

Milton House Surgery Berkhamsted

Patient Survey 2012-13

Methodology

The following process was adopted for the start of this year's patient Survey:

1. Review of the Patient Representative Group members (PRG) list to ensure the list contained a representative number of patients for our surgery
2. Contact the members of last year's PRG to advise it was time to start this year's survey and to ensure they were still willing to be involved in this year's survey
3. "Advertise" on surgery website and in surgery to see if any new members wanted to join
4. Invite ideas for the questions to be asked in this year's survey from the PRG including suggested areas for feedback and ideas on how to increase the uptake/completion of the survey compared to last year
5. Review of other local surgery websites to glean ideas from the questions they had asked the previous year
6. Responses from PRG assessed and new Questions formulated and suggested methods of making the survey available adopted e.g. paper copies as well as online versions available, selecting one day's worth of doctor and nurse appointments at random and asking those patients to complete a survey whilst waiting for their appointment etc.
7. Creation of a document for publication to summarise outcomes and actions taken following last year's survey as suggested by the PRG
8. Publication of the survey and document in 7 above on our website and as a paper version in the Waiting Room with notice and TV Screen "advertising" as well
9. Monitoring of uptake during the survey period responding to slow start by involving doctors and nurses seeking volunteers to complete survey at their appointment and reception staff doing the same when patients checked in and also a "cold sell" in the waiting room (this was done in 3 separate tranches)
10. Reviewing results of survey and formulating a draft Action Plan based on those results
11. Sharing the draft Plan with the PRG and inviting feedback
12. Finalising the Plan and sharing with the PRG
13. Publishing the results on the surgery website with paper copies made available in the surgery

Breakdown of this year's PRG members:

Members		Age Group								
Male	Female	Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75-84	Over 84
Member Numbers:		1	8	6	11	14	13	12	5	1
Member Ratios:		1.5%	11%	9%	16%	19%	18%	17%	7%	1.5%
Registered Patient Ratios:		19%	9%	9%	15%	16%	14%	10%	5%	3%

We consider the makeup of the Group to be a good balance in line with actual registered ratios taking into account the main variance being in the under 16 category which would be expected.

Update on the Outcomes from our last Patient Survey (2011/2012)

Following the patient responses to our previous survey we proposed several changes in the areas surveyed. Below is a summary of what has happened so far:

Area	Proposal	Results/Action so far
Appointments	Small increase in the number of pre-bookable appointments	Completed as planned. This has had a mixed result as demand for on the day has not really reduced
	Release morning appointments the previous afternoon	Not yet implemented
	Duty doctor session changes	Still being discussed in view of the potential affect on part time doctors losing more pre-bookable appointments. We also feel a period of notice to patients is required as other doctors would have no "on the day" appointments and the comments above
Communications	Patient Newsletter	Implemented as proposed through our website with effect from the October Newsletter. Paper copies were also made available in the Waiting Room
	Text Messaging	We have advertised this service through our website and in the surgery and also changed our registration form as promised. We have seen a good uptake so far of patients receiving our text appointment reminders
Waiting Times	Advise number of patients waiting through our Check In screen	Implemented as proposed. We have received positive comments on this. One anomaly is where the duty doctor has telephone appointments in the middle of morning surgery as these are showing as "waiting patients" and inflating numbers. We are discussing what we can do with our software supplier to resolve this.

Area	Proposal	Results/Action so far
Telephones	Moving the handling of incoming calls	We did this in March 2012 and we now have 4 staff to answer our 4 incoming lines at the peak time of the day (only until 3.30 p.m.). Unexpected patient comments received about how more peaceful the Waiting Room was as a result of this.

Suggested Question Areas sent to the PRG for the 2012/13 Survey

1) **Nurse practitioner** - we have 3 now and they can deal with a lot of clinical problems which fall under the heading of "Minor Illness" thus freeing up more doctor appointments. We want to increase awareness and take up of these appointments and any questions you can think of to help us achieve this would be great.

2) **Premises** - patient satisfaction with accessibility, cleanliness, and facilities provided etc.

3) **Online/electronic services** - awareness/happiness to use online repeat prescription requests, appointment booking, use of text messaging for appointment reminders etc.

4) **Patient Communications** - providing a list of the different types we can use and asking which ones are used etc.

5) **Awareness of forthcoming important changes** next year e.g. GP Commissioning, CQC Registration, their impact and where to go to find more information e.g. the Government will tell you that next year it is transferring the same amount of budget to the GP Commissioning Groups as previously managed by the PCT's. What it doesn't say is that the Groups will not be able to run into deficit as the PCT's currently do (a lot go into deficit by tens of £m) which in effect is a significant budget reduction. This will sharply focus spending and each Commissioning Group around the country will decide its priorities creating, amongst other things, more "postcode lotteries" than we are already seeing now.

6) **Why do you/would you go to A&E?** - offer a list of reasons to establish any common ones which may not be appropriate - the reason for this is that we are now being targeted to reduce unscheduled and unnecessary A&E attendances because of the impact this has on handling "true" emergencies and the ambulance service e.g. ambulance response times are currently being impacted because they are spending time in an ambulance queue at Watford waiting to deliver their patient as A&E is "full" and are therefore unable to immediately respond to the next call etc.

Will you please let me know which, if any, of the above 6 areas you would be happy for us to include questions on in our survey together with any other areas you feel needs to be included together with any specific questions you may like to propose.

Feedback Received from PRG

I have read the list of suggestions and I think that Question 5 is very important and perhaps should be explained more fully as to how the changes will affect patients especially the elderly and should we be apprehensive of them when they come as surely they will.

Also, although I have not had occasion to use A&E during the last few years, I have heard many accounts of how difficult the experience of using it can be. Perhaps it might be a good idea to publicise a list of hospitals that might be used instead of just Watford. However if you are taken to A&E by family thus avoiding the use of an ambulance the wait can be very lengthy. Another nurse practitioner is excellent news not least because in my experience they spend more time with patients although this might not be a fact but just seems to be the case.

I think the issue of premises is important as you have previously asked us about this. Is Milton House going ahead to find other premises? At the moment parking is a huge problem (especially around school times!). If you would like to improve your uptake on surveys could you not send emails to all patients whose emails you have? Or when/if people go to reception get the receptionist to ask if it is OK to have their email for.....?

The areas I would like to see addressed in view of the information you have given about them are

Premises - information about your move to other premises - where, when etc. Do people seem to know it is being proposed and would like to have more details? **Online/electronic services** - People are not asked directly when they make appointments if they know about/would like to sign up for on line booking etc. Can nurse and telephone appointments be made bookable on line? **Awareness of forthcoming important changes** Information about this needs to be sent to patients in a news letter. Does the practice know how the changes will impact it and the patients?

1) I think it would be a great question to ask if people know what the Nurses can do and what services they offer. With 3 Nurses now I would hope you had 3 specialised areas now covered, this freeing Doctors time up and giving the Nurses the chance to use their specialised skills as well as routine appointments.

2) I couldn't agree more on the A@E question, I've spent many, many hours with my server Asthmatic Son sat in A@E always astounded at the amount of minor problems which could be treated a Local surgery's or pharmacists. I would really like to see this subject tackled.

I like the areas you have suggested for questions and make some suggestions below.

Nurse practitioner - could you ask - are you aware that the nurse practitioner can help with a range of conditions including " " and then list them?? Do you know how many patients are using doctors instead? if not could you ask a question about this i.e. - have you been seen by one of the GP's for any of the following?

Did you know you could have seen the nurse practitioner instead? Would you be happy to see the nurse practitioner instead?

Questions about the Premises need to be direct as I seem to recall they were before?

