

Milborne Port Surgery Report covering Year 1 and 2 of Patient Participation Group Scheme DES 2011-2013.

Introduction

The purpose of the Patient Participation Directed Enhanced Service (DES) as commissioned by Somerset Primary Care Trust is to ensure that patients are involved in decisions about the range and quality of services provided and 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 use of effective Patient Reference Groups (commonly referred to as PRGs) to seek the views from Practice patients by use of a local practice surveys.

Reports of the outcomes of patient engagement and the views of patients are then required to be published on the Practice website.

Within the first year the Practice failed to meet the DES criterion (Component One and therefore all remaining components were not achieved) and as a result of this, a further more detailed report has been drawn up below to incorporate both years One (2011-2012) and Two (2012-2013) with the view of highlighting the progress made from the original Year One Report (as can be seen on our website).

This report summarises the development of Milborne Port's Surgery's Virtual Patient Reference Group (VPRG) and outcomes during 2011/13.

It includes:

Component 1. Establishment of a Patient Reference Group (PRG)

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

Component 2. A 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 priority areas for the Practice to look at for inclusion within a local practice survey.

Component 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.

Component 4. Discussing Survey Results with the Patient Reference Group (PRG)

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

Component 5. Agreeing an Action Plan with the Patient Reference Group (PRG)

Details of the agreed action plan setting out the proposals arising from the local practice survey results and the ways in which they are implemented.

Component 1: Establishing a Patient Participation Group

1.1 The Practice is required to confirm the process used in order to recruit to their VPRG in 2011-2013.

The Practice is required to provide details of all other methods of engaging patients used:

Within Year 1: The practice is a traditionally run dispensing practice with the Senior Partner having been in place since the early 1970's and the second of a further five partners joining later in the 1970's. As a result a strong bond has evolved with the patients and an understanding of the patient profile that extends beyond that of age criteria. A broad spectrum of socio economic backgrounds and a diversity of patient health needs were encompassed within a pre-selected group that was initially invited to join.

The Partners decided that we should plan to set up a "virtual" patient group where group members would communicate via e-mail. Each GP drew up a listing of known patients each one being considered as representative of individual groups taking into account age, sex, geographical distribution, social and health issues. Patients were then approached directly inviting them to join a Virtual Patient Representative Group. The Group consisted of 7 members in this year.

Within year 2: The Practice was required to expand the PRG membership. In this second year a further 17 members joined, this was a result of the following actions:

- Leaflets were handed at reception to patients attending the Practice.
- Flyers were also given to the Community Nursing Team to hand out to housebound patients.
- Paper copies of registration/Sign Up forms were displayed in the Practice waiting areas.
- An article was published in the Practice newsletter.
- Information and a registration link were added on the new Practice website (www.milborneportsurgery.nhs.uk).
- An invitation message was issued with repeat prescriptions.
- Forms were handed out at Child Immunisation clinics to reach younger patients.
- Handouts were made in clinical rooms via the GP's and Nurses.
- Practice Nurses further promoted the virtual group to teenagers during sexual health clinics with a view to reaching younger patients.
- The Community Nursing Team was approached to promote the virtual group to the housebound patient population.
- Posters were displayed in the waiting rooms and also on the external doors of the Practice advertising and encouraging patients to join the Group
- Posters were displayed in local Post Offices.
- Patient to patient conversations.

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

As the Practice had not fully fulfilled its obligations in meeting the DES requirements in 2011-12 it has endeavoured to broaden the age/gender profile of the PRG.

The information below was supplied from the virtual Patient Representative Group sign-up forms requesting patients' names, e-mail addresses, and further details regarding age, gender, how often they attended the practice.

Practice Patient Profile over the two year period:

Practice List Size - 5261	Per Practice List size %		Age of VPRG in 2012 %				Age of VPRG in 2013 Practice list size - 5329pts %			
	Male	Female	%	Male	%	Female	%	Male	%	Female
Under 16	8.8	8							8.3	2
17-24	4.2	4.2							4.2	1
25-33	4.3	4					4.2	1	4.2	1
34-44	5.2	6.1			14	1			8.3	2
45-54	7.5	7.3	28	2			8.3	2	4.2	1
55-64	7.4	7.7			14	1	4.2	1	20.8	5
65-74	7	7.2	14	1	14	1	8.3	2	8.3	2
75-84	3.2	4.1	14	1			12.5	3	4.2	1
Over 84	1	1.9								

Despite efforts (as above) to engage male members under 25's there were no responses. The practice will nevertheless endeavour to maintain its efforts to recruit this group.

Ratio of Male to Female Patients				
	Somerset Census 2011	Practice List Size	VPRG 2012	VPRG 2013
Female -	51%	51%	43%	62%
Male -	49%	49%	57%	38%

It can be seen that there is at present a higher percentage of women between the ages of 55 – 64yrs of age being represented. The reasons for this are unclear.

Frequency of Visits to Practice		
	Male	Female
Regular	12.5%	37.5%
Occasional	21%	12.5%
Very Rarely	4%	12.5%

The Practice does not collect information about the employment status of its patients. Consideration was made to looking into the health status of the registered patients and PRG members but it was considered to be an unrealistic outcome as many patients can have more than one condition.

