**Response to open ended questions from 2014 Practice Questionnaire**

Apologies about the delay this year. Things have been rather busy at the surgery since Dr. Hilton left and unfortunately we have not been able to fully recruit the lost time yet. Please find below a summary of the open ended responses to this year's major patient survey. The replies to each question that had a free text section have been summarised and a response to these, from the surgery, is given also. Individual replies are not shown as originally written but summarised to avoid duplication. This document should be read in conjunction with the rest of the survey already published last year. At the end of this document is a list of issues that the patient group may wish to vote upon for us to try to implement this year. Since the survey was filled out by our patient group, we have changed our appointment service so some the responses will not reflect the new system. We will be sending out a new survey about the new system in the coming months.

**Q2. How do you find out information about our GP Practice?**

Only a couple of responses here. Patients either ask reception or look online. We also have a practice leaflet. Online information is found at: http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=39858

**Q3. Does this information meet your needs?**

Only one answer suggesting this was not a clear question.

**Q4. Are there any other services you think we could offer?**

These varied from eye checks, changes to the appointment system, a foot clinic, health checks and a question about current staff capacity. Diabetic eye and foot checks are currently offered locally and so we have currently have no plans to start these. We have, however, looked at previous suggestions and over the last year have looked at ways of starting a warfarin clinic. I am delighted to say this has started within the last few weeks. Appointments will be looked at in more detail later on.

**Q5. In order to reduce waiting times, should we? (please tick any boxes you agree with):**

The questionnaire gave a number of options which our patient group felt being stricter with those who turn up late, offering appointments of different lengths and only dealing with the family member for whom the appointment has been made, were the most important things to try.

There was also an "other" section which gave some interesting responses.

Someone thought we should charge those who do not attend appointments and fail to let us know they won't be coming. There are many sides to this argument with some concern that this may lead to charging for appointments up front which goes against the free at the point of use founding tenant of the NHS. Also if someone misses an appointment through no fault of their own then it may be difficult to draw the line as to who and when to charge. What if someone cannot afford this charge, does the surgery then have to issue legal proceedings against their patients? Others may say that they should have cancelled in time and they knew the rules. Clearly this is a thought provoking response. Given this would have to be a nationwide agreement then it is not something the surgery could implement, nor something we would support at present.

One group member thought we only deal with one problem at a time anyway. Whilst we do try to encourage our patient to book one appointment for one problem there may be times when we are able to deal with more than one thing in a ten minute slot. We welcome out patients booking double appointments, though, to help us have the right time deal with problems effectively and safely. If someone has booked into the 5 minute quick problem surgery though then we will usually ask someone to book into a "routine slot" to come back and talk about other issues. Please note the appointment system has changed to a mainly book on the day system, and so the previous "emergency surgery" no longer exists as it previously did and we have a 5 minute quick problem each afternoon. Please read the addendum to the end of this report explaining the new system.

It was also suggested that if a Doctor is running late, that if another Doctor was free then they could see some patients. This can be difficult in practice although does already sometimes happen during the afternoon quick problem clinic if there is high demand. Also often patients are seeing a specific Doctor that they usually see or may be following up on an existing problem. Being seen by someone they weren't expecting to see may make them feel their regular GP doesn't want to see them. One answer suggested they would rather see the same Doctor for an ongoing problem. There is also a workload issue, as most GPs spend at least a third of their day doing the paperwork that revolves around caring for our patients. Many of us spend time at home catching up as there is not always time in the working day to fit it all in.

**Q6. Please tell us how long you would be prepared to wait for your appointment before you would want an explanation for the delay?**

Answers ranged from 10 to 60 minutes with most being around 15 to 20 minutes. Following last year's survey we do now try to add a comment to the message board in surgery, if an individual Doctor is running late. We are yet to run this smoothly as these have to be added each time they are needed and then removed as we can only add then on for an individual day per week rather than for a set period of time.

**Q7. Please tell us what you think we could do other than offer more appointments to make it easier for patients to get an appointment.**

Have more Doctors was one response. This is very topical at the surgery as well as nationally. Some in the medical press have stated that there is a national recruitment crisis in general practice. Since Dr. Hilton left last spring we have found it difficult to recruit new Doctors. We were delighted to welcome Dr. Drinkwater to our team but are still trying to employ another Doctor to add more clinic time. In the meantime you may have noticed that we have more regular locums to try and give some continuity to our team and fill the gaps.

Offer a sit and wait system giving 9-12 slots a day. This is how many surgeries ran in the past but with current demands this is often not possible for many patients. We also average 15 to 16 people per surgery length with some clinics offering 21 slots. We also offer extended hours surgeries every week, in the early morning from 0710 to 0800. The days do vary each week so please ask at reception. We do not currently offer weekends. This mainly comes down to resources. For a Doctor, receptionist, nurse and admin assistant to work safely at the weekend then we would have to cut our hours in the week which would affect services when usually most needed. There are excellent out of hours services which are staffed by GPs (many who work in Bradford already) who do not work full time in the week. These are accessed via the 111 system.