On-line services: Are you aware that it is easier to book your appointment on-line? Would you be happy to book your appt - - - Have you tried to book - - How easy was it to book your appt - - Have you used the on-line prescription service How easy did you find this --What, if any, were the difficulties - -

Important changes - I think the surgery does a good job here by using the rolling screen but of course not everyone has repeat visits only if on-going condition. I guess you also want feedback on how you can raise awareness I suggest a range of questions - are you aware of the proposed changes to the way in which GP services will be provided? Have you heard about GP commissioning? Are you concerned about the forthcoming changes and how they will affect you? Are you aware that essentially this will mean a budget cut and that some services will be lost?

A & E - like with the use of the Nurse Practitioner I agree a list of reasons you would go to A and E and then ask if they know when it is not appropriate - perhaps in the form of scenarios - little Johnny

has stuck a peanut up his nose, he is breathing normally and playing happily but there is a nut up his nose would you go to A& E - yes = wrong answer no - GP /nurse practitioner if able = right answer versus he has a peanut up his nose and is struggling to breathe - A&E = right answer

I agree with your suggested questions:

Nurse Practitioner; you could ask "Do you really need to see one of the doctors? Many problems and treatments can be dealt with by the N-P"

Premises: you really need a lift. e.g. like the simple ones in the Town Hall or Civic Centre. In the past I have been asked to leave a downstairs nurse surgery to allow a non-mobile patient to use the room! Or move to a different building (with ample parking), e.g. what about the old Police Station?

Awareness: Please tell people what the new GP commissioning and 111 telephone calls will mean

A & E. etc. You need to spell out when people should go to Urgent Care at HH or A & E - or how to decide.

What can be done about car parking and the Council consultations?

Of those you suggested I would be particularly interested in use of nurse practitioners, use of on line services and the A&E questions. Would it be worth asking if people have used 111? And Why? As an information exercise, I do think it is important that patients continue to use GP surgeries **in hours** – there is a perception that you can't get an appointment urgently, that GPs are not the place to go for urgent care, so I am not sure that your 'average' patient would immediately think of going to a GP for urgent care. 111 may make this perception worse.

Re. nurse appointments. It may be helpful to ask a question about each speciality the nurses cover.

e.g. Our specialist nurses treat asthma. Please circle one answer.

Would you be happy to see a nurse if you have asthma, ALWAYS SOMETIMES NOT AT ALL

If you answered not at all please say why.

This sort of approach would tell you whether there are patients who will always want to see a doctor under any circumstances/ if there are certain things which patients would feel happy seeing a nurse about & others which they would not -you then know you have a task of persuasion rather than information to change this. It may also draw out whether there are any general concerns which could be overcome. The question is simple if repetitive & it should be easy to scan & understand the responses. It will also serve to embed the range of services offered more successfully than a list.

It might be better to combine areas 3 & 4 so that the survey does not challenge patients about how clued up they are but rather asks them what form of communication they currently use/favour as outlined in you point 4. This could be achieved by going through the various situations in which a patient needs/wants to interact with the surgery either directly or indirectly as outlined in your point 3 & asking them in each instance what methods of communication they do use by offering the range available as possible answers. It would feel more patient facing & though lengthier on the page, should be easier to collate & understand the answers. If the hidden agenda is to get more patients to use the web/mobiles etc then an additional question asking if they would be unhappy to use these

methods and if there are reasons why they would be unable to use these methods might give you an idea of the proportion of respondents who do not/cannot use these methods.

The final point about A & E seems a bit left field on a survey for a surgery but to make it seem more relevant perhaps it could be question about such as

e.g. Have you/any member of your family gone to A & E in the last year for something you would have otherwise have brought to the surgery.

What was wrong.....? Did you use A & E because THE SURGERY WAS NOT OPEN AT THE TIME I COULD NOT GET AN APPOINTMENT I NEEDED TO SEE SOMEONE MORE URGENTLY THAN THE SURGERY SAID THEY COULD RESPOND I THOUGHT IT WAS A LIFE THREATENING SITUATION I DON'T THINK GP'S DO HOME VISITS, Any other reason

Then another question about whether patients would first try the out of hours service/111/the Urgent Care Unit/A & E/Health Choices etc. if they/a family member was ill outside surgery hours.

YES NO DON'T KNOW for each

Survey Questions asked following PRG feedback

Having received the above feedback and clarifications sought we modified our suggestions to take into account the comments of the PRG and created the following list of questions for the survey.

1. We now have 3 nurse practitioners at the surgery. Please select ANY of the following conditions you believe our nurse practitioners could treat
2. If you suffered from one of the conditions you have selected in Question 1, would you be prepared to see a nurse practitioner rather than a doctor to discuss/have treatment?
3. The surgery premises are in an easily accessible location for me
4. I would prefer the premises to be located in the town, close to the High St
5. Do you consider the surgery to be clean and tidy?
6. Does the layout of the surgery make it easy for you to see the doctor/nurse?
7. Have you tried booking a doctor appointment online?
8. Have you tried ordering a repeat prescription online?
9. Have you signed up to our text messaging appointment reminder service?
10. Please select ANY of the following communication methods you would be happy for the surgery to use to contact you
11. Please tell us how we can improve our communication to you/your family specifically
12. Are there ANY of the following communication methods you would be UNHAPPY to use?
13. Have you heard about GP Commissioning?
14. Do you have any questions/concerns about the forthcoming changes in the NHS?
15. Please select ANY of the following to indicate when you would go to A&E
16. Have you/any member of your family gone to A & E in the last year for something you would have otherwise have brought to the surgery?
17. If you/a family member were ill outside surgery hours would you first try the out of hour's service?
18. If you/a family member was ill outside surgery hours would you first try dialling 111
19. If you/a family member were ill outside surgery hours would you first try the Urgent Care Unit?
20. If you/a family member were ill outside surgery hours would you first try A & E?

21. If you/a family member were ill outside surgery hours would you first try NHS Choices?

Survey Results

Having compiled the survey we emailed the link to it on our website to all members of the PRG and advised them that paper copies were also available in the surgery. We asked them to participate in the survey either way.

After a low response rate last year we hoped the suggestions of the PRG and the way in which we carried them out would lead to an improved response rate.

The survey was available between December and March and a total of 152 patients took part. Whilst this is still low in relation to our total patient numbers we have seen a 49% Increase in response rate.

The results of the survey were:

Number of Responses: **152**

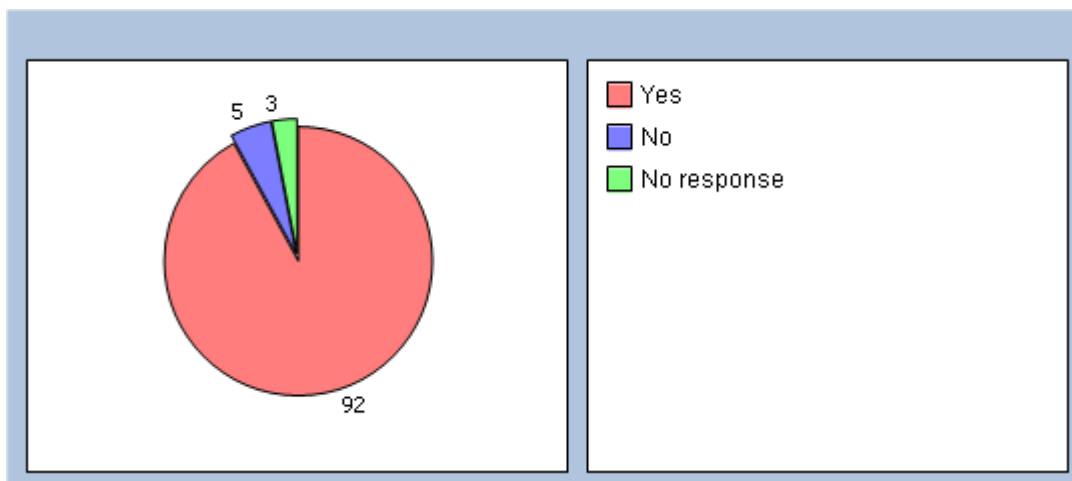
Patient Survey 2012/13 – Questions and Responses