Ethnicity of Patients:

Ethnicity Patient Profile			
	*Somerset Census 2011 %	Patient List %	On VPRG
White Total	98.0%	98.54%	100%
<i>White: English/Welsh/Scottish/ Northern Irish/British</i>	94.6%		100%
<i>White: Irish</i>	0.4%	0.09%	
<i>White: Gypsy or Irish Traveller</i>	0.1%	0.3%	
<i>White: Other White</i>	2.8%		
Black and Minority Ethnic Total	2.0%		
<i>Mixed: White and Black Caribbean</i>			
<i>Mixed: White and Black African</i>	0.1%		
<i>Mixed: White and Asian</i>	0.3%		
<i>Mixed: Other Mixed</i>	0.2%	0.22%	
<i>Asian/Asian British: Indian</i>	0.2%		
<i>Asian/Asian British: Pakistani</i>	<0.05%	0.01%	
<i>Asian/Asian British: Bangladeshi</i>	0.1%	0.03%	
<i>Asian/Asian British: Chinese</i>	0.2%	0.01%	
<i>Asian/Asian British: Other Asian</i>	0.4%	0.01%	
<i>Black/Black British: African</i>	0.1%		
<i>Black/Black British: Caribbean</i>	0.1%		
<i>Black/Black British: Other Black</i>	<0.05%	0.79%	
<i>Other ethnic group: Arab</i>	<0.05%		
<i>Other ethnic group: Other</i>	0.1%		

* Source: SINE.org.uk

The practice sought to recruit patients from ethnic minority groups but since the number of patients in this group is so small, it has failed to do so. The Practice will continue to attempt to recruit from this group. Representation from this group has nevertheless remained the same for the last two years.

Component 2: Method and Process for Agreeing Priorities for the Local Practice Survey

Agree areas of priority with the Patient Reference Group (PRG)

2. The Practice is required to list the priority areas and confirm how these match those set out by the PRG and 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 e-mail, website etc.

2.1 Year One: Using the responses and suggestions received from the vPRG members, the priority areas were listed and the VPRG was asked to rank these in order of their priority/importance.

- Getting appointments – 0%
- Telephone and Access – 0%
- Online Services – 100% of responses
- Patient information – 100% of responses

Having looked at the Practice's good scores in all areas as published in the National GP Survey* it was considered that other more pertinent priorities from within the Practice should be identified and surveyed.

As the Practice had received a minimum number of complaints, no priority issues could be identified from them.

The virtual Patient Participation Group was contacted by e-mail in mid October and invited to complete a **simple initial** questionnaire asking:

Do you have thoughts on each of the following?

- **Surgery Pod:** Are you aware of it, how it operated, think it is a good idea, does information technology put you off using it etc.,
- **Flu Clinics:** Has our advertising been adequate, clinics held at right time of day, week, etc.
- **Telephone Access:** How would you rate the ability to get through by phone?
- **Other:** Do you have any thoughts on any other priority areas you feel we should consider? To put forward any suggestions for Practice priority areas which could be used to form the main PPG survey for the broader patient list size?

As a result of feedback from members from this initial survey it was agreed in December 2011 that the Practice should concentrate its efforts on looking into Online Services and Patient Information. In consultation with the vPRG it was agreed that a further survey should be drawn up to be sent out randomly to some 200 patients from the patient list including 80 from Ethnic minority groups in order to ensure a representative response from the full spectrum of patients on the list.

A draft copy of the survey was circulated to the members in January 2012 for comment prior to January 20th in order to allow the survey to be issued in February and feedback received by the end of that month.

* DoH Source (*National GP Survey*)

2.2 Year Two: On looking again at the responses to the 2012 National GP Patient Survey (January to September 2012)

<http://practicetool.gp-patient.co.uk/Pct/Search?id2=MILBORNE%20PORT%20SURGERY%20%7C%20DT9%205FH&index=1>

and having received very few complaints during the year the PRG agreed it was more appropriate to consider the anticipated changes that were likely to be going to take place within the practice in 2013, with the departure of the Senior Partner.

As the most common service quality indicators are already identified within the National GP Patient Survey and are dealt with at national level a selection of more local priorities was thought to be more pertinent. The practice therefore proposed which indicators might be relevant to research. The group was given the opportunity to suggest any other indicators that they would like to be included. 100% of respondents agreed that the survey questions were relevant and 0% suggested any alternatives.

A telephone survey was carried out to establish what the members of the vPRG considered to be a priority in surveying.

- Specialist clinics = 50%
- Reception issues = 30%
- Other Services to be provided within the surgery = 0%
- Website content = 20%

This was reflected in the outcome of the survey and therefore formed the basis of the action plan.

The priority areas considered were:

- **Would you like the practice to engage in more specialist clinics? If so what specialist clinic would they like to be provided?**
The practice shall be seeing changes within its partnership within the year. It was considered useful to establish the views of the patients as to what future specialist clinics may be held. This could be taken into consideration in recruitment of a new partner on the departure of two of our senior Partners.
- **What day of the week and what time of day would be preferred to hold these clinics?**
This would facilitate more effective and efficient services if it matched the majority response. Staffing arrangements and possible recruitment could be influenced by the outcome.
- **How did patients feel about receptionists asking the reason for their appointment? Do the patients agree with this or not?**
This follows concern that some patients might not have seen the appropriate clinician, be it the nurse or doctor. In some cases seeing a nurse may be more appropriate than seeing a GP, allowing the GP to deal with more involved appointments. Time allocated to the patient was also a factor for consideration to avoid patients waiting unnecessarily.
- **How did patients feel about other NHS specialists (private or not) using the premises?**
In light of the NHS changes and financial restrictions the need for income generation needs to be taken into consideration. The Practice premises, acquired within the last three years, have capacity with ample car parking, to accommodate other services and potential to tailor these to suit patient's need.
- **What information would patients like see on the new website?**
This relates to the results from the first year's survey where patients requested better communications. This provides an opportunity for the patients to have their say in what they

would like to see on the new website and for the Practice to provide a more informative facility than before.

