



2013 Patient Survey Results

Introduction

This document details the results of the Munro Medical Centre Patient Survey run between 7th January 2013 and 17th February 2013. This report includes statistical analysis of the results, a selection of comments made by patients as part of the survey, and action points coming out of the survey as agreed with the Patient Reference Group in a meeting on Tuesday 19th March 2013.

Background

For a number of years patient satisfaction has been measured nationally by a survey produced in conjunction with Ipsos MORI. Whilst this has been useful as an indicator in the past, the primary focus of the survey is on access to services and alongside that supporting demographic information. This in itself isn't particularly useful for an individual practice on its own. Concerns have been raised in the past that due to the 'one size fits all' approach of the survey that some practice results may not be representative due to different local working practices, and specific wording of questions which may not be taken into account by a national survey.

Further information on the national survey, including an example of previous surveys can be found at this website: <http://www.gp-patient.co.uk/>

The NHS continues to go through a period of significant change, and part of that involves giving more power to General Practitioners (GPs/Doctors). From 1st April 2013 this change will involve shifting power for developing and providing services from Primary Care Trusts (PCTs) to local Consortia groups (known as CCGs). The principle behind this is to reduce costs and overheads, and put power in the hands of GPs at the front line to commission effective services that meet the needs of their patient population. At present the practice is part of the South Lincolnshire CCG, which also includes:

South Holland Locality

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Beechfield Medical Centre• Moulton Surgery• Sutterton Surgery | <ul style="list-style-type: none">• Gosberton Medical Centre• Pennygate Surgery | <ul style="list-style-type: none">• Littlebury Medical Centre• Suttons Medical Group |
|---|--|---|

Welland Locality

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• Galletly Practice• The Deepings Practice• New Sheepmarket Surgery | <ul style="list-style-type: none">• Hereward Medical Centre• St Marys Medical Centre | <ul style="list-style-type: none">• Abbeyview Surgery• The Little Surgery |
|---|---|--|

More information on South Lincolnshire CCG can be found at the link below:

<http://www.lincolnshire.nhs.uk/South-Lincolnshire-CCG/>

As part of the NHS reforms, all GP practices are being encouraged to set up Patient Reference Groups (PRGs) (previously known as Patient Participation Groups or PPGs), and to set up their own surveys to get feedback on the service they offer, and to involve patients in decisions about the range and quality of services a practice provides.

About our Patient Reference Group (PRG)

The PRG was formed January 2012, after a recruitment drive during December 2011

There are essentially 3 groups of people involved in the PRG. There are two distinct groups – the 'core' group, and the wider group. The 'core' group meets face to face on a reasonably regular basis and works with the practice to develop, publicise, and promote the survey and changes. The wider group is split into two – those that are interested in attending meetings, and those that are interested in receiving information.

At the time of writing this report the group has 83 active members, with 12 being part of the core group membership.

Our youngest group member is 22, and our most senior 93, and we have 37 male, and 46 female members, and whilst a majority of our group's ethnicity in line with our practice population is classed as 'White British', 4.8% of our group list a language other than English as their first language. The minutes taken at each meeting hold an attendance list for all meetings held with the PRG.

During 2012 the group has moved more towards managing itself, and has appointed a Chairperson & Secretary. Representatives from the Practice still attend and provide a venue for the meeting, and provide input as required. It was agreed to let this initial term run for 1 year so the group can become established and find out how best to run. Membership of the group will be reviewed at this time, or earlier if required. There were 1 or 2 comments received in the survey asking to re-open membership applications, but for the reasons mention we do not plan to review this until the initial term has run.

Before sending information to the wider group, information is checked against our clinical system to ensure that their details are correct, and that they are still current patients registered at the Practice. We have had a handful of members this year who have moved out of area, are no longer registered with the practice, or have otherwise indicated they no longer want to be involved with the group.

Since the last survey we've had 4 meetings, including 1 to discuss and approve the survey results of the survey, recommendations, and action points going forward, and a number of ad-hoc meetings between the practice and the PRG Chairperson and Secretary.

Meetings this year with the exception of the results meeting have been limited to the core working group of members, and have been held in a meeting room at the Practice on a weekday evening.

The Practice looks forward to continuing to work with the PRG in the year ahead to help implement the changes identified from this year's survey, and those carried forward from last year.

About the Survey

The survey was developed in-house using a similar easy to read format to the Ipsos/MORI National Patient Survey model, and made available as both an on-line survey via our website, and as a paper copy for those patients who didn't have internet access.

Patients were invited to complete the survey by:

- Advertising notices/posters in the surgery
- Repeat prescriptions message for all prescriptions issued for 2 weeks
- Patients presenting at the Dispensary or Reception desk offered web link and information leaflet to electronic copy of survey, or offered full paper copy of survey on request.
- Posters, leaflets, & surveys made available at our Pinchbeck branch site
- All PRG members with an e-mail address were sent an e-mail with the link to the survey and asked to complete.
- All patients for whom we had a valid e-mail address sent a brief e-mail inviting to complete.
- For patients who had a valid mobile number recorded in their record an SMS text message was sent, inviting them to participate in the survey. We did this twice – once at the start of the survey, and a reminder approximately a week before the closing date. Both encouraged a large number of completed surveys to be completed each time.

Patients were offered information in the form of an A5 information leaflet with a link to the website and survey, or if they specifically requested, a full paper copy of the survey.

The survey this year consisted of 27 questions, the last of which was left open for any additional comments.

We received 478 completed surveys, with 354 completed online, and 124 received as paper copies, this equates to approximately 2.44% of the total number of patients we have registered at the practice, which is slightly up on last year. Paper copies received were added to the online survey identified and numbered on the filed copies so they can be referred to if necessary, this helps us to analyse the results and produce statistics more easily, and also assists us should the results need to be audited.

About the Survey Results

The collection methodology for this survey was made anonymous. Where comments are included in the report, they are taken directly from patient comments, and although typos and spelling mistakes have been corrected, no attempt to correct grammar has been attempted in an effort to show that comments included are taken directly from the survey. We have not included every individual comment in the survey, but the Practice Management team and Partners have read and considered them all, and the results have been discussed with all teams in the Practice.