1. **We now have 3 nurse practitioners at the surgery. Please select ANY of the following conditions you believe our nurse practitioners could treat:**

Chest infection	58% agreed
Coughs/colds	86% agreed
Contraception services	76% agreed
Diarrhoea & Vomiting	57% agreed
Ear pain	66% agreed
Eye infection	63% agreed
HRT	44% agreed
Hypertension management	40% agreed
Medication reviews	50% agreed
Mouth infections	67% agreed
Sinus infections	59% agreed
Skin problems	
e.g. eczema, shingles, acne etc.	57% agreed
Ongoing stroke management	43% agreed

2. **If you suffered from one of the conditions you have selected in Question 1, would you be prepared to see a nurse practitioner rather than a doctor to discuss/have treatment?**

Yes	92%
No	5%
No response	3%

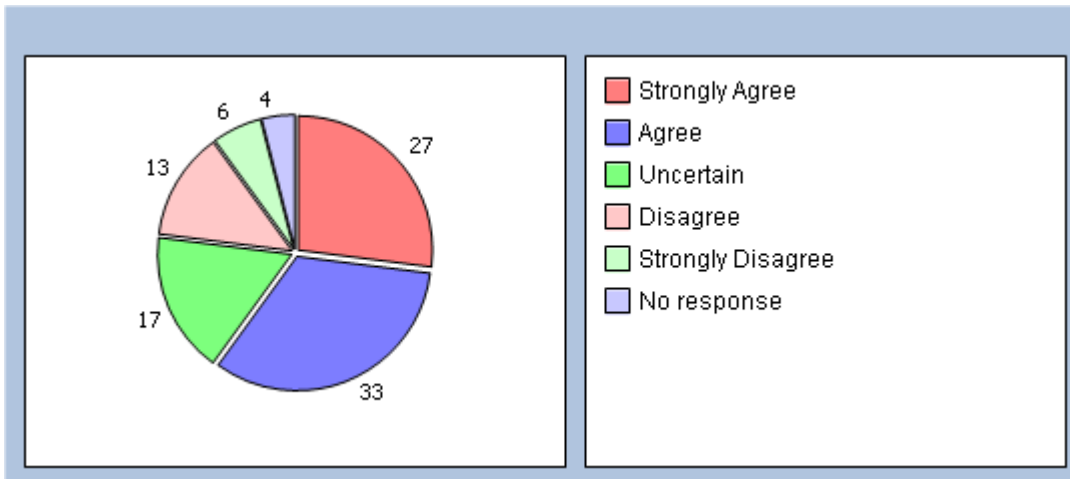


3. The surgery premises are in an easily accessible location for me

Strongly Agree	12%
Agree	23%
Uncertain	16%
Disagree	32%
Strongly disagree	13%

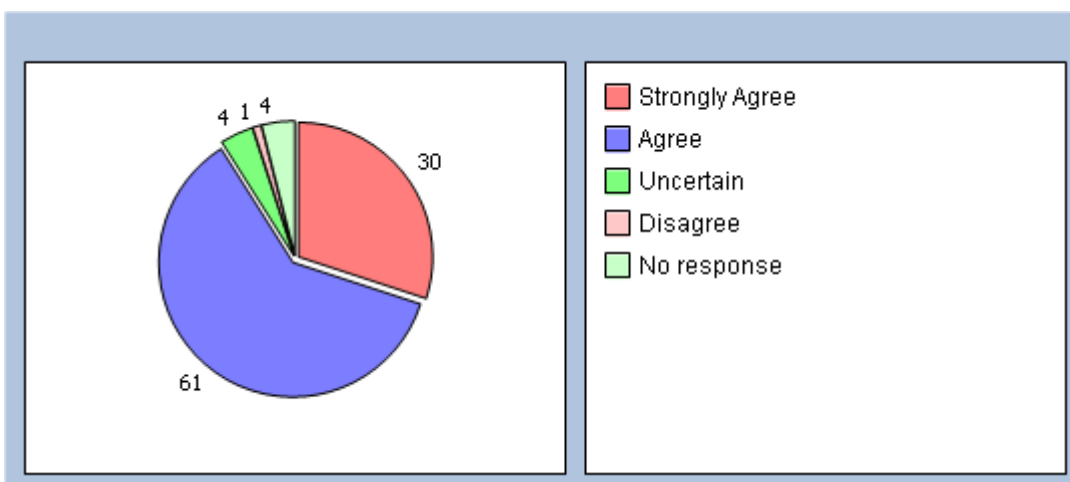
4. I would prefer the premises to be located in the town, close to the High St

Strongly Agree	27%
Agree	33%
Uncertain	17%
Disagree	13%
Strongly Disagree	6%
No response	4%



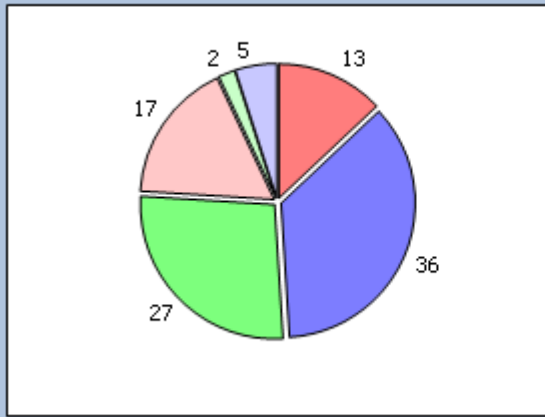
5. Do you consider the surgery to be clean and tidy?

Strongly Agree	30%
Agree	61%
Uncertain	4%
Disagree	1%
Strongly disagree	0%
No response	4%



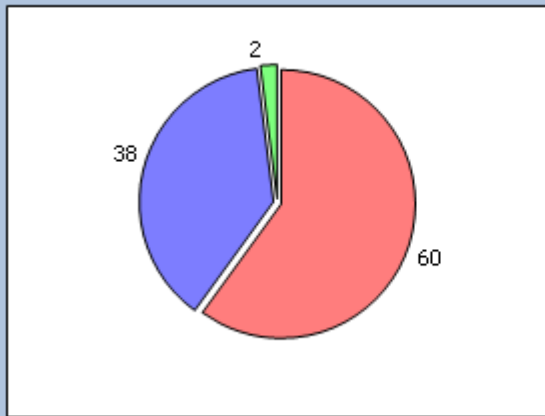
6. Does the layout of the surgery make it easy for you to see the doctor/nurse?

Strongly agree	13%
Agree	36%
Uncertain	27%
Disagree	17%
Strongly disagree	2%
No response	5%



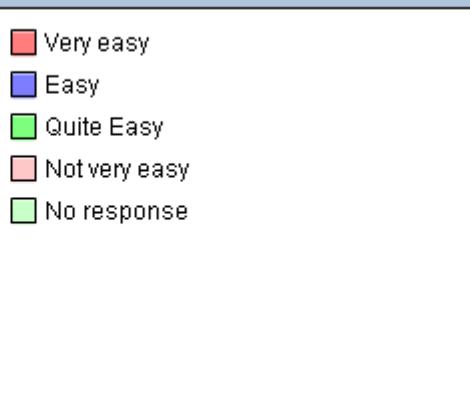
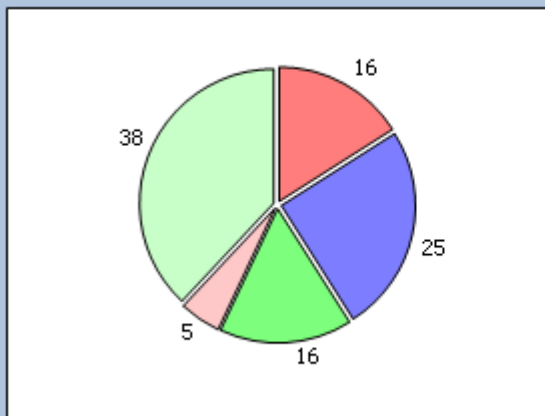
7. Have you tried booking a doctor appointment online?