See Appendix 3 showing survey and responses.

Component 3: Details and Results of the Local Practice Survey

Collate patient views through the use of a survey. The year one report remains on the Practice website.

3. The method used for the survey, the date the survey was issued and the period in which feedback took place.

3.1 Year One:

Referring to the results from the initial survey completed by the vPRG in October 2011 on Practice priority areas, it was clear from the responses received that 100% of the group had ranked 'on-line services' and Patient communication as the highest/most important priority. Results were posted on our website at the time (31st March 2012).

200 patient questionnaires were distributed between the main surgery and the branch surgery via the reception desks and a further 80 questionnaires were mailed to randomly selected patients, that included 49% of the Practice's ethnic minority group.

52% of questionnaires were returned.

3.2 Year Two: See 2.2

The proposed wording of the questionnaire was distributed to all the group members prior to distribution to the wider patient list. The survey was issued in February 2013. The duration of the survey was three weeks. The survey was timed to allow the Practice Manager to carry out the appropriate administrative procedures following a busy year of staff recruitment, CQC, and PCT deadlines. Feedback was collected in March and fed back to the virtual patient representatives who agreed the final questionnaire. The PRG agreed on the methodology for distribution of the questionnaires (as below) and agreed that to ensure sufficient responses that 400 questionnaire should be distributed.

See Appendix 3 – Survey and responses.

400 patient questionnaires were distributed via:

- Reception desks and forms left within the waiting area at the main surgery and branch site.
- The community and practice nurses visiting the housebound.
- The local post offices
- The local pharmacy
- Issue with repeat prescriptions.
- Use of the website was considered but it was thought that non registered patients might also complete the form and therefore not give true representation of the Practice's patients.

The 400 questionnaires issued, represented 7.5% of the patient list size. This was considered to be both reasonable and a higher representation than the previous year. It is the Practice's intention to further increase this figure in future years.

Responses were received from 39% (155) of the forms that were given out. The results were collated by the Practice Manager and put into a simplified format for ease of understanding and interpretation.

In calculating our minimum sample size: over 95 questionnaire returns would be necessary to allow a margin of error of 10% and a confidence interval of 95% based on a patient population size of 5247. Therefore, it was viewed by the PRG that both the questionnaire and sampling method was credible.

Component 4: Discussing Survey Results with the Patient Reference Group (PRG)

The achievement of this Component is dependent on practices being able to demonstrate that the PRG has been given the opportunity to discuss the findings and the Practice has been able to reach agreement with the PRG on changes to service.

4. The method used to create an opportunity to discuss the findings and the dates on which discussions took place.

4.1 Year One: The results of our virtual PRG survey regarding the Practice's 'on-line' services were published on the Practice website on the 31st March 2012.

An e-mail on March 18th 2012 was sent to our virtual group with a copy of the proposed report and the spread sheet showing feedback from the survey. Members were invited to comment on the findings and the report. 57% responded agreeing to what had been proposed. 43% were non respondents

The results of surveys are published on the Practice website and accessible to all patients (A copy of the report and results was also printed out and made available at reception).

4.2 Year Two.

An e-mail was sent to our virtual group on March 15th 2013 with a copy of the proposed report and feedback from the survey. Members were invited to comment on the findings and on the draft report.

All patients have access to the survey results via the Practice website (a copy of the report and results was also printed out and made available at reception at both the main and branch surgeries, after the vPRG had seen them).

As seen by the group members priority ratings this was reflected on the survey outcomes.

Final findings of the survey were also incorporated within the folder in the waiting room after the PRG had seen and made comment on them.

A feedback facility will be provided on the website for the remaining patients outside the vPRG.

Component 5: Agree action plan with PRG and seek PRG agreement to make changes

5.1 Year 1:

The actions agreed with the PRG.

Following the survey results and e-mail discussion with the Practice's virtual patient group, it was suggested and agreed that the Practice should make it easier to gain access to on-line facilities for requesting on-line appointments and repeat prescriptions. In 2012, 32% of survey respondents stated that they were not aware of the appointment facility and 47% were not aware of the facility to secure repeat prescriptions on-line.

On-Line Facilities: See Appendix 1

- **Improve Knowledge of On-Line facilities:** Only 10% of the total patient list size in May 2012 used the facility increasing to 16% by December 2012 and has increased further since. This followed increased distribution of newsletters and production of “Are You Aware” notices displayed at the main reception desks and issued with the repeat prescriptions.

Some patients that were not already aware of the online facilities learned of its existence via the 2013 survey and some subsequently signed up for this provision.

- **Website Awareness:** As only 23% of respondents (105 patients out of the 200 questionnaires issued) were aware of the website it was agreed that by changing the website supplier this would address the problem of accessibility of online facilities. A new website www.milborneportsurgery.nhs.uk was officially put on-line in January 2013. Slips notifying patients of the new website were enclosed in all repeat prescriptions and posters displayed at the main entrances to the buildings. Since its unofficial launch it is evident that more people are accessing it. See Appendix 2.