Not all surveys were fully completed, and some questions may not have been applicable to some patients. Learning from last year’s survey we included more options for not applicable/do not wish to specify, so some figures may be shown as ‘adjusted’ if the patient marks the question as not applicable, and are excluded from the analysis.

In terms of presenting these figures, it was felt best to use pie charts, as in most cases this shows results ‘at a glance’. Some charts show shortened versions of the questions and answers due to space constraints on the charts.

The results are shown question by question, and a copy of the original paper based questionnaire has also been made available on our website to show a copy of the exact survey that patients completed – it has been watermarked so that any prints will show ‘sample’.

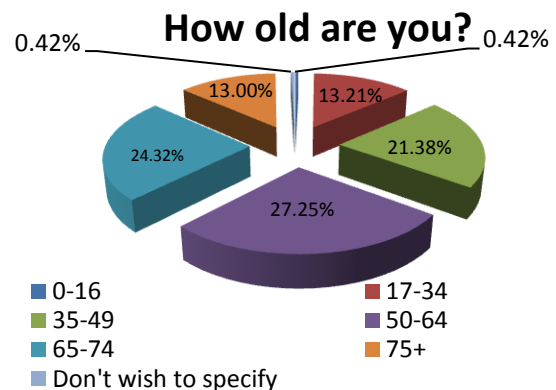
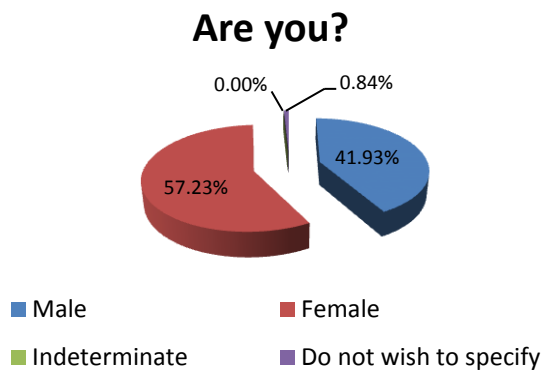
Progress since last year

A progress report can be found on our website at <http://www.munromedicalcentre.co.uk/prg.php> under the previous surveys section, detailing the progress towards action points from this and last year’s survey. Other improvements we have made during the year include:

- Replacement of telephone system and return to local 01775 number for calling the surgery
- Direct lines made available for test results and Dispensary
- Improvements to signage for confidential area and toilets
- Refurbishment of existing toilet areas
- Website re-design and refresh
- Replacement of check-in machine
- Addition of credit and debit card processing facilities

Demographics

The first few questions in the survey contained four simple questions, which helps us to determine whether the survey is representative of the practice population:



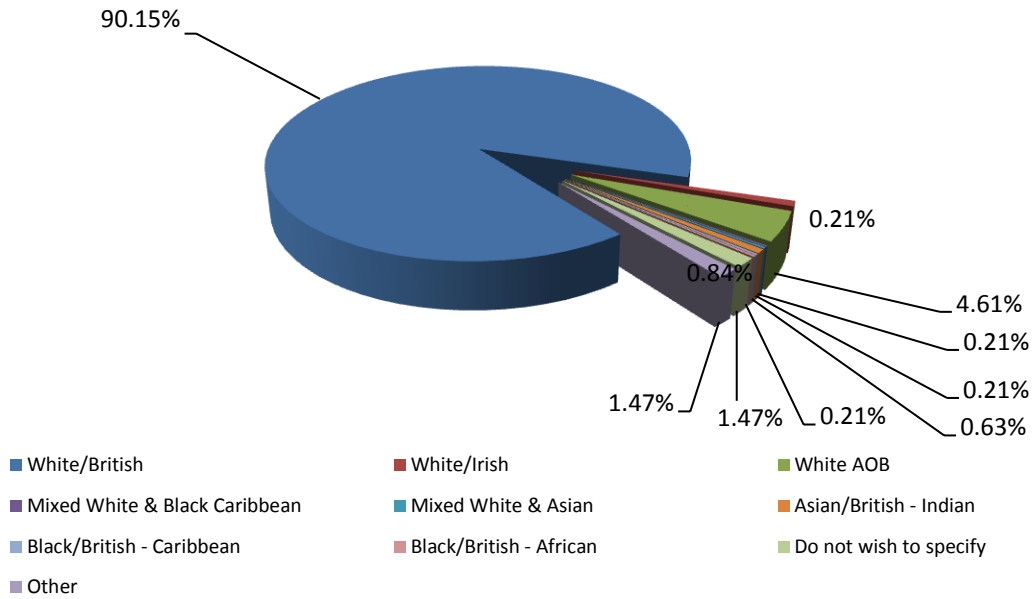
The balance of responses by each sex here is fairly representative, with 57% (273) of the Practice population recorded as Female, and 42% as male (200), no one recorded as being of indeterminate sex, and 1% (4) of patients not wishing to specify

The demographics have a more balanced and representative look this year, although responses for patients aged 16 years and younger are historically low (2), as most are accompanied by their parents who will often complete the survey rather than the younger patient. We had 2 respondents who did not want to specify their age.

The recording and use of e-mail addresses within the clinical system we use at the Practice is fairly limited, as it is nationally. The use of e-mail as a communication tool between a Surgery and Patient nationally continues to be poorly implemented, although efforts are being made to encourage this.

Although our clinical system allows us to e-mail patients in bulk, the content of e-mail is very limited to plain text, so it is difficult to make e-mails appealing, and is somewhat cumbersome to e-mail the practice as a whole in one go, as the clinical system limits to a maximum of 250 e-mails at a time. Despite this, we e-mailed 2274 patients an invitation to complete the survey, but we found that a lot of recorded e-mail addresses were no longer in use or invalid.