Yes	60%
No	38%
No response	2%



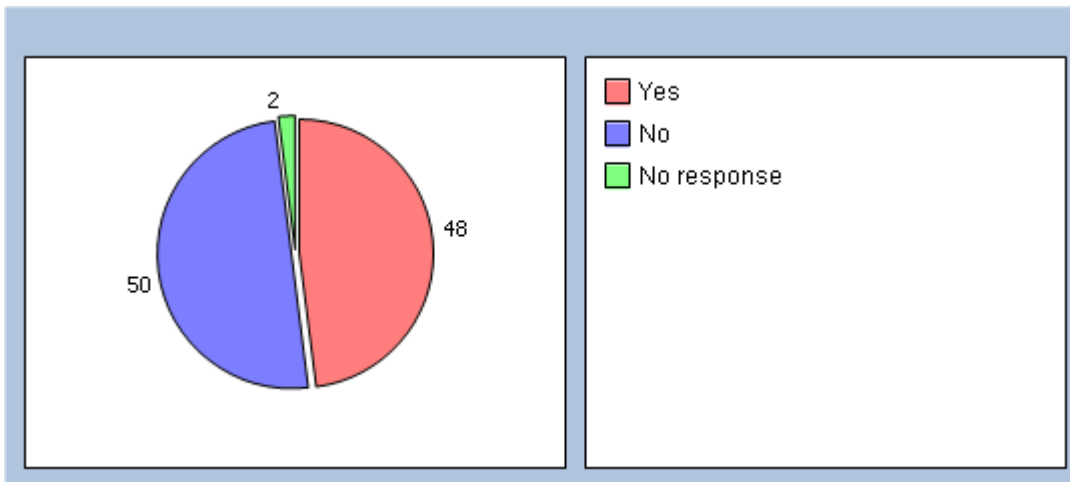
8. If you answered Yes, how easy was it to do this?

Very easy	16%
Easy	25%
Quite Easy	16%
Not very easy	5%
Difficult	0%
Very difficult	0%
No response	38%



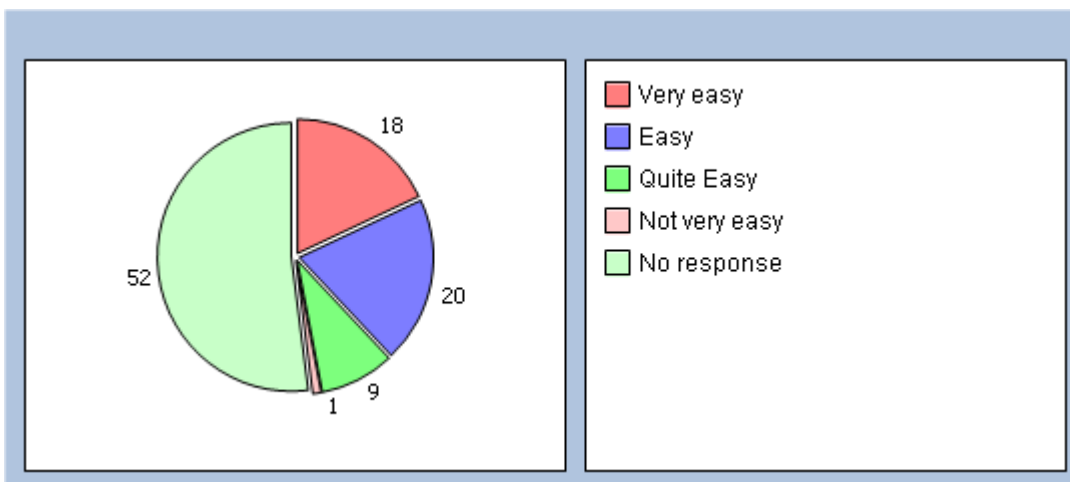
9. Have you tried ordering a repeat prescription online?

Yes	48%
No	50%
No response	2%



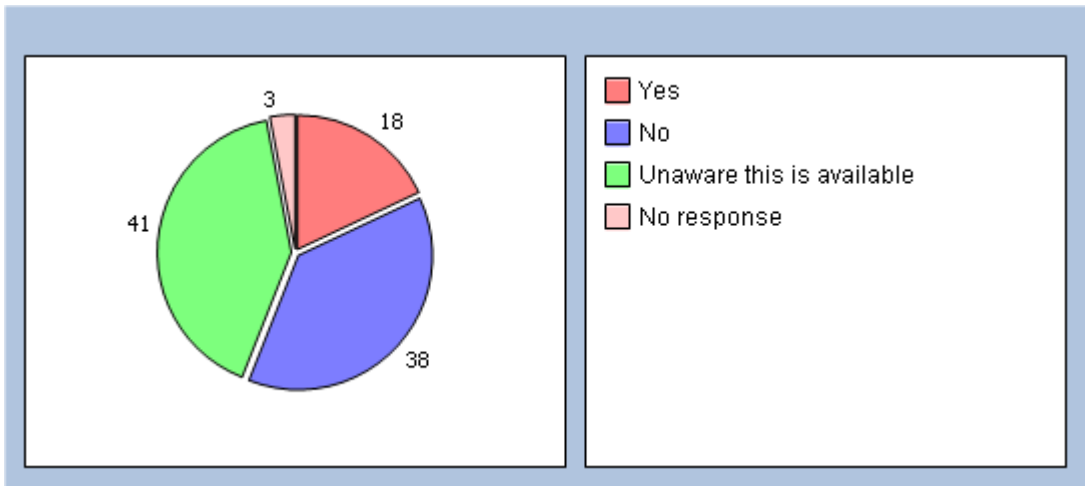
10. If you answered Yes, how easy was it to do this?

Very easy	18%
Easy	20%
Quite Easy	9%
Not very easy	1%
Difficult	0%
Very difficult	0%
No response	52%



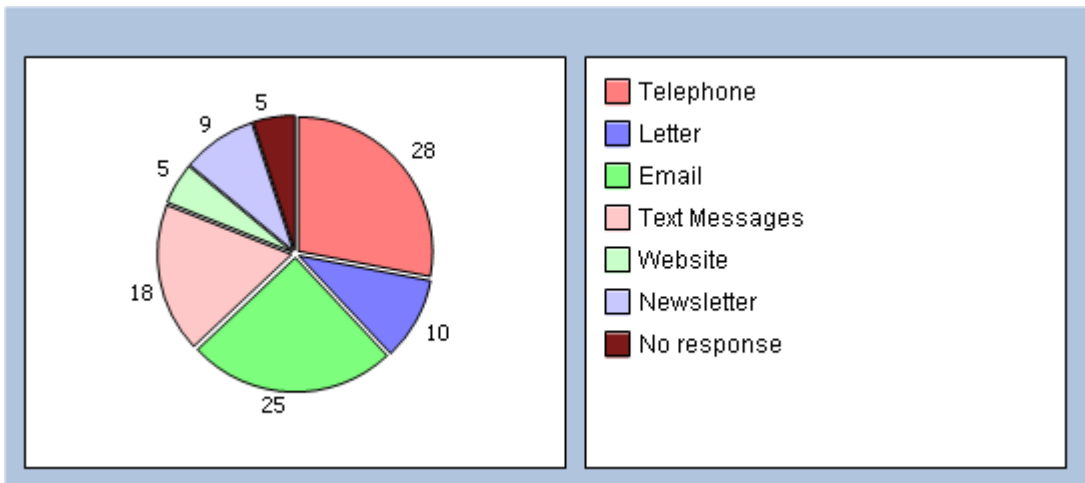
11. Have you signed up to our text messaging appointment reminder service?