Patient Communications:

- Newsletter as source of communication: Seasonal newsletters on a quarterly basis are being produced: each bringing a greater awareness of what is going on in the practice and promoting the on-line services and the PRG.
- Increased distribution of patient leaflets on tables and notice board.
- National health news and updates are now published on the website.
- NHS Choices are available on the website giving educational publications via Patient UK, etc.
- The vPRG is advertised through posters, leaflets, newsletters and the website.
- A folder was produced providing information relating to the contents of the website, the on-line facilities, website location etc. This folder is available in the waiting rooms for those patients that do not have either a computer or knowledge of the existence of the Practice website. Several patients have commented on the value of this information pack.

5.2 Year Two:

1. From the outcomes of the survey response 16% of patients intimated that they would like to see specialist clinics such as a Diabetics clinic and 15% mentioned an Asthma Clinic.

As this was the group’s primary priority, discussions will take place between the nurses and Partners to establish how these clinics can be organised. The main reason for patients thinking this was a good idea was that patients could engage with each other in the waiting room to share and support each other in an informal manner. Weight loss clinics were the next highest consideration with a 4% response. Monday mornings proved to be the most popular time of the week.

A practical timescale for organisation of clinics would be within six months; to be actioned by the Senior Practice Nurse and Practice Manager with the agreement of the Partners.

2. In response to receptionists questioning the motive for any appointment: 61% of respondents agreed that this should take place on the understanding that receptionists should not be too intrusive and should respect the choice of the patients not to give a reason. In response to these findings, with immediate effect the staff will be trained in how to ask the questions in order not to embarrass the patient.

2.1 A problem of lack of confidentiality at the main reception desks will also be addressed by asking staff to lower their voices and by closing the partitions when not dealing with patients face to face in the branch surgery. This action will be instigated by the Senior Receptionists and the Practice Manager with immediate effect.

3. Other Services (NHS or Non NHS) hosted by the Surgery will be at the discretion of the Partners and must accord with the Lease Agreement with the premises landlords. In working closely with the South Somerset Federation and Somerset Clinical Care Group they may in turn wish for the practice to participate in hosting alternative services. This is unknown at present and the timescale for any action in relation to this is unknown at this stage due to NHS reforms.

4. Website Information: It was apparent from feedback that not all users were aware of the full capacity of the present website i.e. awareness of NHS Choices and National Health News Updates. The Practice will address this by increased promotion of the website and its contents. Following the introduction of the new website design many patients noticed improvements in all areas. The Practice Manager and the IT/Data staff member will with immediate effect consider the suggestions put forward via the recent survey and commit to better promotion of the website content.

All PRG members were in agreement with the key actions and supported the development of the action plan.

Action Year 1			
	Action	Date	
1	Establish Virtual PRG	August 2011	
2	Issue Pre Survey to current members of vPRG	December 2011	
3	Views collated through above survey	January 2012	
4	Results of survey discussed with PRG	January/February 2012	
5	Areas of priority chosen by PRG	February 2012	
6	Larger survey drawn up and agreed then issued to 200 patients.	February 2012	
7	Results given to PRG/Patients	March 2012	
8	Action agreed with PRG	March 2012	
9	Report drawn up and publicised on website.		March 2012
Action Year 2			
1	Broaden the representation of PRG	May 2012 – March 2013	
	Discuss options for new survey /Produce Survey	January 2013	
2	Discuss actions with PRG and action plan agreed. 400 questionnaires issued.	February 2013	
3	Issue full survey feedback to PRG – Action plan agreed.	March 2013	
	Responses to be provided no later than March 22 nd in order to meet PCT submission deadline.	22 nd March 2013.	
4	Results to be published to PRG and PCT/website		28 th March 2013.
5	Commence organisation of introducing new specialist clinics –consider the	April 2013 onwards – to be led by the Snr	

	suggestions put forward.	Practice Nurse	
6	Commence training of reception staff in handling appointments.	April 2013 to be led by the Snr Receptionists.	
7	Promote greater website awareness by improving Patient communication – newsletters/Posters etc.	As of April 2013 onwards led by the Practice Manager.	
8	Due to the complexities of engaging only a <u>Virtual</u> PRG of 24 members 100% of those members responding agreed that a face to face meeting would be preferred.	A first meeting will be proposed for June 2013, to be led by the Practice Manager with the objective of recruiting a Chair person.	

Component 6: Publicise actions taken and subsequent achievement

- This report shall be available via the practice website www.milborneportsurgery.nhs.uk
- A poster displaying that the results and report are now available at both sites.
- Copies of results and the report will be left with the Post office and local pharmacy.

The opening hours of the practice, methods of access in core hours

Patients can access the Practice services via either telephone, face to face or e-mail at :

- the main surgery in Milborne Port between 8.00am to 6.30pm Monday to Friday.
- the branch surgery in Templecombe, is open Monday, Tuesday, Thursday and Fridays between 8.45am and 3.00pm. It is closed on a Wednesday.