Ethnicity

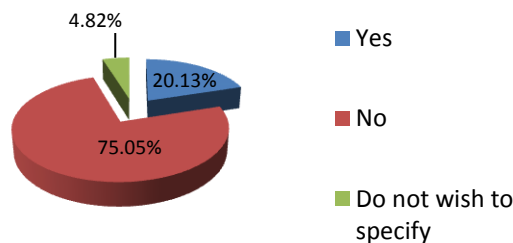


The ethnic group representation is fairly accurate for the practice population a combination of the White British and Other White Background ethnic groups arrives at a figure of around 95% for those patients on our list who have specified ethnicity within the groupings surveyed.

Do you consider yourself to have a disability?

The purpose of this question was to understand how many of the respondents consider themselves as disabled. This was a simple Yes/No/Do not wish to specify

Considered disabled?

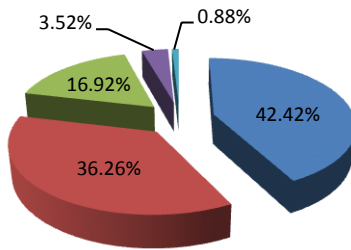


Whilst the practice does not have any exact point of reference as to what portion of our practice population consider themselves to suffer from a disability, the results show that our survey has incorporated the views of people who consider themselves to be disabled, this is particularly important later on in the survey where we ask for opinions on how easy it is to access the Surgery.

How do you feel about our Doctors?

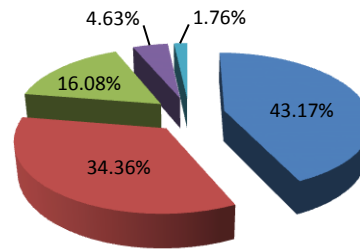
The purpose of this question was to understand the relationship our patients have specifically with our Doctors. Patients were asked to rate their performance in 6 areas, the results are shown below:

Giving enough time



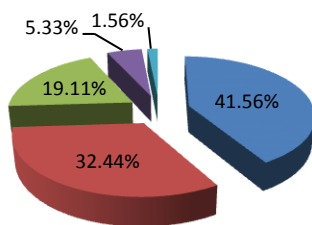
■ Very Good ■ Good ■ Average ■ Poor ■ Very Poor

Listening to you



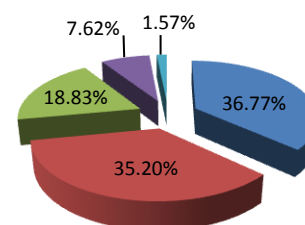
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Explaining things



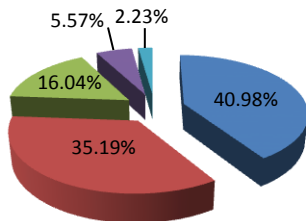
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Involvement in care



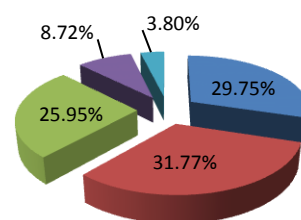
■ Very Good ■ Good ■ Average ■ Poor ■ Very Poor

Treating with care and concern



■ Very Good ■ Good ■ Average ■ Poor ■ Very Poor

Seeing on time



■ Very Good ■ Good ■ Average ■ Poor ■ Very Poor

We added to the question this year the 'Seeing on time' question we identified last year to be somewhat of an issue, so we can understand how well we are performing.

Comments received in relation to this question include:

"There are so many doctors who seem to change a lot of the time. Luckily my own doctor normally sees me but I hear a lot of complaints that you never see the same doctor twice and so there isn't continuity"

"Overall the GP Practice offers good services although some GPs need to take a course in "good bedside manners" and treat their patients with a little more respect and concern"

"Not able to see a doctor immediately, longwinded appointment making with nurses before seeing a doctor, change of doctors - loss of familiarity and not always able to understand the new doctors, no inspiring follow up diagnostic sessions offered, often feel time is too short with the doctor."

"Never see the same doctor twice. Never ever able to see designated doctor"

"The doctors, I have seen, give the impression they are not really interested in the patient and their health so you get no feeling of confidence in their response."

"Doctors don't listen and don't seem to have the necessary knowledge"

"Depending on which GP!"

"My GP is excellent!"

"Dr Bissonauth is great"

"Dr Singh was lovely. He referred me to hospital and my problem was resolved quickly."

"I saw a doctor called Dr Wilkinson for a problem, and she was brilliant, got me to hospital immediately"

"On the whole though excellent services - esp when seeing Dr Hamblin"

"I was a patient of Dr Walton before he retired and thought it would be difficult to find somebody quite as caring - but I have succeeded."

Whilst the number of patients who rate their satisfaction as good or very good is between 70% and 80%, and despite some positive comments, overall the figures are down, compared to last year, and this is disappointing.

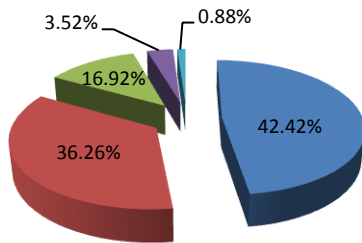
We have had some staff changes during the past year with both Dr Finlan and Dr Beatty leaving the practice, and Dr Jain was unavailable for a time also. We have recently taken steps to re-balanced patient allocation within the practice to reflect the number of sessions each GP is now offering, and we hope this may help. When balancing is complete we plan to send everyone with a mobile phone number registered on their record a text indicating their assigned GP.

As we have stated previously, we try to promote continuity of care, and where possible will try to make sure you see your own GP. In cases where your own GP is not available, or next appointment with your own GP is not soon enough you may be offered an appointment with a GP Registrar. These are fully qualified Doctors with several years post graduate experience, who are training to become GPs. They have the support of a GP trainer within the practice and are able to refer to a senior colleague within the practice as necessary.