Yes	18%
No	38%
Unaware this is available	41%
No response	3%



12. Please select ANY of the following communication methods you would be happy for the surgery to use to contact you

Telephone	28%
Letter	10%
Email	25%
Text Messages	18%
Website	5%
Newsletter	9%
No response	5%

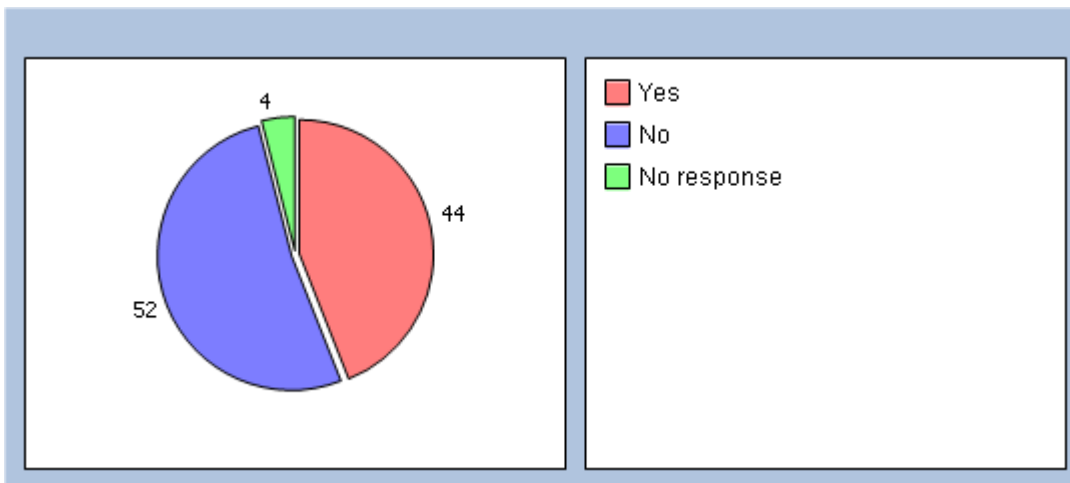


13. Are there ANY of the following communication methods you would be UNHAPPY to use?

Telephone	7%
Letter	15%
Email	10%
Text Messages	30%
Website	11%
Newsletter	11%

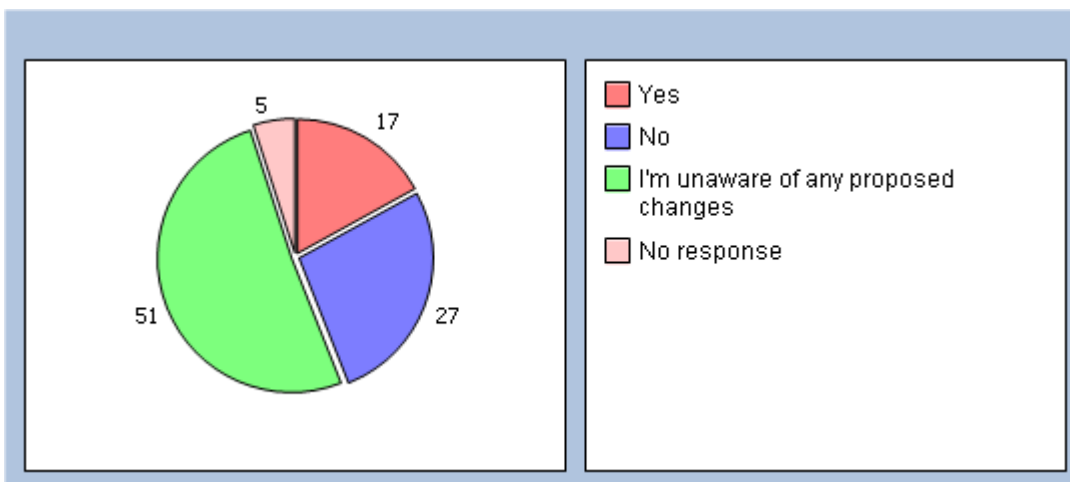
14. Have you heard about GP Commissioning?

Yes	44%
No	52%
No response	4%



15. Do you have any questions/concerns about the forthcoming changes in the NHS?

Yes	17%
No	27%
I'm unaware of any proposed changes	51%
No response	5%

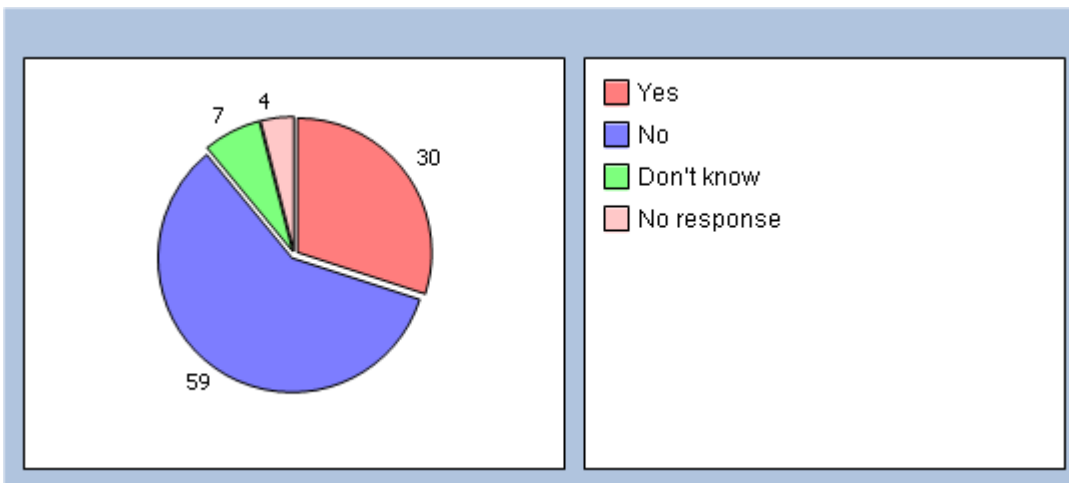


16. Please select ANY of the following to indicate when you would go to A&E

Suspected heart attack or stroke	97% agreed
Heavy blood loss	89% agreed
Broken bones	85% agreed
Minor head injury	37% agreed
Animal bite	43% agreed
Removal of foreign bodies from the ear or nose	43% agreed
Sprains	15% agreed
Cuts and bruises	4% agreed
Other	7% agreed

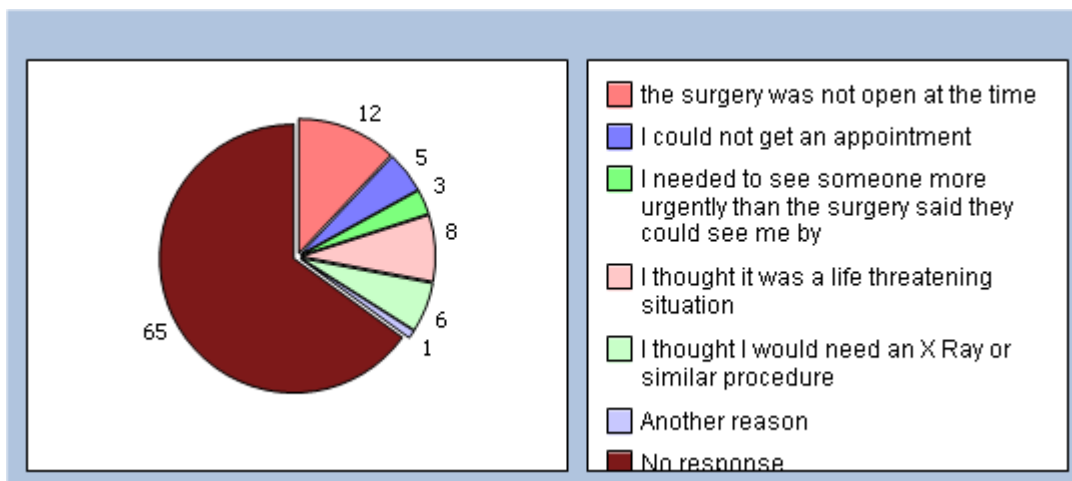
17. Have you/any member of your family gone to A & E in the last year for something you would have otherwise have brought to the surgery?