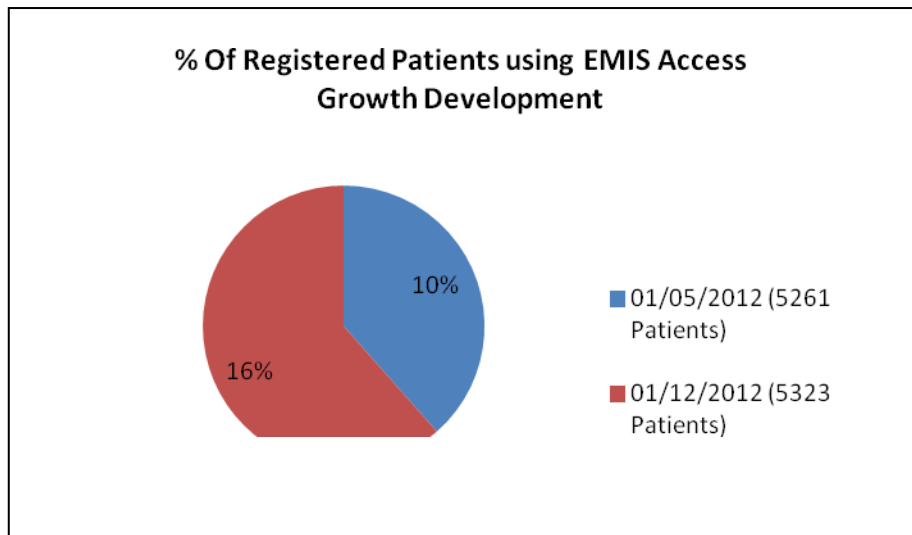
Out of hours service provision commences from 6.30pm to 8.00am each weekday. Also from 6.30pm on a Friday till 8.00am on a Monday morning. Cover is also provided over Bank Holidays.

Where the practice participates in the Extended Hours Scheme DES, time and days of the weekly sessions are provided

An extended service is offered between 9.00am and 11.30am on Saturday mornings (including Bank Holiday weekends) at the Milborne Port Surgery only.

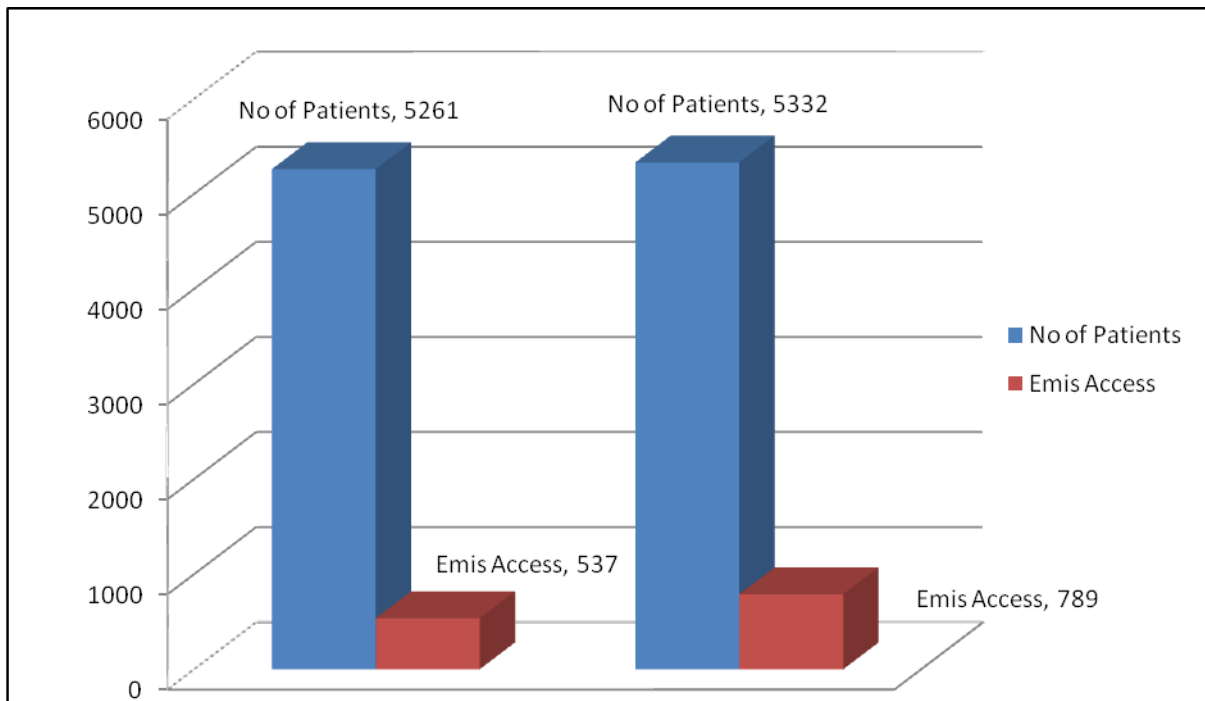
Appendix 1 - See 5.1

The Pie Chart below illustrates the increased usage of the On-Line Appointment Booking facilities since May 2012 to December 2012. This follows the action taken as a result of Year One's patient survey feedback.



Source: EMIS LV

The chart below illustrates the increase in patient numbers and the increase in use of the practice's on line facilities.



