

**Bedlingtonshire Medical Group**

**Patient Participation Report 2013/14**

**Produced for the Patient Participation DES 2011/2014**

## **Introduction**

The purpose of the Patient Participation Directed Enhanced Service (DES) commissioned by NHS North of Tyne is to ensure that patients are involved in decisions about the range and quality of services provided and, over time commissioned by their Practice.

It aims to encourage and reward Practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as a gatekeeper to other services.

The DES aims to promote the pro-active engagement of patients through the use of effective Patient Reference Groups (commonly referred to as PRGs) to seek the views from Practice patients through the use of a local practice survey.

The outcomes of the engagement and the views of patients are then required to be published as a Report on the Practice website.

This report summarises development and outcomes of Bedlingtonshire Medical Group Patient Reference Group (PRG) in 2013/14.

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It contains :

### **Step 1. Developing a Patient Reference Group (PRG)**

A summary of the recruitment process used to ensure that the PRG is of sufficient size to be as representative as possible of the Practice population.

### **Step 2. Method and Process for Agreeing Priorities for a Local Practice Survey**

The method the Practice adopted to seek the views of the PRG in determining the priority areas for the Practice to look at to include in a local practice survey.

### **Step 3. Details and Results of the Local Practice Survey**

A description of the local practice survey and how it was carried out, as well as details of the survey Results.

### **Step 4. Discussing Survey Results with the Patient Reference Group (PRG)**

Details of how the Practice consulted with the Patient Reference Group (PRG).

### **Step 5. Agreeing an Action Plan with the Patient Reference Group (PRG)**

Details of the agreed action plan setting out the proposals arising out of the local practice survey results and how the practice sought agreement for changes with the Patient Reference Group (PRG).

### **Step 6. Details and Results of the Local Practice Survey**

Details of where this Report has been published and also details of the Practices opening hours and how patients can access services. Details of the Practices extended hours access scheme.

**The Practice must provide evidence of the following:**

## **Step 1. Developing a Patient Reference Group**

***Develop a Structure that gains the views of patients and enables the Practice to obtain feedback from the Practice population e.g. a Patient Reference Group (PRG)***

### **DES Component 1**

As part of component 1 of the DES, Practices are required to establish a Patient Reference Group comprising only of Registered Patients and use best endeavours to ensure their PRG is representative.

### **Recruiting to the Patient Reference Group (PRG)**

#### **1.1 The Practice is required to confirm the process used in order to recruit to their PRG**

- Put up Posters in Practice
- Offered leaflets to all patients attending practice
- Sent letters to patient asking them to join our group
- Put information on the practice website ( [www.bedlington-doctors.com](http://www.bedlington-doctors.com))
- Engaged directly with patients attending the practice (GPs, Nurses, Receptionists) informing them of PRG and asking if they would like to join.

Clinical staff had information leaflets and sign-up forms available during consultations, they were briefed on the type of individuals we needed in line with the practice profile. This helped us target patients from as broad a spectrum as possible. We also had a Receptionist on duty in the waiting room who talked to patients about the group.

To help us include patients from specific care groups we spoke to our local nursing home managers and learning disability carers who helped us recruit patients from these groups to the PRG.

Practices must strive to engage and encourage feedback from patients that extend beyond a mix of just age/sex and ethnic origin. These could include patients from marginalised or vulnerable groups such as elderly patients, patients with a learning disability or other disability and those with various social factors such as working patterns, employment status and carers etc.

**1.2 To ensure feedback is from a representative cross section of the Practice Population, the Practice is required to provide details of its current practice profile beyond just age and sex.**

Practice Population Profile as at October 2013

**Age/Sex:**

Age Range	Male	Female	Total
0 - 15	1011	1027	2038
16 - 25	702	607	1309
26 - 45	1275	1384	2659
46 - 65	1512	1563	3075
66 - 74	450	491	941
75+	362	570	932
Total	5270	5616	10954
	48%	52%	

**Ethnicity:**

White British	9739
Other White ethnic group	23
Black	1
Indian	11
White & Black Caribbean	6
Chinese	7
Caribbean	3
Bangladeshi	3
Pakistani	6
African	2
White and Black African	7
White and Asian	3
Other Asian	7
Other Black background	1
Unknown	1134
Total	10954

**Working patterns of employment, unemployment, carers, Specific Care Groups, patients with learning disabilities, patients in Residential/nursing homes:**

Working patterns/Carers	
Employed	85.8%
Retired	10%
Unemployed	1.9%
Long term sick	0.3%
Carers	2%

Specific Care Groups	
Residential /Nursing Homes	1.4%
Learning Disabilities	0.9%
Carers	2%

**1.3 The Practice is required to provide a brief summary of the patient groups represented in the Practices PRG and describe what steps they have taken to understand their own demographics in order to construct a PRG using a representative sample of the population**

The Practice used the information held on its population profile (as detailed in 1.2) to construct its Patient Reference Group. The PRG profile is detailed below. All patients are registered with Bedlingtonshire Medical Group.