Offer online booking. We already do this. Please ask at reception to access our online services. These appointments can be booked up to two weeks in advance due to this being a nationally run service. Each day we have a Doctor available for emergencies and last minute appointments that cannot wait until the following day. Patients can also request repeat prescriptions and within the next year we are expecting for patients to be able to look at their own medical records also.

One group member suggested offering more appointments at busy times. This is something we already do. The number of appointments available each day tends to go with which days are usually more (or less) busy. This helps us manage demand over the week.

Retrain reception staff. We are not sure how this would make it easier for patients to get appointments. Our staff undertake mandatory training throughout the year and we try to listen both to our staff and patients as areas that could be improved. We also try to learn from mistakes and take complaints very seriously. These can help us improve gaps in service that we may not have been aware of.

One more controversial answer suggested only seeing retired patients between the hours of 1030 and 1500 unless there was an urgent problem. We feel this would be discriminatory and so would not be in support of this view point.

**Q9. Do you consider yourself disabled? If you answered yes then please write any comments you wish to make about the surgery.**

Electronic doors and lowering the surgery desk were mentioned by two group members who answered yes to this question. We agree the door set up is not ideal and are already looking at fitting power assisted doors. Changing the desk height is a more major job and will be considered in the future.

The queue was also mentioned. Last year the group voted to have a queuing point back from the main desk. This was implemented with an information post which we agree does not always work as well as intended. We will look at this again in future.

**Q14. Is there anything about your GP practice premises that could be improved?**

Lowering the desk has already been mentioned. We already have an induction loop in the surgery.

Having a barrier on the roadside opposite the walkway gap. This unfortunately is the highways responsibility so is out of our control but we could look to petition them if there is genuine concern.

Have a coffee machine. This is something we have resisted as we feel there may be issues with maintenance, messy waste and infection control issues. The latter with patients bringing hot drinks into consulting rooms. Overall we feel as a surgery this is not something we wish to provide and hope our patients are not disappointed by this.

Larger car park. Unfortunately we cannot make the car park larger. We do not own the strip of waste land at the back of the car park and so cannot develop this. We also feel the expense of looking to buy the wasteland behind the fence and developing this would not be a good use of current resources as it would take away from patient care. Should there be development funds in the future nationally or locally then perhaps this could be explored.

**Internal direction signs.** This is something the group had asked us to do in the past but was not followed through. We apologise for this and will look to get these done in the near future.

**Q18. Would you recommend your GP practice to someone who has just moved into your local area?**

14 out of 17 of respondents said they would, which is good, but we would like this to be better and so are continually looking to provide a better service for our patients. We asked group members to expand on this.

Positive responses commented that they felt we gave a good service, gave good all round care, have given one family good long term care over many years, and that Doctors and reception staff were very nice.

Negative response included a comment about an individual member of staff, appointments, waiting times, a low range of specialist surgeries and a problem with a slow response to an individual's paperwork.

Clearly there is room to improve. As a relatively small practice, it can be difficult to provide lots of specialist services as the invariably detracts from day to day (and no less important) general practice care. Paperwork is usually kept on top of but can be near overwhelming at times. We have already mentioned that we spend many hours each day doing paperwork. This not meant to be an excuse however, and we are always looking at ways to improve this.

In direct response to this survey, general comments from patients, and a feeling from within the surgery from receptionists, administrative and clinical staff we have changed our appointment system. Please read the addendum later about this.

**Q19. Is there anyway your general experience of your GP practice could be improved?**

One amusing response was -"A lolly for being good, even for adults, not the sugar free stuff either." Hopefully this illustrates this group member feels comfortable in their responses but sadly for this person we cannot do this.

Music and better lighting was mentioned. We do already have music playing all day so as to provide further confidentiality to those speaking at the desk from the general waiting room. This was directly as a result from a previous patient participation group vote.

Half day closing. We currently only close for half a day once every 3 months. This has only been done over the last year as a regular event for training. Many surgeries in Bradford close for a half day once a month, we tend to close for a few hours but then re-open. The phone service is covered for the whole afternoon though on this day each month. This is the same for every surgery in Bradford. Some patients are under the impression that we shut every wednesday afternoon. This is not the case and has never been the case. Before Dr. Parnell retired, about four years ago, we used to ask the out of hours service to take our phone calls each wednesday afternoon but the surgery was still open. This changed when we took new Doctors on and offered more appointments. Since then demand has increased though and the old system wasn't working which is another contributory reason for changing the appointment service.