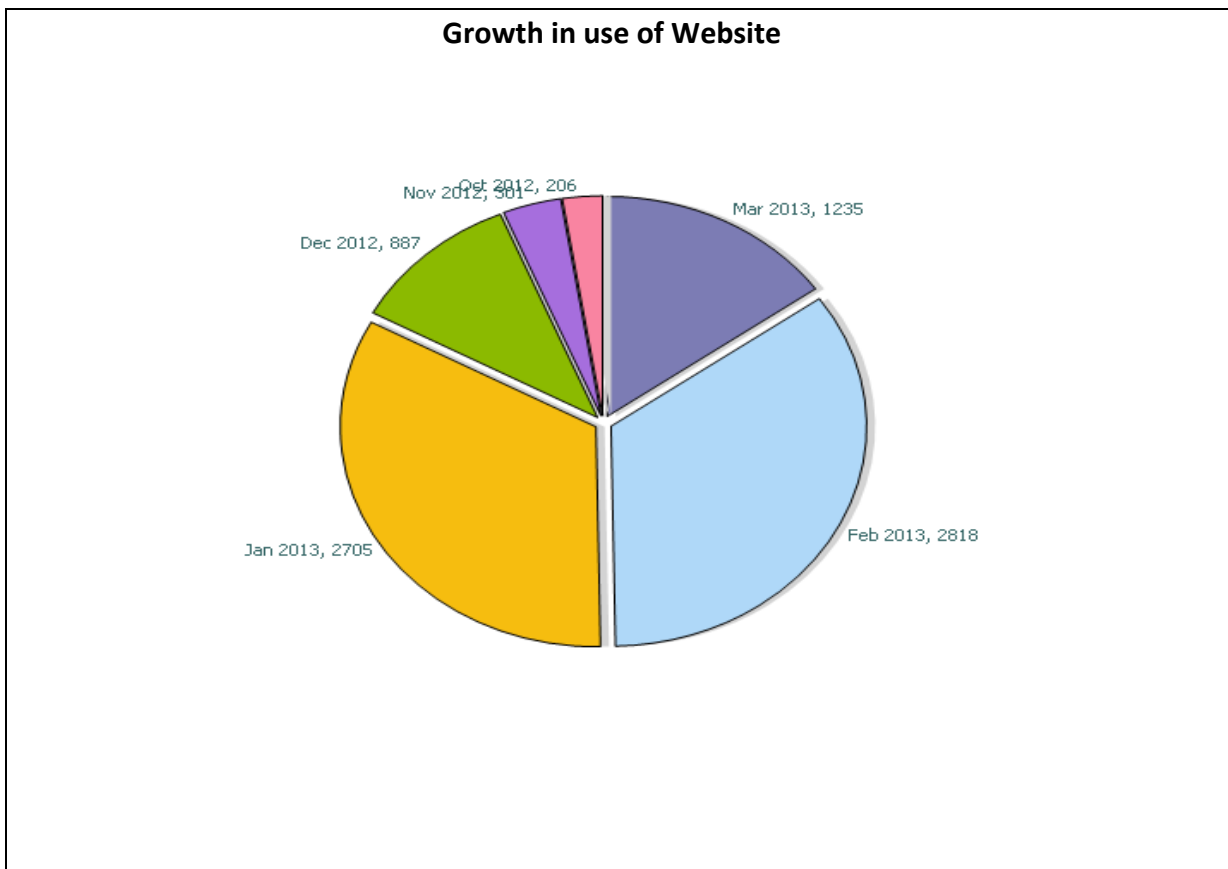
Appendix 2

Statistical evidence and summary of findings: *Source: EMIS LV*

Year 1. See 5.1

Please refer to the Practice website : (www.milborneportsurgery.nhs.uk) for results of all surveys carried out since November 2012.

Usage of the website has increased as it has become more user friendly. Evidence from the website statistics show the following increase usage.



October to March 2013. 1

Appendix 3 – See 5.2

The following is the 2013 local patient survey questionnaire together with the responses provided. The 39% response rate is considered to be a good response rate.

Milborne Port Surgery and Templecombe Surgery

**Patient Survey Results as at February 2013.
155 out of 400 (39%) completed Questionnaires.**

Thank you for taking the time to complete this simple survey as your responses are important to us. Please leave the completed form with reception or post it back to us.

1. a. Would you like the Practice to engage in more specialist clinics i.e. Diabetic, Asthma, etc.?							
Responses	67%	No	5.5%	Non Applicable	5.5%	Non Responders	24%
More frequently identified services requested within survey		Diabetes		16%			
		Asthma		15%			
		Well Woman		2%			
		Nutrition		3%			
		Travel		2%			
		Weight Loss		4%			
		Counselling (including group)		2%			
		32 Coronary vascular		1%			
		2 continence		1%			
		2 Arthritis		1%			
If so please state the specialist clinic would you like?		<p>Comments left: Specialist clinics are a fantastic idea, it can be great to just be in a waiting room with people knowing how you feel – maybe a few support networks could ne formed. I think we are pretty well covered Psoriatic arthritis Ladies Problems Coeliac Fibromyalgia, CFS, pain clinics Menopause clinic Well Being clinic euphemism for Obesity Yes I think targeted clinics are more efficient for the clinical staff and enable the patients to focus – Well Man.</p>					
Additional services							

	Don't mind General health Dementia – recognising symptoms, delaying it, trying to avoid it, support available. Sports injury Why change a satisfactory service Smear Child illness Pain Clinic Epilepsy
--	---

b. What day of the week would you prefer to come to that chosen service? Please tick box.