**Practice PRG Profile October 2013**

Age Group	No. of Male Patients	No. of Female Patients
16 - 25	3	1
26 – 45	10	28
46 -65	21	34
66 - 74	8	7
75+	56	62
Ethnic Groups	3	4
Learning Disabilities	1	1
Residential/Nursing Homes	0	3
Carers	7	5

Working patterns/Carers	
Employed	66%
Retired	25%
Unemployed	2%
Long term sick	2%
Carers	5%

## Step 2. Method and Process for Agreeing Priorities for the Local Practice Survey

### **Details and evidence of the steps taken to determine and reach agreement with the PRG on the Component 2**

As part of component 2 of the DES Practices are required to agree which issues are a priority and include these in a local Practice Survey. The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs including the identification of:

- Patients priorities and issues
- Practice priorities and issues including themes from complaints
- Planned Practice changes
- National GP and/or Local Patient Survey issues

### **2.1 The Practice is required to describe the process it used to seek the views of the Patient Reference Group in identifying the priority areas for the survey questions i.e. via email, website etc.**

As part of the sign up to the group we asked patients to choose what priority areas they would like us to focus on for the local practice survey. Below is a table of the results:

Diabetes	19	Learning Difficulties	2	Opening Hours	29
Asthma	17	Antenatal Services	7	Appointments	35
COPD	6	Older Peoples Services	21	Reception & Administration Services	21
Heart Conditions	16	Young Peoples Services	6	Other :	
Cancer Services	17	Children's Services	13	Education of Health through healthy eating	1
Sexual Health	3	Mental Health	16	Breast Cancer Awareness	1
				How surgery links/refers to external bodies	1
				New and Developing Services	1
				Adult Social Care	1
				Vulnerable Adults	1
				Commissioning of Healthcare	1
				Palliative Care	1
				Computer System	1
				Weight Management	1
				Anything you wish to ask about	1
				Bowel Disease	1
				Arthritis	1

### **2.2 The Practice is required to list the priority areas and confirm how these match those set out by the PRG.**

The top 5 areas chosen by the PRG are highlighted in the table above. In 2011/12 we ran two surveys; a survey on Telephone Satisfaction survey and a survey on Receptionists, Appointments and Opening Times. For 2012/13 we ran a survey on Older Peoples Services. This year we have ran a survey on Diabetic Services as this was one of the top 5 areas of concern identified by our PRG. Questions for the survey were drawn up in collaboration with our PRG. The survey was reviewed and altered by PRG members. We created the survey for 2012/13 in house. All responses are tracked and auditable which allows the PRG to validate the results. We also ran some general survey's on Access to a Doctor/Nurse, Repeat Prescriptions, Obtaining test results, Reception staff and Practice Premises. Appointments and Reception/Administration services continue to be a priority area for the PRG members and we wanted to undertake some validation surveys to see how things have progressed since 2011/12.

## Step 3. Details and Results of the Local Practice Survey

### *Collate patient views through the use of a survey*

#### **Component 3**

As part of component 3 of the DES Practices are required to collate patients' views through a local practice survey and inform the Patient Reference Group (PRG) of the findings.

The Practice must undertake a local Practice survey at least once per year. The number of questions asked in the local practice survey will be a matter for the Practice and the PRG to agree. Questions should be based on the priorities identified by the PRG and the Practice.

#### **3.1 The Practice is required to confirm how it determined the questions to be used in the survey?**

The top 5 areas chosen by the PRG are displayed in 2.1. Questions for the surveys were drawn up in collaboration with our PRG. Members were sent or emailed the survey before it was published. We created the survey for 2013/14 in house. All responses are tracked and auditable to demonstrate the results are credible.

#### **3.2 The Practice is required to confirm what method(s) it used to enable patients to take part in the survey? e.g. survey monkey, paper survey, email, website link.**

We created our own in house surveys. Both surveys were undertaken in Reception – Diabetic patients were asked to complete questionnaires when they attended for annual review. Patients attending the surgery were asked to complete the General Survey – Have your Say.