Yes	30%
No	59%
Don't know	7%
No response	4%



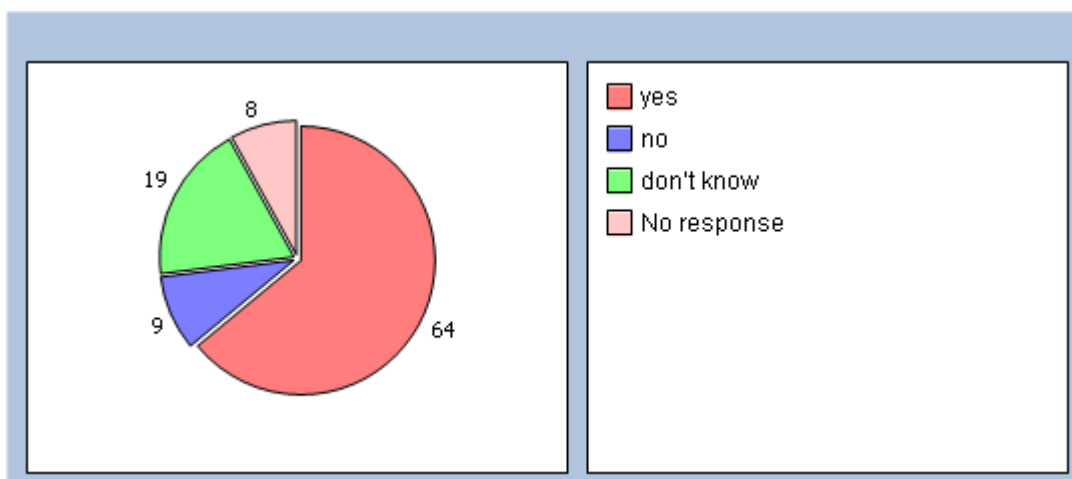
18. If you answered yes to the previous question did you use A & E because:

the surgery was not open at the time	12%
I could not get an appointment	5%
I needed to see someone more urgently than the surgery said they could see me by	3%
I thought it was a life threatening situation	8%
I thought I would need an X-Ray or similar procedure	6%
Another reason	1%
No response	65%



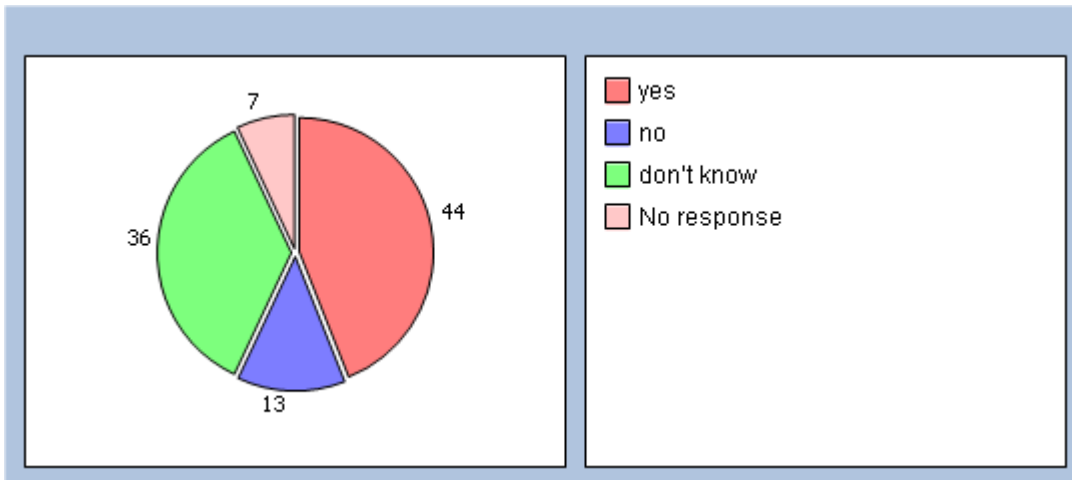
19. If you/a family member were ill outside surgery hours would you first try the out of hour's service?

yes	64%
no	9%
don't know	19%
No response	8%



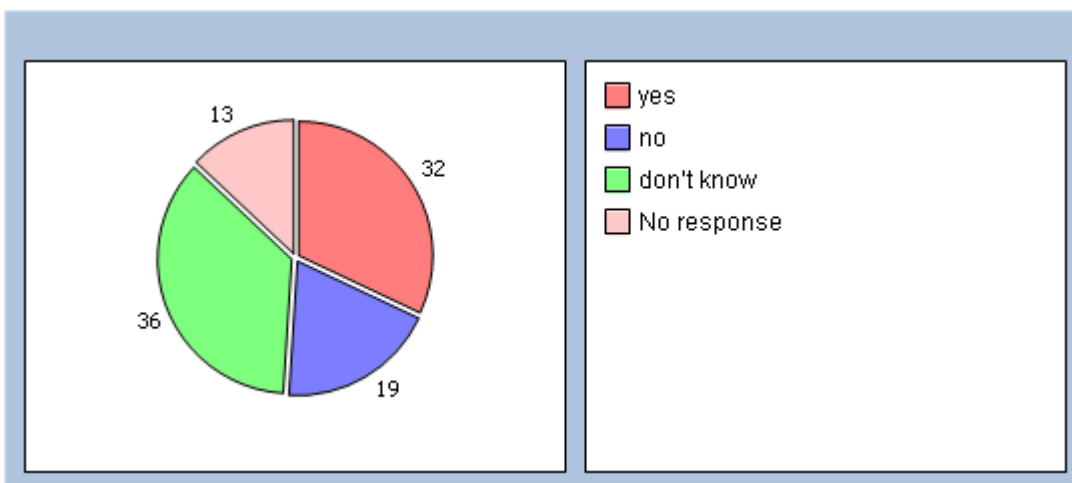
20. If you/a family member were ill outside surgery hours would you first try dialling the new 111 service?

yes	44%
no	13%
don't know	36%
No response	7%



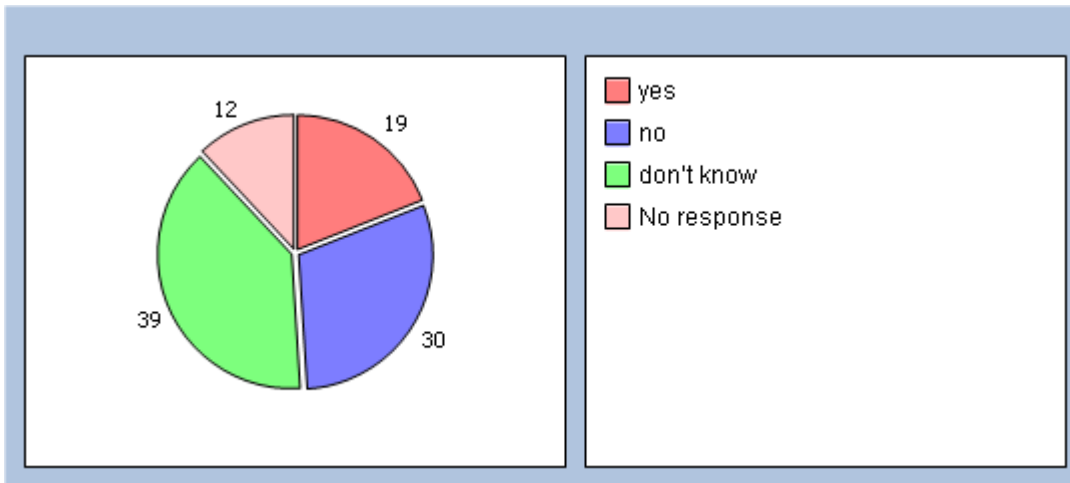
21. If you/a family member were ill outside surgery hours would you first try the Urgent Care Unit?