	Total	Morning %	Afternoon %	Evening %	Anytime %
Monday	16	31	19	19	31
Tuesday	11	36	36	18	10
Wednesday	15	37	43	13	7
Thursday	16	25	25	13	37
Friday	12	8	8	42	42

responses = 39%
non responders = 36%
Any day = 25%

c. What part of the day would you prefer to attend? Responses being Any day or, no preference for day.

Any Day of the Week	
Mornings	8
Afternoon	10
Evenings	7
anytime/day	10

Comments:

1. Good service with all round clinics.
2. Having a heart problem I feel I need more support.
3. Links between Occupational Health Counselling and doctors being unaware.
4. Doctors to visit and view workplaces to help them see working environments to assist when writing Fit Notes.
5. I've always found the girls to be very helpful and always smiling.
6. I think the specialist clinics are a good idea if it doesn't affect day to day appointments.
7. Templecombe is not easy to reach if one has leg problems.
8. Not sure what specialist clinics exist as I don't use any.
9. I am very happy with the service provided and all the staff are always very helpful and considerate to my needs and my family needs.
10. If not any day would do but still early morning.
11. Open on a Wednesday - Templecombe
12. As this can be a sensitive problem a nurse specialist may be could be involved. (Continence)

- 13. I am not affected by either the above so do not know what is required.
- 14. I believe a Pain Clinic is most urgent, but any clinic would be acceptable that reflects the needs of the practice, provided that the specialist knowledge is available.

2. How do you feel about receptionists asking you to inform them as to what the reason for the appointment is?

Do you agree that they should ask?

Agree	61%	Disagree	34%	Non Responders	5%
-------	-----	----------	-----	-------------------	----

Any Comments:

79 non responders

- 1. Only a limited amount of questions if I have to state reason.
- 2. Difficult one to answer. Time wasters clog up the system for those needing consultations.
- 3. Inappropriate
- 4. Use their skills and judgement.
- 5. Unless the appointment is felt to be personal by the patients (other patients are or can overhear)
- 6. As long as it not too personal
- 7. You only have to say it's "private" if you don't want to tell them.
- 8. It helps to get appointments quicker for my son when I say what problem is.
- 9. No problem with them asking as long as they accept that they not be told.
- 10. Only if patient offers up information
- 11. It's a matter I would only discuss with the doctor
- 12. I prefer my medication details to be discussed with the doctor only, if however it is really urgent and it the only way you can persuade your receptionist to give you an appointment I feel this would be ok.
- 13. I don't feel comfortable being asked by the receptionist what the reason is for the appointment. I think this could lead to receptionists making a decision as to whether your appointment is urgent or not.
- 14. Very happy with my service I receive.
- 15. I know the doctor sometimes needs to know but sometimes it's too personal.
- 16. It is something I would only discuss with my doctor.
- 17. Some things are personal and don't expect to be asked by a receptionist feel very uncomfortable.
- 18. Patients should always be asked whether they would like to see a same sex doctor when making an appointment.
- 19. If a specific problem can be identified at booking perhaps the appointment can then be arranged with a doctor with more specific knowledge of that condition problem.
- 20. Provided the information is being used to judge appointment length needed etc, and that there is the option to respond personal.
- 21. Patients don't have to say!
- 22. Not a problem
- 23. I have no problem with this but give the patients the option of not having to give reasons.
- 24. Could increase urgency of appointment.
- 25. I think it makes sense as it surely easier for the doctor to hear what the appointment is for.

26. Could depend on reason for attending.
27. I think this helps to provide the best service.
28. I know that a lot of patients find this intrusive but – from the practice – it enables the well informed and more trained reception that opportunity to appropriately match the clinical need to the GP/nurse/specialist clinic slot.
29. I can understand why patients need to be prioritised or triaged.
30. Not necessary to tell them, if thought not appropriate.
31. Being a new comer to Milborne Port have been extremely pleased with the service.
32. Patient can always it is private if reason for visit is known appropriate time can be allowed for appointment.
33. They are
34. I think it depends on what the matter with you if you think it's to personal or so si I say yes and no.
35. But the receptionist would have to phrase the request rather carefully “are you able to tell me reason for your visit”
36. If a patient offers information – them they may make an enquiry – I have often been asked if its necessary I wouldn't ring if it wasn't.
37. They ask for a reason
38. Depends
39. I am happy to be asked however, there are times when dependent upon the illness I might not wish to explain.
40. Then you would get to see a specific doctor who specialises in that complaint.
41. Very happy with the situation in this surgery
42. Very happy with all the care
43. It depends on the reason, if it is very personal the I wouldn't wish to disclose it.
44. If the patient is happy to disclose the problem in reception
45. Within reason without being too personal
46. .None (disagree)
47. No reason why a receptionist should know Disagree
48. I understand that this would be helpful for the patient and help with the urgencies of appointments etc.
49. Privacy issues, patients in waiting room can also overhear what's being discussed.
50. Our receptionists are always extremely tactful, caring and so helpful the more information they have helps them to direct patients to the appropriate doctor/nurse/services.
51. Only in general terms not specifics.
52. Not a problem for me – I can always decline if it is personal!
53. Depends on attitude
54. Sometimes the nurse could see you more quickly rather than waiting for the doctor in the receptionists know what it is for.
55. Depends on what problem is – if personal would tell receptionist not happy to say.
56. Sometimes its persona and you only wish to discuss with the doctor.
57. Anything that helps receptionists speed up appointments has to be good. We appreciate ALL the staff at the surgery – we are very lucky!
58. I think it is important that the receptionists know, to point you in the right direction as long as confidentiality is maintained.
59. Happy to be asked sometimes I do know if I should get an appointment ort not as I do not wish to waste doctor's time, so good to get reassurance that I'm doing the right thing.
60. They are so good at their job, I don't mind. Their professional and happy attitudes are a pleasure to come to this surgery.
61. Nice receptionist.