#### **3.3 The Practice is required to confirm how it collated the results.**

The results and responses received from each survey were collated in house. The results of the surveys have been uploaded to the practice website (also found in Appendix 1). All patients who took part in the survey attended the surgery, patients were picked at random there were no electronic submissions. All responses are tracked and auditable to demonstrate the results are credible.

#### **3.4 The Practice is required to confirm the dates of when the survey was carried out and provide a copy of the survey to demonstrate how the Practice has reflected the priority areas in the questions used.**

Our Diabetic Survey was conducted from 1.12.2013 31.1.2014. Our GP Practice Survey – Have Your Say was conducted from 18/11/2013 to 22/11/2013 and again on 16/12/2013 to 20/12/2013.

## Step 4. Details and Results of the Local Practice Survey

*Provide the Patient Reference Group (PRG) with the opportunity to discuss survey findings and reach agreement with the PRG of changes to services.*

### Component 4

As part of component 4 of the DES Practices are required to provide the Patient Reference Group (PRG) with the opportunity to comment and discuss findings of the local practice survey and reach agreement with the PRG of changes in provision and manner of delivery of services.

#### **4.1 The Practice is required to describe how it sought the views of the PRG on the findings of the survey and any proposed changes highlighted from it.**

A random sample of patients from the PRG who had raised Diabetes as a concern were sent a copy of the results from the Diabetes Services Survey and a different sample of patients from the PRG were sent a copy of the results from the GP Practice Survey – Have Your Say survey (Example letter can be found in Appendix 2). These patients were consulted on the Action Plan. The patients were asked to review the results of the survey and to consider points for the Action Plan. The Practice's PRG is a virtual group so there are no formal meetings - discussions have taken place either via email or letter. All feedback was noted and incorporated into the final Action Plan. The final Action Plan was reached with their input and agreement. The results are published on the website and copies have been placed in the waiting room.

There were no significant changes to opening hours or changes that would impact on contractual arrangements.

Below are the comments we received on the Action Plan and Survey Results for the [Diabetic Services Survey](#) :

I agree results should be sent to the patient to save a trip to surgery unless this is really required by the nurse. Visit to dietician for advice would be helpful otherwise perfectly happy with present set up and arrangement.

I personally prefer to see the diabetic nurse to talk over my results and I keep a check on them written down so I can refer back to them. I would also prefer to see my optician when having my retinopathy test as he was the one who referred me back to the RVI in December finding my problems.

In the section 'General Diabetes Care' the patient should be made aware of the person to contact with regard to any problem arising between their twice yearly clinic visits. (i.e Lead Diabetic Nurse or Doctor). I was not aware that Noreen Duncan was no longer running the diabetic clinic. Thank you, keep up the good work.

Patients should only have results if they request them as is the case when you see a consultant. A statistical analysis should be done of all results from blood tests to determine whether 6 monthly testing is essential where cases of diabetes are stable. Maybe this could be moved to say 9 months.

Below are the comments we received on the Action Plan and Survey Results for the [GP Practice Survey – Have Your Say](#):

Ad hoc surveys as they are called aimed at patients randomly over a period of two months using "weighted" questions are not helping gain a clear understanding of the patient and staff needs. The survey needs to be aimed across the board at all patients – [Practice Comments - The ad hoc surveys are used to measure patient satisfaction with a particular service.](#) For example we may choose to run a survey on repeat prescription ordering, telephone access or opening times. They are directed at patients that have recently used the service. We have found this helps us to measure the success of any changes we have implemented in year. The large annual survey we ran this year – GP Practice Survey – Have Your Say was aimed at all patients across the board, this was completed in November and December 2013. There is also a national GP Patient Survey that is sent out twice a year by Ipsos MORI (commissioned by NHS England.) .

The on going problems have the same theme every year ; You call to make an appointment you cant get through. You keep calling when you get through there are no appointments left. You are asked to ring again the next morning when more appointments will be freed up and so on you are trapped in a cycle. Your on line booking service has also limited availability which is not necessarily a bad thing you need control of this as a manager. However why would anyone want to book in advance ?? surely if a nurse or doctor needs to see you again he or she should book you in there and then or refer you back to reception to book with them. [Practice Comments - We completely understand the problem and frustration patients have with the appointments system and we are aware that this has been ongoing for some time.](#) As indicated in the Action Plan we have increased our daily appointment availability and made more appointments available within 3 days. Appointments are still available for patients to book in advance as we do have a number of requests for this each week, some patients do like to book in advance as they plan appointments around work/home commitments. We started the new system just over 2 weeks ago and so far the feedback has been positive. We will continue to run daily audits on the system to measure progress and patient satisfaction.