yes	32%
no	19%
don't know	36%
No response	13%



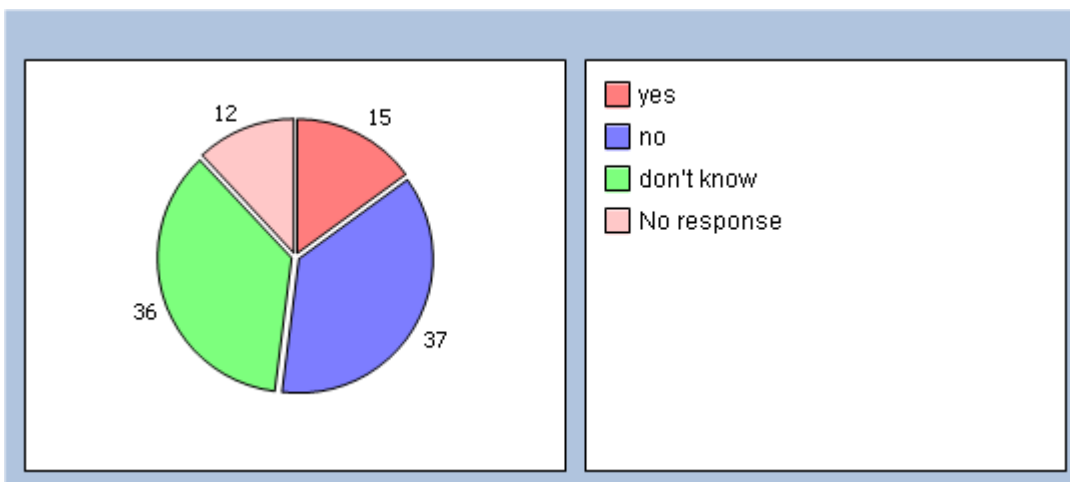
22. If you/a family member were ill outside surgery hours would you first try A & E?

yes	19%
no	30%
don't know	39%
No response	12%



23. If you/a family member were ill outside surgery hours would you first try NHS Choices?

yes	15%
no	37%
don't know	36%
No response	12%



Patient Survey 2012/13 – Outcomes & Action Plan

Having analysed the results we drafted a suggested Action Plan and sent it to the PRG for comments. We asked if members of the Group could:

- Provide any comments they may have on the findings of the survey
- Provide any comments they may have on the proposed action plan including their agreement to the plan proposed or providing additions/alternative actions they feel are needed.

We emphasised that the Action plan is just an outline proposal at the moment to give a starting point if needed. Once comments had been received from the Group we shall finalise the Plan and then seek their agreement to the final version before publishing it along with the results on the surgery website and the provision of paper copies within the surgery. The communication to the PRG was as follows:

Introduction

As suggested by the Group we have made this year's survey available in paper format in the surgery as well as online via our website. The paper copies were available in the Waiting Room and we also involved our Doctors and nurses and Reception staff to actively ask patients to complete the survey.

As a result we have seen some increase in the number of participants this year.

With the exception of one area of questioning the whole survey was looking to understand:

- How well we have or haven't communicated in the past by testing patient's current understanding of various areas
- How we should improve our communication with patients, if necessary, for each of the question areas
- Whether there was any preferred vehicle of communication indicated by the respondents

The exception to the questions related to what level of support there was from the patients to a possible change in location of the surgery. There was a mixture of responses which will be published with the full survey results but these would not need to feature in this Action Plan.

Help required from the Patient Representatives

We now need your help in formulating an Action Plan for the surgery to implement based on the results of this survey.

Whilst this is all around patient communication, there may be specific ways you feel we should do this based on the nature of the subject. Alternatively you may feel the same method applies to all – we hope you will be able to give us your opinions on this.

Firstly, it may help to provide explanations around what lay behind each of the question areas.

Explanations

1. Nurse Practitioner

ALL of the conditions listed were things a nurse practitioner could treat. There was a diverse variety of responses averaging at around 4 conditions ticked out of 13 which is pretty low.

We want to increase awareness of the nurse practitioner role which will in turn lead to more flexibility in appointment choices for patients

2. Online services

Were patients aware of the repeat prescribing and online appointment booking systems and, if so, how easy did patients find it? Likewise for the text message reminders which could help reduce "did not attends" and the subsequent impact on the appointment system i.e. "Did not Attends" often rebook which takes two appointments out of the system rather than one

3. Patient Communications

What suggestions did patients have for the best way to communicate with families/households? We felt we needed suggestions on how best to reach certain target audiences to provide more certainty of contact.

4. GP Commissioning

We wanted to understand if patients were aware of the impending changes and, if so if they had any concerns. In addition how could we increase patient awareness of the impact these changes will have. We did circulate an email near the start of the year we had received from our Commissioning Group asking if/how this should be shared with other patients. The consensus was not to so we were looking for alternative suggestions for sharing information on this important subject

5. A&E and Other Services

Surgeries are currently targeted to reduce the number of unscheduled patient attendances at A&E in view of the impact this has on this department and the additional cost to the NHS. The “NHS view” is that more preventative care by GP surgeries will lead to fewer of these attendances. However, we also feel there is additional impact from patients not sure where to go, particularly outside surgery hours, and we wanted to gauge understanding of the services on offer and which one to use in different circumstances.

Proposed Plan

The survey outcomes have shown we need to increase patient awareness of changes and of services both internal and external to the surgery for the benefit of us all.

It would seem there is no outright preference for how this is done (except for letters) so we need to use as many avenues open to us i.e.:

- a) Surgery website
- b) Emails to patients
- c) Patient Newsletter (paper versions in the waiting room and sent by email)
- d) Notices/information leaflets in Reception/Waiting Room
- e) Waiting Room TV information slides
- f) Text message reminders

Unexpectedly, the survey showed very few patients opting for letters to be sent and, indeed, there was a positive vote that this was not a preferred option. Volumes and costs involved would lead us to make minimal use of letters as a preferred communication method but we acknowledge there will be certain things this will be of greatest benefit e.g. flu invitations to the under 65 at risk patients etc.

Our proposed plan is therefore to use all the communication methods in a) – f) above for the five topics in the “Explanations” section above. At the same time to actively seek patient email addresses for this purpose and to keep information on the surgery website, waiting room TV and patient leaflets available in the surgery as up to date with this topical information as possible. Finally we would have several concentrated efforts to improve the number of patients consenting to text messages being sent for appointment reminders.

PRG Responses to Proposed Action Plan

I think the action plan makes sense - my only concern is in regard to adding to the already growing number of leaflets available at the surgery. I also wonder if you would consider holding some focus groups as a means of information sharing, these can work well for motivated individuals and are a useful alternative.

The results of the survey about the nurse practitioner show just how little people seem to know about that service. Sending people that information about number of staff and conditions they can treat would be exorbitant by post. Putting appointments on line along with the information might encourage people to make an appointment with them rather than a doctor, especially for a same day or quick appointment.

As well as being able to text appointment reminders I think it imperative that a database of emails be compiled so that information on e.g. nurse practitioners, GP commissioning etc can be disseminated quickly and cheaply. People attending a surgery appointment could be asked to update their personal details before they leave. A notice on the doors requesting this would perhaps focus them to do this while waiting for an appointment or on their way out, provided there is a receptionist available to do this. The problem will be finding this out from people who rarely attend the surgery. Maybe such people could be identified so they can be contacted by phone to update their contact information.