- 62. Confidentiality important (disagree)
- 63. Phone in prescription
- 64. As long as confidentiality is observed and the patient is given the opportunity to refuse.
- 65. General area of problem - give no details.
- 66. Some things are too personal to be discussing with receptionists (disagree)
- 67. A request to see a particular doctor should be sufficient, any further detail is a matter of patient confidentiality. If it is a general request to see a Doctor, more information may be required to determine which partners is not appropriate.

3. Are you be happy for other NHS specialists (private or not) to use our premises.

Agree	87%	Disagree	3%	Unanswered	10%
--------------	-----	-----------------	----	-------------------	-----

Any Comments: 97 non responders.

- 1. As long as it does not affect the regular GP sessions.
- 2. Helpful information and comments on problems could be enhanced.
- 3. They may have more information on the problem or add things they might have missed.
- 4. Just as long as it does not have a detrimental affect on the surgeries regular patients.
- 5. As long as this wouldn't effect doctors availability.
- 6. As we are fairly rural it would be very helpful for visiting clinics to be at Milborne Port
- 7. It will help with people that cannot transport out of the village saving these people money.
- 8. Satellite specialist clinics at primary care premises are beneficial for patients and GPs, so yes, the more.
- 9. Why not, presumably they would pay a rent, as well as being a focal point for chiropody, physiotherapy etc. It is not always easy or convenient to travel to Sherborne or Yeovil for these services, especially for the elderly. You have a lovely building, spacious, well equipped it would be good to make better use of it.
- 10. Don't believe private specialists are well enough trained or value for money for my NH contribution.
- 11. To enable other facilities to be maintained to the high standard that we have the more opportunity to access additional services the better for our community.
- 12. Brilliant!
- 13. It would be beneficial for people that may not be able to get transport.
- 14. Provided it does not affect NHS availability
- 15. As long as it is for the benefit of the surgery.
- 16. Seems a good idea to use the big premises and could save some patients time and travel expenses.
- 17. As long as it is cost effective.
- 18. No this is the next step in a long line of decisions to help in the privatisation of the NHS!
- 19. If it shortens the waiting time for appointment at the hospital, all well and good.
- 20. As long as it doesn't affect the times you can see your doctor.
- 21. If there is spare accommodation provided.
- 22. I feel it is a positive thing to be able to offer appointments on the premises with other specialists. Much easier to go to the surgery than travelling to other areas.
- 23. If it makes life easier for the patients – certainly.
- 24. If it relieves pressure on hospitals and does not affect surgery times.

25. Yes don't mind would love to have access to baby specialists that are medically trained i.e. for reflux.
26. A wider range of services to facilitate full use of premises is always a good idea. Presumably these services would also be available to practice patients if required.
27. Happy with the services you give.
28. The needs of the patients are paramount. Any specialist who can add to the scope of the service should be acceptable provided there is no interference with the core work of the practice.
29. Yes if it brings in the funds you need to help you improve the surgery and the needs of the patients as long as it does not take over valuable time and space you should not dismiss it.

4. What information would you like to see on our new website www.milborneportsurgery.nhs.uk

Suggestions Please: 105 non responders

1. Current Topics
2. Exercise/keep fit/diet promotion of information.
3. Lots of information on it.
4. Helpful information and ways to help with colds etc.
5. More about common illnesses and helpful things to do.
6. 5 x Don't use it
7. No computer
8. Opening times
9. I don't see the website so cannot comment.
10. Make clearer to make appointments
11. Never look at it
12. Need to visit the website first.
13. Didn't know you had one.
14. Days in which doctors work – each doctor.
15. Links to websites providing information on “hot” topics i.e. smoking, cancer etc. Emergency appointment procedures what to expect out of hours.
16. Job opportunities.
17. Opening hours and doctors times and days
18. Prescription charges
19. Reminders about seasonal jabs/vaccines etc.
20. I think it is a user friendly website.
21. Book appointments on line.
22. Will review when I see it.
23. Not computer literate – too old
24. Available clinics for e.g. CVD assessment, travel immunisation, weight reduction and how to access.
25. Breaking news on health issues – newly available, vaccines, drugs for common conditions, screening programmes health promotion activities.
26. Current topics – travel pre summer, how to keep well pre winter.
27. Doctors duty times (not sure if not already done)
28. As yet I have not used the website.
29. I don't look at the website.
30. Seasonal topics
31. Need to give this some thought.

32. Availability of diabetic nurses
33. When diabetic clinics run – times and dates. Good informative website!!
34. Job opportunities – including job descriptions
35. Doctor specialities
36. Adequate information
37. No idea. Prefers to speak to a human.
38. Information on new current events in medicine
39. A personalised schedule of appointments for check-ups.
40. Profiles of the doctors – specialist areas
41. I will admit I have not looked at the website yet, but will aim to look at it soon.
42. Nothing I think it's great (much better than my previous Dr's)
43. I am happy with the new site
44. I have visited the website, but will make a point of doing so.
45. Do not use the website but will have a look.
46. I haven't seen the website.