Why does there appear to be no kind of formalised triage to prevent unnecessary appointments with GPs or nurses. Most patients surely must know if they need to see someone or just need a reassurance that at this time an appointment is not required. [Practice Comments: We have trialled triaging in the past.](#) Unfortunately it was not very successful and we do not have the sufficient clinical staff to implement this successfully at this present time. We are however looking at triaging home visits and this is to begin very shortly.

The phone line seems to be an issue that is put on the back burner now you say it will be in place by 2015 that is potentially at best 10 months away at worst 22 months. [Practice Comments: The telephone system has been put on hold for now is we are hoping to secure some funding for further improvements to the health centre.](#) This would be a major refurbishment and if our bid is successful we are hoping work will start later on this year or early in 2015. A new telephone system will be installed once the work has been completed

## Step 5. Action Plan

***Agree and Action Plan with the Patient Reference Group (PRG) and seek PRG/PCT agreement to implementing changes.***

### **Component 5**

As part of component 5 of the DES the practice is required to agree with the PRG an Action Plan setting out the priorities and proposals arising out of the local patient survey. They are also required to seek agreement from the PRG to implement any changes and where necessary inform the PCT.

**5.1 The Practice is required to produce a clear Action Plan that relates to the survey results and attach a copy of the agreed Action Plan for 2012/13.**

The Action Plans can be found on page 13 and 14 (Table 1 Diabetic Services, Table 2 GP Practice – Have Your Say). The final Action Plan was reached with the input and agreement of the PRG.

**5.2 The Practice is required to advise whether there are any elements that were raised through the Survey that have not been agreed as part of the Action Plan and if so should outline the reasons why.**

There were no elements raised through the survey that have not been agreed as part of the Action Plan.

**5.3 The Practice is required to confirm whether there are any contractual changes being considered if so please give details, as these will need to be agreed by the PCT.**

There were no significant changes to opening hours or changes that would impact on contractual arrangements.

**Table 1**

The Action Plan below was agreed by the Bedlingtonshire Patient Group on 14th March 2014.  
Diabetic Services

Priority for Action	Proposed changes	Who will be involved?	How will we measure change and timeframe
<u>Appointments</u> 31% of diabetic patients surveyed felt our appointment times were moderately or slightly convenient.	1) Offer evening appointments on the 1 <sup>st</sup> and 3 <sup>rd</sup> Wednesday of every month.	Lead Diabetic Nurse, Practice Manager.	A further diabetic survey will be undertaken by March 2015.
<u>General Diabetes Care</u> A number of patients have asked for their results to be sent to them (see comments Question 7)	1) Inform patients in writing of their blood results when they have a test which measures their diabetic control, currently a minimum of twice yearly. 2) Provide written information about the Hba1c to every patient with the first blood test result sent out to them.	Lead Diabetic Nurse	A further diabetic survey will be undertaken by March 2015.

**Table 2**

The Action Plan below was agreed by the Bedlingtonshire Patient Group on 14th February 2014.

**GP Survey – Have Your Say**

<b>Survey Areas for Action</b>	<b>Update/Proposed changes</b>	<b>Who needs to be involved?</b>	<b>How will we measure change and timeframe</b>
<b>Receptionists</b> 97% of patients rated the helpfulness of the Reception Staff as good/very good or excellent.	Our survey results from this year have shown a higher patient satisfaction rate with the Practice's appointment system compared to 2010/11 and 2011/12). Enhanced training in customer service has made a difference to the way our reception staff deal with patients. No major change proposed but to continue with training.	N/A	Ad hoc short survey's will take place to ensure standards are not falling.
<b>Telephone Access</b> 74.4% of patients state they find telephone access good/very good or Excellent. 21% of patients felt telephone access was poor/fair.	Our survey results from this year have shown a higher patient satisfaction rate with the Practice's appointment system compared to 2011/12 and 2012/13. Phone cover is now monitored daily and this has helped to improve telephone access and answering speed. However the current phone system is out of date and the Practice will be looking to purchase a new system by the end of 2015.	GP Partners/ Management Team	Change will be measured by further short surveys on telephone access. This will be completed by December 2015.
<b>Access to a Doctor or Nurse</b> 26.3% of patients felt that our appointment wait times were poor or fair. 74% thought the wait time was good/ very good or excellent.	Our survey results from this year have shown a higher patient satisfaction rate with the Practice's appointment system compared to 2011/12 and 2012/13. There are however a number of comments on the survey results relating to the waiting time of appointments. Patients are stating they have experienced wait times of 2-3 weeks for an appointment which is clearly not acceptable. We plan to address this by increasing the number available appointments and making more available to book within 3 working days. This will allow patients to book appointments within a reasonable timescale.	GPs, Management Team.	Change will be measured by further short surveys on appointment wait times. This will be completed by December 2014.
<b>Repeat Prescriptions</b> 87% of patients stated the repeat prescription service was good, very good or excellent.	No issues identified from the survey with repeat prescriptions. However we have identified internally some improvements we are proposing to make to help patients. These are synchronising of prescriptions, 24 hour telephone ordering service and named Reception staff so that Patients know who to speak to about Prescription problems.	Lead Prescribing GP, Pharmacist, Management Team, Reception Team.	As these are new services we will run a trial for 6 months. Assessments will be performed as part of the trial.
<b>Test Results</b> Of those patients that had experience of obtaining test results the level of satisfaction was high	No issues identified from the survey however one third of those surveyed had no experience of obtaining test results. We plan to undertake a targeted survey in 2014/15 to assess satisfaction levels.	GPs, Practice Manager, Reception Manager.	Targeted survey planned for 2014/15 to assess satisfaction.