How do you rate our Nurses

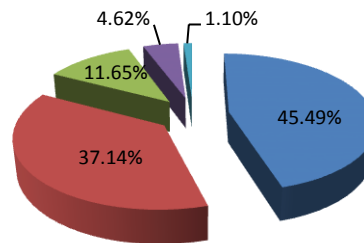
This question, in the same format as the Doctors question aims to understand how patients perceive the service our Nurses provide, results detailed below:

Giving enough time



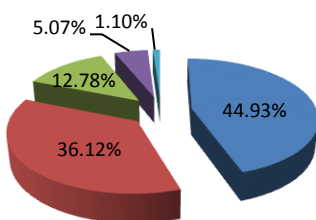
■ Very Good ■ Good ■ Average ■ Poor ■ Very Poor

Listening to you



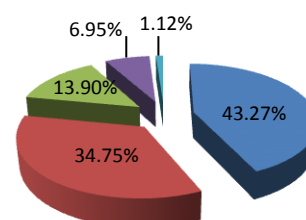
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Explaining things



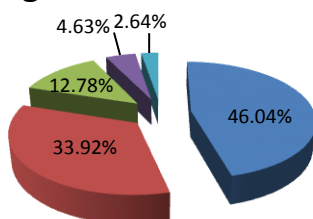
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Involvement in care



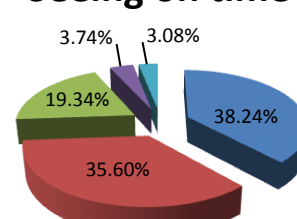
■ Very Good ■ Good ■ Average ■ Poor ■ Very Poor

Treating with care and concern



■ Very Good ■ Good ■ Average ■ Poor ■ Very Poor

Seeing on time



■ Very Good ■ Good ■ Average ■ Poor ■ Very Poor

A selection of comments received in relation to this question:

- "Diabetes care not up to the standard suggested by Diabetes UK"*
- "Diabetes care and weight management not up to the standard it used to be"*
- "Personal preference and continuity of Nurse looking after my care."*
- "WE HAVE BEEN VERY HAPPY WITH THE NURSES DOCTORS AND STAFF AND THEY WAY WE ARE TREATED BY THE SURGERY"*
- "Seeing nurse is a waste of time"*
- "I like that I can see or talk to a nurse rather than wait to see a doctor, the nurses always explain things."*
- "I recently had to have a diabetes test and had to ask the nurse to go back over what I was supposed to do as it was very familiar to her but complicated for me"*
- "On occasions felt that triage nurse was unhelpful"*
- "I have found that the nurses are helpful, regarding explaining conditions and treatment that are needed. They go out of their way to be helpful and cheerful"*
- "Nurses should only discuss patient health in private rooms not corridors. There doesn't seem to be much compassion these days when patients are genuinely worried."*

The results are again down on the previous year, and the practice recognises there has been some staff turnover within the nursing team during the past year, which has reduced the flexibility of the team during the year, and may have contributed towards this.

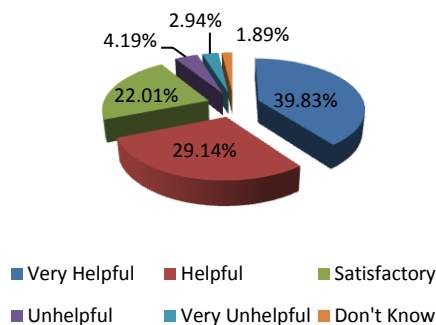
The Nurses work as a team and are available to each other for advice and consultation should they feel they need another opinion on a particular case. We also have a Lead Nurse who any of the team can consult for advice. Should any member of the Nursing team not feel comfortable diagnosing or treating a patient, they also have the option to either consult with, or have the patient see the on-call or Emergency GP on the day for their opinion.

The comments relating to diabetes care have been passed to our Lead Nurse for further investigation who is also the Practice lead for diabetes care, and she will review the policies and procedures to ensure they are appropriate and being adhered to by all relevant staff.

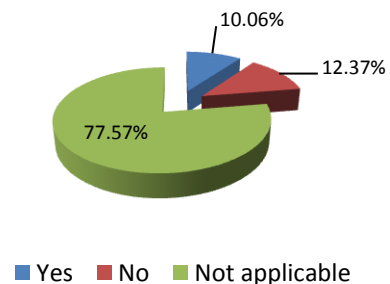
Action Point 1: Lead Nurse to review Diabetes care, policies and procedures to ensure relevant and appropriate and make changes as/where necessary and ensure all staff are compliant.

About Our Reception Staff

How helpful are our Receptionists?



Offered to discuss confidential information away from Reception desk?



A selection of comments received in relation to this question:

- "I feel the receptionist can be very blunt and become very rude if you do not answer their questions over the phone. If you call to make a doctors appointment it is to see the doctor not to be questioned and rudely robbed off with being told the nurse will call you back within the hour"*
- "Receptionists are very unhelpful, and tend to cause some distress"*
- "The reception staff can be very rude on occasions."*
- "Some reception staff very rude. In emergency cases would worry as to whether or not ambulance called."*
- "Reception staff both face-to-face and on the phone are very friendly and polite."*
- "I would like to thank the reception staff who have always been very understanding."*
- "Good cheerful receptionists"*
- "Nicer ladies at reception would help... "*
- "Find reception desk staff aren't always keen to help"*

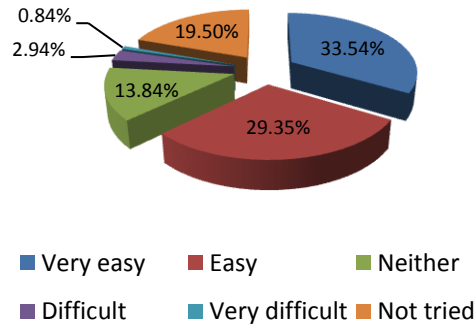
These results are slightly down on last year in terms of satisfaction with Reception staff. It is not our intention for our staff to appear obstructive or rude, and we are sorry if this is the impression patients have. We will be making customer care training available to all of our staff this year, and hope this will improve patient experience going forward. We continue to review confidentiality in the waiting room and continue to look for the best possible solution to this going forward.

Action Point 2: Practice to ensure that all staff complete customer care training during the next year.

Telephone

In this section we asked patients about their experiences trying to contact the surgery by Telephone. Following on from last year's survey the practice worked hard to renegotiate the telephone contract and has returned to using a local 01775 number for patient contact. The practice also took the opportunity to look at the services we provide and streamline the setup of the system. The question asked patients if they had contacted the surgery in the last 3 months (since the phone system/contact number was changed) how easy it was to contact the surgery:

How easy to contact by telephone?



