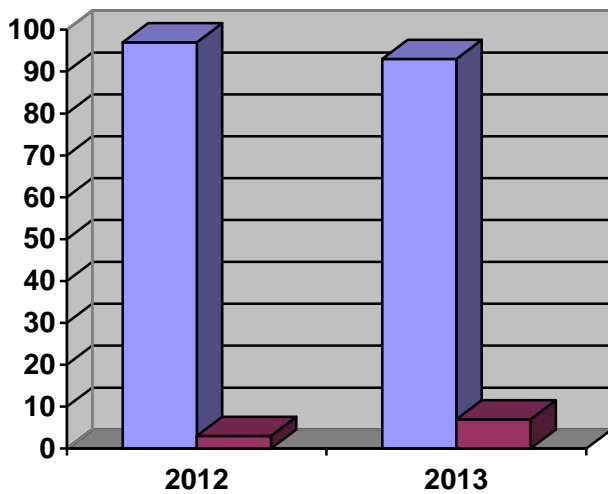
Practice Feedback on Results

- Patient satisfaction with the waiting room has decreased since last year's survey. In 2012 81% of the patients surveyed were happy and in 2013 this has gone down 7% to 74% of patients happy with the waiting area.
- During the last 12 months improvements have been made to the waiting room with a new wooden floor being laid. Despite the new floor overall satisfaction with the waiting area is still on the decrease.
- General consensus is that it feels dirty, they feel they will catch something from other patients, lack of privacy at reception desk, needs decorating, dislike of the black chairs, too many babies and toddlers, for the mums too many sick patients when attending with baby for baby checks
- The number of patients who feel something needs to be done with the waiting room has gone up by 7% from 19% in 2012 to 26% in 2013.
- The partners have taken on board patient comments and will be looking into possible funding streams with a view to changes in the future.
- New chairs are scheduled for 2014/2015 funding allowing.
- The comments regarding babies / toddlers and sick people being in the surgery at the same time. The midwives changed their clinics from Monday afternoons to Monday mornings 4 months ago. Monday mornings are historically the busiest sit & wait surgery as it fills with sick patients from over the weekend. This seems to be reflected in patient comments. The partners will discuss this and look at room availability within the practice as well as looking at the midwives schedule and see if there is any possibility of making changes to address this.

Patient Reference Group Feedback on Results

- Content with the proposed plans
- Patient Group consensus – are happy and in agreement with the practice feedback
- Patient Group had no additional feedback to give and are happy with the feedback given by the practice

9. Since the introduction of MJog a text messaging reminder service, patients are now also invited to attend chronic disease management clinics by either text message or automated telephone call. Do you think this service is a good addition to the practice's service provision?



Legend: ■ Yes ■ No

	Response % 2012	Response % 2013
Yes	97	93
No	3	7

Survey Comments

If not, Why not, and what alternative would you rather see provided?

- No – didn't know about it
- Don't know – didn't know and don't know about it
- No – I HATE being REMINDED! I have NEVER forgotten my appointment but the staff HAVE forgotten to book my appt into system!
- n/a – don't know
- Yes – patients should be offered this rather than be instantly added
- n/a – no comment
- n/a – no comment
- Personally talk would probably be better
- No opinion
- Yes – I have chronic disease but I'm unaware & think it is sadly a "tick box" not CARING. I'M just a number sadly 10 MIN APPT SYSTEM NOT FIT FOR PURPOSE! Someone needs 30 mins & GETS 5 or 10 mins while someone NOT even ill MAY TAKE 20 or more mins. Fails the needy & SICKEST & favours the "non ill" OBVIOUSLY