## Step 6. Details and Results of the Local Practice Survey

### *Publicise actions taken and subsequent achievement*

#### **Component 6**

As part of component 6 of the DES the practice is required to publicise the Local Patient Participation Report on the Practice website and update the report on subsequent achievement.

The Practice should publicise the report as extensively as possible and ensure it appears on the Practice website by no later 31/03/2014.

#### **6.1 The Practice is required to provide details of where the Local Participation Report has been published**

The report has been published on the Practice website – [www.bedlington-doctors.com](http://www.bedlington-doctors.com). It can be found under the 'Latest News' section and also under the 'Patient Group' section. Details have also been placed in the waiting room.

In addition the Practice is required to give details of Practice opening hours and how Patients can access services through core hours

#### **6.2 The Practice is required to confirm Practice opening hours and give details on how Patients can access services during core hours (8am-6.30pm).**

The Practice opening hours are detailed below. Patients can access services during these times via the surgery by phone or in person.

Day	Opening Hours
Monday	8:00am until 18:00pm
Tuesday	7:00am until 18:00pm
Wednesday	8:00am until 20:15pm
Thursday	8:00am until 18:00pm
Friday	8:00am until 18:00pm
Saturday	Closed
Sunday	Closed

Outside of these hours when the surgery is closed, care for urgent problems will be provided by Northern Doctors Urgent Care (NDUC).

Where a Practice is commissioned to provide Extended Hours the Practice is required to confirm the times at which patients can see individual health care professionals

#### **6.3 The Practice is required to provide details of any extended hours provided and details of access to Health care Professionals during this period.**

There are extra GP surgeries each week. We have an evening surgery on Wednesday each week from 18:30pm to 20:15pm and an early morning surgery on Tuesday each week from 7:00am to 8:00am. These are for routine GP appointments only.

## **Appendix 1 – Patient Surveys 2013/14**

### **Bedlingtonshire Medical Group Diabetic Survey Results 2013/14**

#### **1) How convenient do you find the times offered for your diabetic reviews?**

Extremely convenient	14	25.93%
Very convenient	23	42.59%
Moderately convenient	12	22.22%
Slightly convenient	5	9.26%
Not convenient at all	0	0.00%
Not Answered	0	0.00%
<b>Comments</b>		
If not convenient, can be easily changed		
It is easy to change my appointment to a more convenient date but there is often a few weeks in between		
Slightly convenient because I work and can't always get an appointment to suit working hours		
Happy to come to surgery in daytime hours		
Easy to change appointment if not suitable		
When Noreen Duncan was doing the clinics it was difficult to get an appointment, improved now		
As I am working shift work, dates clash sometimes (retire October 2014)		
Slightly convenient as I work various shifts and have a problem getting time off		
Slightly convenient as I travel with work a lot		

#### **2) How do you regard the length of the appointment offered to discuss diabetes?**

Too long	0	0.00%
Slightly too long	0	0.00%
Just about right	49	90.74%
Slightly too short	3	5.56%
Much too short	1	1.85%
Not Answered	1	1.85%
<b>Comments</b>		
Diet only patients get no feedback unless they ring up and when they do ring, nobody available to give information - return phone calls when patient not available		
Usually don't see diabetic nurse so are unable to discuss any problems with nursing assistant		
Just about right		
Much improved since Sue Greenwood took over clinics		

#### **3) How much information was given to you at the appointment?**

Too much	0	0.00%
Slightly too much	0	0.00%
About the right amount	46	85.19%
Not quite enough	6	11.11%
Not enough	1	1.85%
Not Answered	1	1.85%
<b>Comments</b>		
Need as much information as possible		
About the right amount of information. This relates to appointment with nursing assistant		
You are invited for an appointment only when blood tests are unsatisfactory. No other information is provided first		
Found the new diabetic nurse Sue very helpful		
Not sure on my diet		