Better training for reception staff was mentioned again. Responses about reception staff throughout this survey (and generally) range from profuse thanks to a job well done and going above the call of duty to feeling they are too rigid and not helpful. Rigidity is usually related to the service itself rather than the individuals, however when we do not provide a good enough service complaints and comments can help us improve the service. Our receptionists do a hard and demanding job and mainly perform admirably. Prescription issues and lack of appointments tend to be points of contention. We hope that the new appointment service will alleviate some of the problem. We are monitoring this though, as it is bound to cause some problems for other service uses who found the old system suited them better. We do take all comments seriously though and sometimes rigidity is the system and so means the system may need to be changed rather than a problem with staff members as such.

Within the last year we have started using the electronic prescribing system which allows patients to have their prescriptions sent electronically to their usual pharmacy (which the patient chooses). Prescriptions can also be requested through our online service which means a patient can request it through the internet, it is then sent electronically to the pharmacy of their choice and all they have to do is pick it up without having to come to the surgery at all. It must be remembered that patients will often need regular blood tests (usually annually but sometimes more frequently), blood pressure checks (six monthly in most cases) and yearly medication reviews to check compliance, monitor possible side effects and see whether any changes need to be made. This means that sometimes we will have to ask patients to come for a review before we can issue further prescriptions to be sure they can continue to take them. This is nationally recommended good practice. The repeat prescription will clearly state when a patient needs their next review so please look the next time you have a repeat prescription and ask our receptionists if you are not sure where this is.

Ear syringing was an issue for one respondent. Currently this is provided by our district nurses which are a separate service to the surgery and so we are requested to check that a patient really does have blocked wax ( as it can often feel as though this is the case but is due to another non-wax problem that needs to be dealt with by a Doctor) and that they have tried to use a more gentle method such as olive oil use for a couple of weeks as this often avoids the need for this. Ear syringing carries the risk of ear infections and ear drum perforation and so all other methods should be tried first. We are hoping to offer this as a practice run service within the next six months though.

**Q20. How do you prefer to be told about changes to local health services?**

Most people felt e-mail was a good idea with others saying the newsletter or text messaging was useful. We have taken this on board and used all these methods as well as the website and a local newspaper advert to highlight our changing appointment system. The only textual comment stated that all the methods were useful.

**Q21. How would you like to be involved in planning changes to local health services?**

Half of people answered via the patient participation group was a good way but a third preferred not to be involved. Textual replies included a problem with not having enough time to be involved, not being able to tick more than one answer and one person had been involved in the past but wasn't currently.

**Q23. Apart from the above, are there any other areas you would like us to look at?**

This referred to question 22 which asked group members to prioritise areas we could look to develop in the next year. These were overwhelmingly in favour of appointment system changes, looking at prescriptions and offering new services. We have already looked at these and implemented changes such as the new appointment system, starting electronic prescribing services and starting a warfarin service, benefits advice and alcohol advice service in the surgery. Restructuring the patient group appeared to be a low priority for the group but we will look at this again before the year end.

Room signposting was mentioned as an additional problem. We will look to implement this soon.

Retinal eye screening and foot clinic were mentioned again so please see the response to Q4 above.

Having a tea and cake day. This may be a good idea or at least a variant of this. It might be an idea to ask patient group representatives to help out at flu clinic days or to highlight current health awareness campaigns in surgery. We will ask the group about the possibility of this over the coming year.

One further comment about receptionists has already been answered in question responses above.

**Q24. Please let us know if there is a reason for the choices you have made above**

One answer was that they did not like having to go to another surgery for a service. We would love to provide all services to our patients but sadly resources, existing local provision and unnecessary over provision in multiple sites means this cannot be the case for many things. We do feel that for a number of services that patients do not need to travel long distances and hope that this suits as many people as possible.

**Q25. Are there any other areas that you think the patient group should look at this year?**

There was only one response here stating they could not think of any.

**Summary**

Once again we would like to say thank you to all patient group members who took the time to respond to this questionnaire. We would like to invite any of our patients who are currently not patient participation group members to ask via the website or in person at the surgery to join our group. Your answers have been useful in helping shape our service and let us know where things could be improved. We hope you have found our responses honest and appropriate.

The main three issues noted by the group for attention have already been addressed since this survey was originally sent out ( see Q23) so we would like to ask you if there are any other issues you would like to ask the surgery to look at such as a different structure to the group, building changes, service changes or anything else you feel is important.

**The new appointment system**

We have moved to a mainly book on the day system. This means that most of the available appointments for each day are only available to book on that day. There are some appointments that can be booked in advance via the online service and by telephone. We also offer extended hours appointments in the form of early morning surgeries, usually on three different morning a week. There are also early morning appointments available with the nurse on some days. There is also a new quick clinic each afternoon offering short five minute appointments for minor illness, sick notes and other more minor issues. These can be booked as telephone appointments too but there are also a number of available telephone slots with different Doctors.