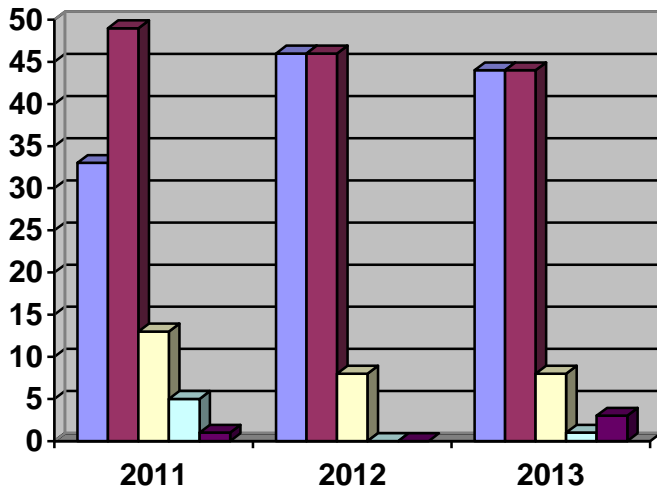
Practice Feedback on Results

- Overall the patient's opinion of MJog the text messaging and automated telephone service has remained the same. Dropping slightly from 97% in 2012 to 93% in 2013.
- The service seems to have gone down well with staff and the majority of patients. Staff no longer have to send out reminder letters each month. The practice used to send out over 200 reminders each month.
- Patients can opt out of this service by letting reception know. They will then no longer receive text messages or automated phone calls from the practice.
- The service has improved communication between patients and the practice, as patients are able to respond to the reminders by declining or stating they wish to make or cancel an appointment.
- The practice feels it's important to continue to monitor patient's opinion of the MJog text and automated message service to make sure patients are not becoming disheartened by it and to ensure it remains a positive service and does not become a negative service.
- Looking at the patient's responses patients don't seem to be aware of the service despite there being a sign on the reception desk informing patients of the service. There is also a great big inflatable mobile phone behind the reception desk reminding patients of the importance of letting us know their mobile numbers. It is important that patients also let us know if they change their mobile numbers so we can alter their contact details within our computer system.
- The comment regarding the appointment system is not related to this question. Although the practice does already offer a flexible appointment system. Each patient is given the time they need. If there is not enough time to address all the patients' issues as the patient has attended with multi problems then the patient will be asked to return and book a double appointment to allow them sufficient time to deal with everything. Patients can also ask for a double appt when booking their appointment if they think the problem they wish to discuss is going to take longer than a normal appt slot. Although we do ask our patients not to abuse this. If a large number of patients did this on a regular basis it would affect appt availability for other patients and increase waiting time to book appts.

Patient Reference Group Feedback on Results

- Good communication is the key – perhaps a campaign using all materials and methods to deliver the message.
- Patient Group consensus – are happy and in agreement with the practice feedback

10. How likely are you to recommend your doctor to family or friends?



■ Extremely Likely ■ Very Likely
■ Moderately Likely ■ Slightly Likely
■ Not Likely at all

	Response % 2011	Response % 2012	Response % 2013
Extremely Likely	33	46	44
Very Likely	49	46	44
Moderately Likely	13	8	8
Slightly Likely	5	0	1
Not Likely at all	1	0	3

Survey Comments

If Moderately, Slightly or Not Likely at all, Why not?

- Friends and family are not local
- Very Likely – for some of the doctors not all seem interested / caring
- Not At All Likely – see above for my responses
- Not At All Likely – at the moment I am not happy with the care I or my family have been given, so probably wouldn't recommend
- No – as all my family are with this doctors already
- Very Likely – better than my previous surgery especially for booking appointments
- Moderately Likely – choice of doctors & surgeries are usually a personal thing except I would recommend to newcomers to the area
- Moderately Likely – I would? But MODERATELY!!!!!! Cos I think you are the least worst practice in St Neots (my guess) U R AT LEAST ACCESSIBLE UNLIKE CEDAR HOUSE – Y no home visits? – Y not prioritise chronic & seriously ill & urgent? Pain & death are 24/7 conditions – so extended hours & have “ON CALL” emergency & pain relief. I think only BIG CITIES are catered for & most of the country is terrible. I've had to use the “walk in

centre” several times already & gone to out of hours doctors & dentists many times in Cambridge / Peterborough / Huntingdon etc – which should be done by GPS IN ST NEOTS & should include STD clinics & dentists – for pain relief & chronic management. Or should anyone who wants real cover & access move to a city & NOT LIVE ALONE?????????

- Extremely Likely – SURGERY IS ONE OF THE BEST IN THE AREA.