#### 4) How clear and easy to understand was the information given to you?

Extremely clear	15	27.78%
Very clear	33	61.11%
Moderately clear	5	9.26%
Slightly clear	0	0.00%
Not clear at all	0	0.00%
Not Answered	1	1.85%
<b>Comments</b>		
Having been diabetic for 20 years I am well informed on the subject		
About the clarity of information. This relates to appointment with nursing assistant		
Sue Greenwood takes time to explain things clearly		

#### 5) If you have a query about diabetes in between your review appointments, how easy is it to contact the nurses?

Extremely easy	9	16.67%
Very easy	12	22.22%
Moderately easy	12	22.22%
Slightly easy	3	5.56%
Not easy at all	1	1.85%
Not Answered	17	31.48%
<b>Comments</b>		
Phone lines often busy		
Good reception staff, would help to find information needed		
Haven't tried to contact nurses but usually difficult to get through to reception on telephone - normally engaged		

#### 6) What methods of communication would you like to use when contacting the practice with a query?

Face to face	23	42.59%
Telephone	25	46.30%
Letter	4	7.41%
eMail	10	18.52%
Text	4	7.41%
Answered	14	25.93%
<b>Comments</b>		
Not always comfortable conversing but feel very relaxed and confident in contacting the surgery and happy queries are always dealt with well		

#### 7) What one thing would you like to have or do different in relation to your diabetes care at the practice?

<b>Comments</b>		
I like to know the results of my blood tests.		
Have test results sent out if there is no need to see the nurse.		
None - I am extremely pleased with the service and help I receive		
Wish I had a blood meter 5 years ago		
Improve retinopathy testing schedule		
I would wish my review appointments to were better spaced, e.g. 6 months		
That I could be informed of the results of my bloods, it is always good to know the results as it is me who regulates my Insulin		
A better way to allow patients to modify their own prescriptions (Under supervision)		
Practice to be open during the weekend		
To be able to make appointments online		
Being able to get an appointment outside of working hours		
More help with a dietician		
About right		

Very happy with surgery and support and advice received for diabetic care. No change to care
Happy with the care at the practice
I would like to know the results of blood tests even if within satisfactory limits without the onus being put on myself to phone in for them if I want to know them. I feel having all the information helps you manage your own condition properly + take responsibilities for your own condition.
To be able to speak to practice nurse or doctor in stead of reception about my blood results

### 8) About you:

How old are you?					
Under 15	0	0.00%	16 to 44	4	7.41%
45 to 64	16	33.33%	65 to 74	12	22.22%
75 or over	8	11.11%	Not Answered	14	25.93%

Are you Male or Female?					
Male	22	40.74%	Female	18	33.33%
Not Answered	14	25.93%			

What is your Ethnic Group?					
White	39	72.22%	Black	0	0.00%
Asian	0	0.00%	Mixed	1	1.85%
Chinese	0	0.00%	Not Answered	14	25.93%

We would be grateful if you could answer some questions about your general practice surgery. We want to provide the highest standard of care. Feedback from this survey will help us to identify areas that may need improvement. Your opinions are very valuable. A summary of the findings will be published on the practice website in 2014.

Please answer ALL the questions that apply to you by putting an X in box. There are no right or wrong answers and we will not be able to identify your individual answers.

Thank you.

**Survey Results 2013/14**

	<b>No Experience</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
<b>Access to a Doctor or Nurse</b>						
1. Speed at which the telephone was answered initially	4.4%	3.6%	17.5%	27.7%	20.4%	26.3%
2. Length of time you had to wait for an appointment	1.5%	11.7%	14.6%	22.6%	28.5%	21.2%
3. Ability to see a doctor quickly when necessary	2.2%	5.8%	13.1%	19.7%	32.1%	27.0%
4. Convenience of day and time of your appointment	0.0%	2.2%	12.4%	24.8%	31.4%	29.2%

	No Experience	Poor	Fair	Good	Very Good	Excellent
5. Seeing the Doctor of your choice	9.5%	5.8%	15.3%	23.4%	24.1%	21.9%
6. Length of time waiting to check in with Reception	0.0%	1.5%	3.6%	24.8%	32.8%	37.2%
7. Length of time waiting to see the Doctor or Nurse	2.2%	2.2%	8.0%	29.2%	35.0%	23.4%
8. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary	37.2%	2.9%	5.8%	8.8%	27.7%	17.5%

**Please add any further comments regarding access to a Doctor or Nurse:**

I always get to see the doctor I request I have no complaints. The doctor is always excellent and I have no problems getting an appointment to see him.