A selection of comments received in relation to this question:

"The change in telephone number to a local number is much better as it can be called at normal charges from a mobile which makes it more accessible."

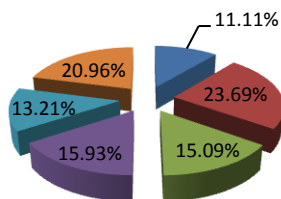
"Sometimes feel that people at the end of the phone at the surgery could do with some training in customer communications. They are sometimes very brusque and not at all understanding of the problem you are calling about. Sometimes come off the phone feeling I have been bashing my head up against a brick wall. Being told adamantly that I cannot do something or that I cannot see the person I want to see even though that particular person has told me to contact them!"

We are very pleased to see a significant improvement in the figures this year, and it seems as if the changes made are having a positive impact. We will continue to monitor the service we provide and adjust accordingly. We have already addressed customer care training in the previous section.

Appointments

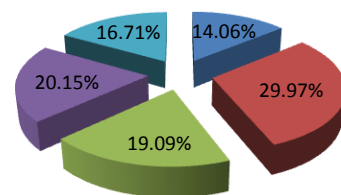
Here we were interested in how easy it was for a patient to make an appointment either on the day or in advance:

On the day appointment



■ Very Easy ■ Easy ■ Neither
 ■ Difficult ■ Very Difficult ■ Not Applicable

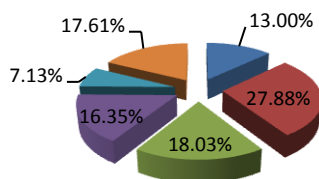
On the day appointment (adjusted)



■ Very Easy ■ Easy ■ Neither ■ Difficult ■ Very Difficult

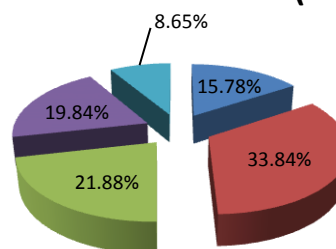
The figures above marked as adjusted have had patients who chose 'I've not needed an urgent appointment/Not applicable'.

Appointment in advance



■ Very Easy ■ Easy ■ Neither
■ Difficult ■ Very Difficult ■ Not Applicable

Appointment in advance (adjusted)



■ Very Easy ■ Easy ■ Neither ■ Difficult ■ Very Difficult

A selection of comments received in relation to this question:

"Not able to see a doctor immediately, longwinded appointment making with nurses before seeing a doctor."

"If I call to make an appointment to see a doctor I do not want to see a nurse, before I can see the doctor."

"Appointments with a doctor are too difficult to get compared to other surgeries. The triage nurse system is time consuming and frustrating."

"Do not like the system of having to wait for a nurse to phone back if I try to phone for an appointment on the day. If I'm ill, I'm ill, I shouldn't have to justify my request to see a doctor to a nurse about something I only wish to discuss with the doctor."

"It can be difficult to book a doctor's appointment - the surgery copes well with emergencies and routine appointments but sometimes you have a concern which doesn't fall into these 2 categories. You can then be told to call back the next day or later in the week to see if the next block of appointments has been released."

"Booking appointments are very difficult if you need to see someone that day. Also the triage phone system is slow"

"Getting appointments is extremely difficult, and when requesting an appt I feel I am causing an imposition."

"Seeing a Triage nurse is fine but why do we have to go through the rigmarole of ringing up, giving a contact number and waiting for the nurse to ring you back for when you can see them? Why can't an appointment just be made? Half the time, you see a nurse only to be told that you will have to see a doctor which is a complete waste of time. If you want to see a doctor on the day or the next it's rare you are able to do so unless you go down the route of saying it's an emergency when it isn't."

"When calling for an appointment you shouldn't have to tell the receptionist the nature of your call its private"

"I would like to see appointments available to book further in advance rather than released in blocks."

"Go back to a system of doctor appts on same day"

"The triage style appointment rating seems to work well and I have always had an appointment in what I consider a reasonable time for the issue"

"If trying to book a non-urgent appointment, often there are no available appointments for over a week which isn't ideal if you need to see the doctor/nurse sooner than that but don't require an urgent appointment."

Appointment availability continues to be a problem, as it does for many surgeries. The practice is considering other options to the current system, one of which would be moving to what is known as a 'signposting' system. Although it wouldn't mean the end of telephone triage, it would mean that the Partners would develop a basic triage system based on a series of short questions and answers that would be primarily asked in a scripted format by our Reception staff taking the call.

There are several potential advantages of this type of system. These include, but are not limited to more face to face nurse appointments being available each day, and that as a patient you could be consistently directed to the most appropriate service suitable to your needs dependant on the problem you are presenting with at the time, even if the most appropriate service is not within the practice. This would reduce some of the problems in terms of waiting for a call back, particularly if what you need isn't available from the practice. It should also ensure that advice given is consistent regardless of which person you speak to.

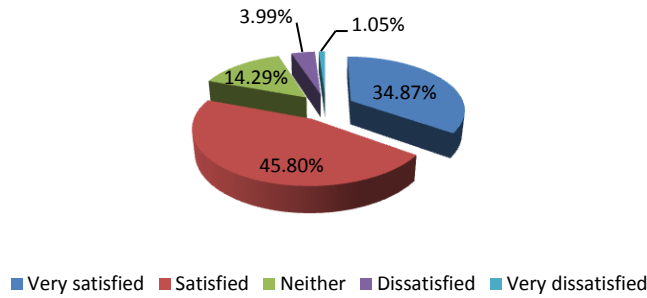
This service has been introduced in other practices in other regions of the UK with a good degree of success. The service would involve a longer initial call to a Receptionist, who would run through the script with each patient, and decide based on the information given, the most appropriate service to the problem the patient is presenting with that day and either book an appointment there and then, or direct you to the most appropriate service if the service you need is not available in the practice. All practice staff including our Reception staff are bound to protect your confidentiality, and will be discreet and appropriate if the nature of your call is sensitive.