Practice Feedback on Results

- The % of patients who are Extremely Likely & Very Likely to recommend the practice has fluctuated over the last 3 yrs. 82% in 2011. 92% in 2012. 88% in 2013. Although 2013 % is down on 2012 we think this is an excellent result and this question is a good way to gauge patient perception of the practice as an overall.
- Looking at the patients responses the only reason patients responded Not At All Likely to recommend was because they have no one to actually recommend us to as friends / family don't live in the area or they are already with the practice. Therefore the 3% in this category is not a true reflection of patient opinion but is in fact more a reflection of patient interpretation of the question itself. A more correct % for the Not At All Likely option would be 0% with the 3% being in a higher category.
- ACTION PLAN - Patient interpretation of the question appears to be skewing the results . therefore in 2014/2015 this question will be reworded to give a more accurate reflection of would the patient actually recommend this surgery or not. Suggested wording of this question for next year “If a stranger asked you to recommend a Doctors surgery to them how likely are you to recommend Almond Road Surgery?”
- The comment relating to why no home visits etc – this patients opinion throughout the survey seems to be more about the NHS as a whole and the service it provides rather than the actual service provided by Almond Road Surgery. Therefore the practice feels that these comments are just one person's opinion and when analysing the rest of the results is not the opinion of the remaining 99% of patients asked the same questions. If the other 99% felt the same way then the surgery would definitely be addressing this.
- Overall practice is pleased with 88% of patients Extremely Likely & Very Likely to recommend the surgery. Although the practice always strives to provide an excellent service to our patients and will continue to seek ways to maintain and improve our service and thus hopefully improve even further patient opinion of our practice.

Patient Reference Group Feedback on Results

- Content with the proposed plans
- Communication is the key to success as the main issue within the feedback seems to be that the patients are not aware of services available.
- Patient Group consensus – are happy and in agreement with practice feedback
- Patient Group had no additional feedback to give and are happy with the feedback given by the practice

Feedback on Action Plan / Points – 2011

Area for Action	Proposed
Educate patients on how to access service “speak to a doctor over the phone”	Despite the practices advertising of this service the message does not appear to be getting across to the patient. Clearer ways of patient education need to be found although there is not much more that we can do than we are already done / tried.
Ease of getting through to the practice by telephone	Constant monitoring of telephone system takes place on a daily basis
Opening hours – patient education due to wide variety of responses in survey show patients don’t actually know when the surgery is open & that	Practice booklet update, times advertised on practice website and within the practice in patient areas.
Ongoing recruitment to PRG	Practice advertising the opportunity to join the PRG in the waiting room and on the practice website. Join up forms are available in the waiting room and on the website.

Feedback on Action Plan / Points – 2012

Area for Action	Proposed
Advertising Minor Illness Nurse Service provision available within the practice	Despite the practices advertising of this service on both the practice website and in the waiting room the message does not appear to be getting across to the patient. Clearer ways of patient education need to be found.
Female GP	2 nd Minor Illness Nurse has almost completed her training. Training will be complete within the next 2 months. The practice will then be able to offer access to a Minor Illness Nurse every day Monday to Friday. The practice when employing locums always looks for Female Locum first. This is successful 95% of the time.
Speak to doctor over the phone	Despite the practices advertising of this service the message does not appear to be getting across to the patient. Clearer ways of patient education need to be found although there is not much more that we can do than we are already done / tried.
Contacting the surgery by telephone	Constant monitoring of telephone system takes place on a daily basis. Patient demand in 2013 and reception vacancy and subsequent recruitment problems have affected our reception staffing levels. This has now been resolved although patient demand is still higher than usual.
Reception & Waiting Room Areas	New flooring has been laid. Partners have identified further areas for improvement with new chairs being earmarked for 2014/2015 funding streams allowing.

Summary of Action Plan / Points – 2013

Area for Action	Proposed
Advertising Minor Illness Nurse service provision available within the practice	Ensure advertising of the Minor Illness Nurse is easily visible on both the website and in the Waiting Room. Explaining to patients the types of illness the Minor Illness Nurse can treat. Reception staff to receive additional training on sign posting patients to better utilise this service. PM to action
Female GP	Ongoing recruitment of female Locums wherever possible. Training of second practice nurse to be Minor Illness Nurse – Partners to action & monitor
Speak to a doctor over the phone	Re-advertise this service in the waiting room and on the practice website. Dr Wrigley to action. Additional training for receptionist staff on allowing patients to access this service. PM to action
Contacting the surgery by telephone	Ongoing monitoring of telephone system / demand. Feedback to partners / PRG when and if necessary when problems occur. PM to action
Reception & waiting room areas	Partners to look into possible funding streams with a view to changes in the future. Partners to action.
Helpfulness of Receptionist	Staff to have customer care refresher course within the next 12 months. PM to action
Opening Times	To educate patients for 2014/2015. Place larger poster in waiting room and ensure practice website displays the correct information. PM to action
Rewording of Question 10 for 2014/2015 patient survey	Reword question 10. Change wording to “If a stranger asked you to recommend a Local Doctors Surgery how likely are you to recommend Almond Road Surgery? PM to action