When I ring to see the Duty doctor the receptionists ask if I will travel to Wansbeck to be seen there making me feel as though it's a hassle to come to the surgery, when all I want is someone who knows my families case.

I don't understand the appointment booking service. The first time I tried to get an urgent appointment I was offered one in 2 weeks time and ended up going to Wansbeck. The 2<sup>nd</sup> time I wanted a non-urgent appointment I was told there were NONE available to call next morning when I couldn't get through so I gave up!

Appointment system is very poor. You can't make appointment while at surgery, have to call 8:30am sharp!

My son needed an emergency appointment and the doctors are always happy to see you, its good.

Sometimes a bit daunting whilst phoning in for initial contact i.e trying several times to speak to someone.

Waiting times to see Dr of choice is too long. Having to wait sometimes 2 weeks is unreasonable. Require weekend appointments.

Window of opportunity to make appointments too small and restrictive.

Found it tricky to get an appointment when I needed to had to wait 10 days.

Always told to ring back another day which is inconvenient as I work night shifts.

Never any problems with seeing a Doctor or Nurse.

I've always had excellent service in this doctors surgery.

I feel sometimes it is very hard to get an appointment when needed. Sometimes being told can't book in advance then when ringing on the day unable to get through and when you do all appointments are gone.

Previous experience of waiting for an appointment has been poor.

Reception staff should be made aware of urgent situations i.e heart attack.

Very frustrating trying to book an appointment to see a doctor unless its urgent and patient comes in and waits for duty doctor.

Appointment System poor not enough available appointments, asked to ring back in morning for more appointments, phones always engaged and when you do get through all appointments gone. Need more available appointments for the same or next week.

Never can get an appointment on the day I ring up and never get to see my own doctor (Starkey). Called a few days ago (last week) but was unable to get an appointment until today (5 days later). Never requested any doctor in particular, waited too long after checking into reception over half an hour.

It is no good phoning at 8:30am as you can never get through and unless you queue from about 8:10 you are unlikely to get an appointment. To get the doctor of your choice it is necessary to book in advance and then cancel if not needed.

Delay in seeing GP – 2 weeks ?!!!  
Shocking time scale.

It is very difficult to try to make an appointment at 8:30am for the same day especially when working full time.

### Obtaining a repeat prescription or medications

	No Experience	Poor	Fair	Good	Very Good	Excellent
9. If you have requested a repeat Prescription was the prescription ready on time	7.3%	0.0%	5.1%	10.9%	35.0%	41.6%
10. Handling of any prescription queries	21.2%	0.0%	4.4%	11.7%	29.9%	32.8%

**Please add any further comments regarding obtaining repeat prescription or medication:  
Reception will do their bit to help.**

I never have any problems but there is always room for improvement.

Prescriptions (repeat) do not appear to go to the chemist when expected? Communication between GP surgery and chemist.

The idea of only being able to order repeats 3 days in advance is very inconvenient when say, going on holiday or being unable to get to the surgery to collect prescriptions.

On chemist collecting scripts, no copy of script available.

Very good can even get requested script on same day if needed.

Excellent service and online ordering is good.

### Obtaining test results

	No Experience	Poor	Fair	Good	Very Good	Excellent
11. Were you told when to contact us for your results?	31.4%	1.5%	6.6%	16.8%	17.5%	26.3%
12. Were the results available when you contacted the surgery?	29.9%	1.5%	5.1%	19.7%	20.4%	23.4%
13. Level of satisfaction with the amount of information provided	28.5%	0.7%	7.3%	16.1%	24.8%	22.6%
14. Level of satisfaction with the manner in which the result was given	27.7%	0.0%	6.6%	10.2%	27.7%	27.7%

### Please add any further comments regarding obtaining test results:

Perhaps test results could be put into paper form.

Impressed that GP rang me to discuss my results.

I've always had excellent service.

It has taken just under 3 weeks from my pre-op assessment took bloods and informed doctors for me to have bloods taken again then results. My operation is in 2 days. It's a good job this doesn't affect my operation.

### About Reception staff

	No Experience	Poor	Fair	Good	Very Good	Excellent
15. Helpfulness of the Reception Staff	0.0%	0.7%	2.2%	8.8%	32.8%	55.5%

**Please add any further comments regarding Reception Staff:**

Younger staff on reception very helpful.