Developing such a system takes time, and is individual to the Practice because of the different range of services each practice provides – it is not something we can simply buy 'off the shelf'.

Action Point 3: Practice to investigate 'Signposting' solution to aid effective appointing and to review appointment system alongside this.

Opening Hours

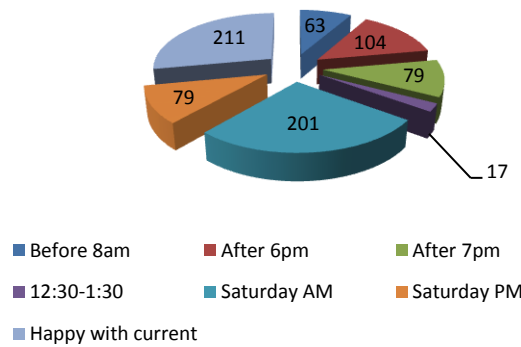
Opening Hours



We are pleased with these figures, and they are largely the same when compared with last year’s results with only a handful of people not satisfied with current opening hours.

As we mentioned in last year’s survey, even though patients are generally happy with our opening hours, we decided to probe further this time to see where patients wanted to see more appointments if possible. As this was a multiple choice question the figures provided show actual responses instead of a percentage for the chart below:

Extended Hours



A selection of comments received in relation to this question:

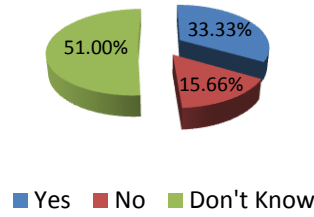
- “I would like the surgery to open on Saturday mornings to be able to get my repeat prescriptions on my way into spalding”*
- “Opening hours also should be after 6pm”*
- “A late evening family planning/contraception clinic after 6pm”*

Although as a practice we currently offer a wide range of appointment times throughout the day, which most patients are happy with, there is strong support for additional appointments outside of traditional hours, particularly on a Saturday. Offering appointments significantly outside normal operating hours is not something the Practice can implement overnight as there are staffing and resource issues to consider, particularly where this involves opening on a day when staff are not normally contracted to work.

Action Point 4: Practice to investigate possibility of offering additional extended hours appointments or changing the availability of current extended hours to better fit demand.

Outpatient Appointments

Discharge received in good time?



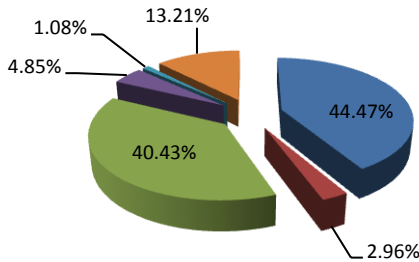
This question was included after comments from a PRG meeting where it was mentioned that when they had attended a Hospital appointment previously they seemed to be a breakdown in communication between the hospital and the GP. Of the patients surveyed 52% have been treated in hospital in the past year, and the figures above relate to the 249 patients this affected.

We are aware of issues with discharge information being delayed from certain specialities and hospitals, and we continue to raise this with the Hospitals and Trusts concerned, and information from this survey will be used to add further weight to our concerns

Repeat Prescriptions

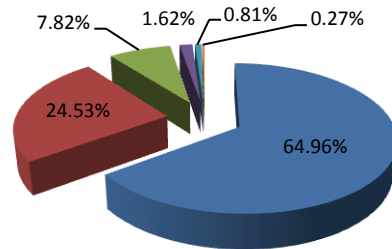
Nearly 78% of people completing the survey (371) recorded that they had ordered a repeat prescription from the surgery in the last 6 months, and the results that follow reflect the views of those patients:

Repeat method



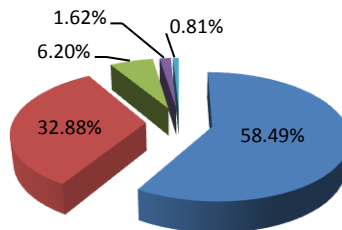
- Dropped in
- Posted
- Internet
- Asked at appt
- Made appt on day
- Asked Chemist

Ease of order



- Very easy
- Easy
- Neither
- Difficult
- Very difficult
- Haven't tried

How satisfied with service?



- Very satisfied
- Satisfied
- Neither
- Dissatisfied
- Very dissatisfied

"Inform patients with repeat private prescriptions that it is worth shopping around in town, as prices can be as much as £12 cheaper than at the local chemist. I paid full price for years until someone at the dispensary told me."

Our dispensary staff will always try to let you know if you pay for your prescriptions if drugs that are prescribed are available cheaper either over the counter without a prescription, or if they are aware elsewhere.

"I had an idea, I think to save paper maybe you should stop paper prescription and issue all the patients with a card which every time they visited the surgery and seen the doctor or health care Assistant which resulted in a prescription issue they just swipe the card and it gets automatically updated on the patients prescription card which they can then go and swipe at the pharmacy and get their medication."

There is a national project called Electronic Prescribing Service version 2 (EPS2) within the NHS which is planned to do something very similar, and we're currently waiting for this to be implemented in the region. As a practice we believe this will bring significant benefit to our patients, and have been pushing hard for its introduction.

“The only thing that annoys me is the fact you give the exact amount of medication to last either two weeks or a month. For people such as myself on Warfarin and my daughter on numerous repeat medications we are forever putting in Prescriptions. Having only lived in this area for 1 year we find it very annoying that we can't have enough for say 2 months the same where we lived before. Your system is fine as long as you can get the specialist medicine my daughter requires daily as on a few occasions she has been without any until you can source. Where we lived before we always put a repeat prescription in when we were running low but here you only give when the others run out!!! I know you blame the primary care trust for this but I'm sure an exception could be made for people such as my daughter who wouldn't be stock piling.”