Sometimes made to feel a bit guilty about requesting to come to the surgery for an emergency appointment. If I didn't think it an emergency or that I could wait – I wouldn't be ringing in the first place!!

Very polite and helpful.

Because it depends who is on reception (Andrew very helpful).

Always very friendly.

Reception staff absolutely excellent!

Always friendly and helpful at reception.

Merry Christmas!

Helpfulness of staff constrained by system especially booking appointment.

Always very pleasant and helpful.

Andrew's patient service is helpful and understanding, friendly very outstanding.

They are very pleasant people.

Andrew and Jason are the best receptionists you have.

Experiences have improved. Have received very poor service in the past.

Excellent!

The wait to see reception staff is due to patient talking too much.

Always pleasant and polite.

Reception staff are always very helpful – just sometimes they are made helpless by the appointments system.

Always very helpful and good dealing with them.

Some people like myself work and can't always phone at the given times for appointments and then when you get through everything is taken up by at least 2 weeks.

Always friendly and helpful no matter what help I have needed.

Practice Premises						
	No Experience	Poor	Fair	Good	Very Good	Excellent
16. Suitability of Practice premises	0.7%	0.7%	1.5%	19.0%	40.1%	38.0%
17. Cleanliness of the Practice premises	0.0%	0.0%	0.7%	16.8%	42.3%	40.1%
<p><b>Please add any further comments regarding Practice premises:</b></p> <p>The centre seems to fit the bill but perhaps all chairs should face the screen for appointment info.</p> <p>Doors not good for wheelchair (inside).</p> <p>Very clean, tidy.</p> <p>Sliding doors are a nuisance and seems to be no where to keep buggies.</p> <p>On more than a few occasions when visiting your premises I have noticed more and more people parking their cars and visiting the library and not the doctors. I was under the impression the car park was for the doctors only.</p> <p>Could have more for children and could be more user friendly.</p>						
Overall Satisfaction						
	No Experience	Poor	Fair	Good	Very Good	Excellent
18. Overall satisfaction with this Practice	0.7%	0.0%	8.0%	16.8%	33.6%	40.9%
<p><b>Any further comments:</b></p> <p>First visit to the surgery.</p> <p>Would be so much better if I could get an appointment to see a GP</p> <p>Don't come very often to surgery but needed an emergency appointment – very good response</p> <p>Most of my experience of this practice has been good, twice my family have been given wrong diagnosis where it ended up being serious illness. Occasionally I feel very rushed during appointments and unsatisfied with diagnosis but I appreciate the hard work the practice does.</p>						

I have been a member of this practice for 48 years and it is growing and improving all the time.

Very good overall. Appointment system lets it down. Visit, phone, email?

Arranging appointments at the surgery has been getting worse over the last year or so (possibly due to workload?)

Very happy with service provided.

Over the years I have always had excellent help and with pleasantness at all times. Thank you.

Only issue is appointment system.

Only complaint is the length of time to get a non-urgent appointment which, of course, is key!

Always receive good treatment.

**About you:**

**How old are you:**

0.0% Under 15    32.1% 16 to 44    30.7% 45 to 64    21.9% 65 to 74    15.3% 75 or over

**Are you:**

42.3% male    57.7% female

**What is your ethnic group:**

98.5% White    0.7% Black of Black British    0.7% Asian or Asian British    0.0% Mixed  
0.0% Chinese    0.0% Other (please state)\_\_\_\_\_

## Appendix 2

Feedback on Action Plan - Copy of email/letter sent to PRG members

# **BEDLINGTONSHIRE MEDICAL GROUP**

The Health Centre, Glebe Road, Bedlington, Northumberland NE22 6JX

Tel: (01670) 822695 Fax: (01670) 531860

Web Address: [www.bedlington-doctors.com](http://www.bedlington-doctors.com)

*Dr. J. Todd; Dr. G. Starkey; Dr. G. Alford*

Dear Patient Reference Group Member

We have recently undertaken a survey on Diabetes Services/ GP Practice Survey – Have your Say (deleted as appropriate). This survey is now complete and we have randomly selected your name as we would like your help in completing our Action Plan. I have attached a copy of the survey results and a draft copy of the Action Plan. We would be grateful if you could review the results of the survey and the points in our Action Plan and add your comments and any ideas for improvements.

I appreciate this is quite time consuming but your input is very valuable to us. Please send all comments to me at the surgery. I enclose a SAE for you to use if you have any comments, we would be grateful if you could reply by Friday 22<sup>nd</sup> February 2013.

Thanking you in anticipation.

Yours sincerely

Jackie Sharpe  
Practice Manager  
On behalf of  
Bedlingtonshire Medical Group