“It would be helpful for those patients (who do not have to pay) requiring repeat prescriptions of say, one or two items, to be given a two month supply.... thereby reducing the number of journeys to be made to pick up the medication from wherever. This would surely be more cost-effective not only to the patients, but also in terms of both doctors and dispensing staff time”

“Having had 3 month prescriptions at previous addresses in other counties for several years, it is a drain on personal time resources to have to do this 28 day thing. Any business professional will argue that it cannot be time efficient to do something 12 times a year instead of 4 times per year.....GPs should have the discretion to give longer periods on prescriptions to patients who are not likely to shuffle off their mortal coil within 3 months (in the balance of probability) which seems to be the main argument for 28 day prescriptions - that there are too many patients dying without using their prescriptions beforehand. One size does not fit all, and while preventing some of this apparent horrendous waste by issuing 28 day scripts, the saving in the pharmacies in staffing levels and reduction of pressurised workloads would probably counter-act the risk of having some pills still in my cupboard when I depart this earth.”

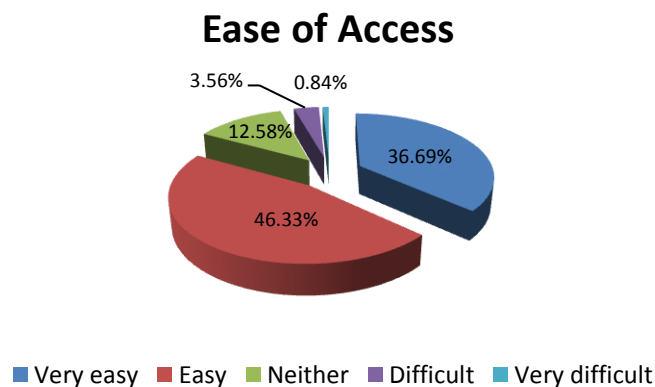
In relation to the comments over the page this is NHS Lincolnshire policy, and we are bound, as are all practices in Lincolnshire to adhere to this policy. Unfortunately this is not something in our power to change, even in individual circumstances.

Overall we're really pleased with this set of results and our Dispensary staff work hard to ensure they provide a good quality timely service to our patients.

We would still like to encourage more people to use the internet/online service to order repeat medication where possible – this gets rid of the need to come to or post the request to the surgery, meaning saving a trip for the patient, and keeping car park spaces available for those attending appointments.

To register for the free online service, patients can ask at the Reception desk when they are next in the Surgery, to register for the first time, patients will need to bring a photo ID, and proof of address. This system also offers the ability to manage other family members repeat prescriptions if they consent to the patient doing so, this can be useful for ordering any children's repeat medication.

Ease of Access



Whilst most patients said ease of access was good or very good there were several themes to comments left:

“The two entry doors and double doors from the waiting area need to have power assistance to help wheelchairs and pushchairs. This will also stop them getting scraped and looking tatty.”

“Doors are heavy and difficult to manage. This became more evident when one arm was in plaster for several weeks.”

“Automatic opening of doors would make it easier for wheelchairs and prams.”

“Front entrance doors are quite heavy and always look dirty, automatic doors would be easier and more hygienic. Toilets are so small”

“Ladies toilets are too small to take a pushchair in with you”

A larger parent and child/disabled toilet complete is available in our main foyer, and an additional one is available in the blue waiting area.

“Surgery is ok but the car parking can be a major problem at times!”

“The newish Blue waiting room idea accessing the extended facilities is a good improvement.”

“The two waiting rooms are confusing. Last time I attended I want sure if I should wait in the blue area or go to the room.”

“All departments and doctor's surgery's well sign posted. Like the self-check in, saves queuing at the desk”

“I like the colour coded zones”

“If anyone is wheelchair bound there is plenty of room for them to move around I think back to the days in High Street There was never enough room!!!”

“Signs have improved.”

“Parking can be difficult sometimes and some of the directional signs to the rooms are a little confusing if you are new to the surgery.”

“Heavy sprung doors difficult from Wheelchair”

“Remove the hump in the car park. This is very painful for back pain sufferers - re-design car park.”

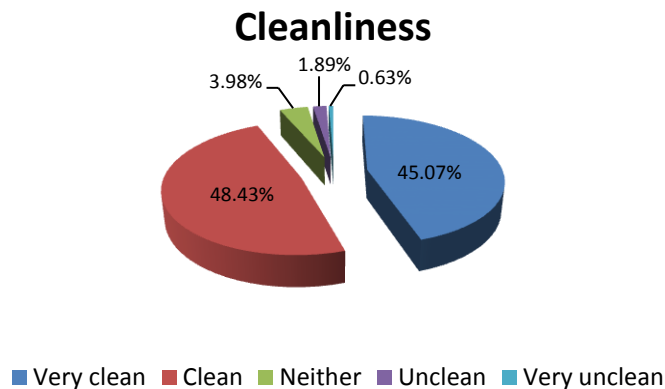
The practice has in the past looked to replace entrance doors with automated or power assisted doors, there are a number of challenges because of two doors in close proximity and we will need to look to see how best to achieve this. Automating the double-door into the consulting room corridor presents a number of challenges from a health and safety and confidentiality point of view.

Action Point 5: Practice to investigate automated or power assisted doors at main entrance and if possible at double-doors to corridor.

Parking continues to be an issue for patients attending the practice, and whilst this was covered in the last survey, we must re-iterate that the practice does not own the green space opposite the surgery, and cannot recommend that patients park or attempt to park on it. The practice has again made approaches to the owners of the land in the past year, but discussions have not yielded any agreement, and it is unlikely in any event that patients would be allowed to use this as a car park. The only option available to use is to consider using the last piece of green land between the surgery and West Elloe Pharmacy to provide extra spaces. We will consult on what options are available to the practice to increase parking capacity and accessibility.

Action Point 6: Practice to look at other options for using green land on-site as parking.

Cleanliness



Our facilities are generally regarded as clean a selection of comment below:

“Bin in the ladies toilets is often overflowing”

“Entrance looks grubby”

“Disabled toilet generally shabby.”

“Except the toilets that could do with an air freshener since you can't open a window”

“Could pay more attention to doors, as in handles and hand marks on edges. Also low dusting. “

“Considering the volume of patients, the surgery and waiting rooms are very good.”

“Chairs in waiting area are marked and stained. Wipeable chairs would be a better choice.”

“The carpet in the main waiting area normally looks dirty every time I've been in.”

“Toilets should be checked with chart on door for checking - they are too small.”

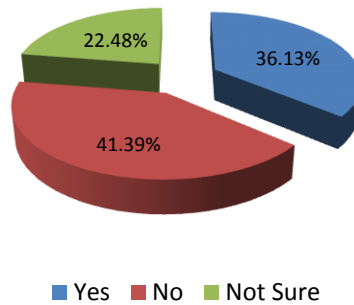
“Only used toilets rarely, but were satisfactory. The decor is neutral and welcoming.”

Patient toilets in the main entrance foyer were only re-decorated and refurbished last year, so we are quite disappointed with these results. We have had several instances recently where drains have been blocked by patients flushing paper towels down the toilets rather than using the bins provided and we are considering installing hand dryers in patient toilets to try and avoid this in future, we are also considering introducing automated air freshener modules.

Action Point 7: Practice to investigate costs and suitability of introducing hand dryers and air fresheners to public toilets.

Pinchbeck Surgery

Would you use Pinchbeck Surgery?



Comments

"I have never been. It would not be as convenient but I would consider it, if an appointment were available there and not at West Elloe."

"Prefer to attend the surgery at West Elloe as this is nearer to my work and home."

"Accessibility and parking is poor. Been once only and that was when I wanted to see a doctor and was told that 'my' doctor was only available there if I wanted to see a doctor straight away when it was not an emergency. Personally I don't care which doctor I see as I do not visit the surgery that often so continuity is not an issue."

"Because of my location Pinchbeck would not be convenient"

"Don't know where it is and I would have to travel and maybe get someone to take me"

"Satisfied with West Elloe Surgery"

"I don't live near Pinchbeck and I shouldn't have to travel to another village to be able to see a doctor I should be able to get an appointment at my current surgery"

"Don't live nearer there than west elloe"

"Further for me to go than main surgery"

"I live in town so would not travel to Pinchbeck"

"I would prefer to use my own surgery as I know the system and feel more at ease with what I know. Sometimes travel is not easy for some of us so getting to pinchbeck is impossible"

"I wasn't aware Pinchbeck was a part of Munro"

"NOT PREPARED TO GO TO PINCHBECK AS I LIVE IN SPALDING.WHY GO EVEN FURTHER WHEN I GO TO MY LOCAL SURGERY.IF IT'S NOT USED,CLOSE IT AND SAVE MONEY."

"Would not go to Pinchbeck as it is wrong side of town"

"We live in Spalding, but could consider Pinchbeck if an appointment was available sooner there. We would not want to switch completely to Pinchbeck."

"Poor parking - No wheelchair access (Steps)"

"I really don't mind but I have always been very happy at west elloe surgery. It always has a very nice atmosphere."

The responses received to this question were somewhat surprising with a majority of patients stating they would not be willing or able to travel the 1.8 miles to Pinchbeck Surgery for an appointment if there was one available there. There also seemed to be a proportion of patients who thought this would require a different registration to the practice (it does not).

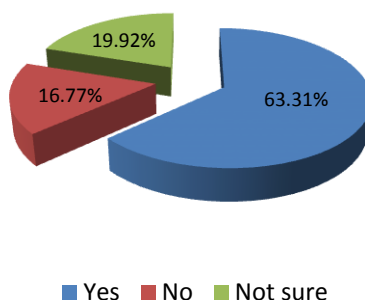
For those that would consider attending, there was no strong preference for morning or afternoon appointments or for an appointment with a Doctor or Nurse.

For the practice to continue to operate Pinchbeck Surgery there needs to be some investment into updating the facilities. Investment in the facilities is only viable if patients can/will support the surgery going forward.

Action Point 8: Practice to consider future viability of Pinchbeck Surgery and options available.

Would you recommend us?

Recommend to a friend?



If not why not:

"I would possibly recommend but I do find it very difficult to get an appointment and don't like the telephone triage system"

"Mainly due to the difficulty of getting an appointment. Why is it almost impossible to book an appointment for week(s) in advance?"

"The practice is very good but I think that perhaps there is too many people already registered. A figure of 20,000 plus has been voiced surely for approximately twelve doctors, this is too many."

"Far too over crowded so no personal feel when you see any of the medical team. Never see the same doctor twice. Never ever able to see designated doctor"

"The biggest problem is lack of consistency as you very rarely get to see the same doctor or even your own doctor unless you can wait weeks. I feel this has taken away your doctor getting to know you, your character and health issues and any underlying factors connected to your health. "

"Am not sufficiently impressed with my experiences with Munro to recommend to anyone else"

"Appointments with a doctor are too difficult to get compared to other surgeries. The triage nurse system is time consuming and frustrating."

"I would recommend the practice but I feel the practice has too many patients already"

"Do not like the system of having to wait for a nurse to phone back if I try to phone for an appointment on the day. If I'm ill, I'm ill, I shouldn't have to justify my request to see a doctor to a nurse about something I only wish to discuss with the doctor."

"Apart from the parking problem it is a well run place, and the use of the nurses to sort out more average problems has worked well. I actually quite enjoy coming in."

At 63% who would recommend us, we would hope to have achieved better results. Comments received have already been addressed in previous questions.

Summary

This was a very valuable learning exercise for the Practice and whilst we have been disappointed with some of the results, this year, we have also received some good feedback and suggestions from patients. We will work through the year on the action points identified, and look to post progress on how things are progressing in the practice newsletter and on our website.

This document will be made available on our Practice Website at <http://www.munromedicalcentre.co.uk> in PDF format, and paper copies will be made available on request at the Reception Desk at the main surgery and in the waiting room at Pinchbeck Surgery.

The practice would again like to thank everyone who took the time to complete a survey and provide feedback, and assure patients we have read all of their comments, and things that aren't necessarily mentioned in this report, but were highlighted in some additional comments have been considered. Some patients elected to mention specific issues or problems they were experiencing, although these are not mentioned in the survey results, if they would like an individual investigation, please contact the Practice Manager at the Surgery.

The results have been discussed with the PRG, the GP Partners, and will be discussed at all department meetings and with all staff in the coming month.