Getting in touch with as many people as possible, face to face or by phone, would also be an opportunity to get people to sign up for on line services and explain how to order repeat prescriptions and how the booking service works. This would relieve pressure on reception especially in the early morning.

It's only a thought but the present reception area always strikes me as somewhat old fashioned and not particularly welcoming or user friendly, especially with the high counter and closed glass partitions. A less forbidding environment which is open and has someone working behind the counter and able to talk to patients without leaving another desk at the back might make it easier for patients to get/give information. Allied with persuading people to do more on line and ease some pressure, the receptionists could become a more important link between surgery and patients.

I know you consider moving the surgery location is a separate issue and the results were mixed. If there was more information in the public domain about where the location would be and why – lack of car parking, difficulty of accessing upstairs for elderly/disabled/ young people, flat access not uphill, etc., then people might prefer a more modern facility, especially if there were access to other facilities and clinics incorporated within the new location.

I question the wisdom of bombarding patients with information when they are not in "patient" mode. Specifically if texts & emails are used for all the issues identified patients are likely to begin to see texts & emails from Milton House as **junk mail** unless they are directly relevant to them in their own situation when they receive them. All the other modes of communication listed happen when patients are in "Patient" mode so the problem does not arise with them. What this would mean would be **NOT using text/email for GP Commissioning/A&E alternatives. Using them selectively & appropriately on the other issues.**

1. Nurse Practitioners The most powerful suggestion would come from the GPs-if they could find time to suggest to those patients who they are seeing for a relevant complaint that the nurse practitioner could deal with & they might like to see a nurse practitioner for this particular complaint

next time they come. Next most powerful would be the nurses themselves-when they see on their screens that the patient has a complaint that the nurse practitioner could deal with they could make the suggestion. Next most powerful would be suggestions from the receptionist of a nurse practitioner as an alternative should the patient mention that they want to see a GP for one of the eligible complaints or if no appointments are available to ask whether the patient needs to see someone about one of those complaints & suggest a nurse-practitioner appointment. I think all of these options would be more powerful than any of the other methods of communication you suggest for this particular subject.

These suggestions should **not be** repeated to the same individual if not responded to so some sort of indication that they have been asked would help, if this is feasible.

All the methods except text & email could also be used. Text & email would really only work with patients who had not already been told about the alternatives & with their reminder message about the appointment. Otherwise it begins to be a hard sell.

Main selling point is that it's generally easier to get an appointment with a nurse than a doctor but I don't know if you can say that?

2. Patient Communication

I assume there are no differential cost/administrative issues which would make either text/email preferable to the surgery. If there were & these were known patients would probably be prepared to co-operate unless they are not on line /don't use texting.

I'm sure this already happens but if not, patients should be routinely asked whether they prefer to be contacted by text message/email:-when they register; when they give email/mobile phone addresses; when they speak to a receptionist at the surgery (unless they already have it noted) All the other modes of communication could also ask patients to let reception know their addresses & preferences & I see that you already do this. It would have been particularly helpful to have some sort of age profile of the patients who responded to these questions to see whether all our prejudices about who uses different forms of communication are born out!

3. Online services It appears that no-one stated their problems with on-line services/if they did there wasn't sufficient consistency to make them worth noting e.g. whether some patients don't use on-line communication. So we're not really much wiser except that people may be less aware of the repeat prescription service? Would the pharmacies be prepared to help with this/ does it compete with their own services? Is it possible to write notes on prescriptions-if so it may be worth doing an ad for on-line repeat prescriptions for a limited period?

Do we know whether "do not attends" fall into any particular patient group & if so could they be planned for on that basis? Do repeat offenders get phone call reminders if they are not being texted? Would that be worthwhile depending on the circumstances e.g. a person who is known to be forgetful?

4 GP Commissioning It seems that what is needed is a simple, short information sheet (with a minimum of explained acronyms) which is mainly about what the changes mean to the patient & their surgery rather than the structure of the NHS. (Anyone who wants to know more can be directed to various websites.) Surely something of this sort must already exist? If not it needs to catch the attention e.g. In April 2013 the NHS is changing-how this affects you & this surgery or something more snappy (**not GP Commissioning**). It could be available as a leaflet/info sheet in the waiting room, with the receptionists, with the nurses; in the Newsletter; on the website; with prompts to pick it up on the waiting room screen & maybe on appointment reminders.

5. A & E There is probably already a leaflet for this as well which puts brief & clear information about all the services listed, what they do, when to contact them & how on one side of paper. (2 at most) If not that's what's needed & get rid of all the information about individual services. It appears from the responses that patients tend to stick with the service they have known for the longest, out-of-hour's doctors, and there is a need for information. It could appropriately be distributed in the same way as the leaflet on GP commissioning but with full information on the waiting room screen & it would not work with appointment reminders.

I think it is vital to keep patients up to date with the latest changes in the NHS - I myself am unsure where to go for what, particularly when an unexpected illness/accident occurs. There are so many different avenues which can be followed - NHS direct (or is it called Choices now?), 111, Urgent care unit, A&E and Milton House.

Please also remember that a goodly number of the elderly have no knowledge of emailing, nor do they wish to have (unfortunately) and they too should be kept informed; about flu vacs too. Nor will they wish to receive text messages, probably not having mobile phones.

Do you agree that the more preventative care by surgeries will reduce the load on A&E departments? I wouldn't have thought so - by the very title, anything preventable wouldn't be an accident or an emergency.

Revised Action Plan following feedback received from Patient Group

Action	How
Be more selective in the patient communication method used depending on area and subject matter	Review the Patient Representatives Group feedback before sending/publishing patient communications to ensure appropriateness
Instigate an ongoing campaign to obtain more patient email addresses and to obtain their agreement to use these to send Newsletters and other information about the surgery and the NHS changes which lie ahead	<ul style="list-style-type: none"> • Website feature • In house surgery posters and slip to complete with required information including notices "Do we have your up to date contact information?" placed on both exit doors • Change to our new patient "additional information" form seeking email address and consent at the outset • Patient Services staff awareness increased to seek this information from patients at opportune moments
Advertise Nurse Practitioner services more widely to encourage take up	<ul style="list-style-type: none"> • Create handout for doctors to give to patients who attend a doctor appointment for something a nurse practitioner can treat • Website feature • Waiting Room TV message and copies of above handouts in waiting room • Explore including online appointments being made available for NP's however need to monitor closely in case patients booking these slots for other things

Action	How
Increase awareness and take up of the Text Reminder service	<ul style="list-style-type: none"> • Website feature • In house surgery posters and slip to complete with required information • Change to new patient “additional information” form seeking mobile number and consent at the outset • Patient Services staff awareness increased to seek this information from patients at opportune moments
Focus Group - explore the appetite amongst the current PRG and other patients for the creation of such a group	<ul style="list-style-type: none"> • Email to existing Group members • Website and surgery poster invitations to join such a Group if PRG interest exists • Creation of information material for patients interested in joining
Ensure selective and focused campaigns	<ul style="list-style-type: none"> • Slim down the “current news” information on the website and also the many posters in the waiting room to enable focus on a smaller number of medical areas • Have short, pre defined periods where the website, newsletter and waiting room co-ordinate on one or two campaigns at a time to improve effectiveness. • Re-instate/update campaigns throughout the year as changes/new information arises
Promote Online Services i.e. appointment booking, prescription ordering & text reminders to achieve increased take up	<ul style="list-style-type: none"> • Website feature • In house surgery posters • Change to Practice Leaflet to emphasise this service • Patient Services staff awareness increased to seek this information from patients at opportune moments
Inform patients of any Surgery premises news	<ul style="list-style-type: none"> • Communicate updates on any proposals through the quarterly Newsletter/website
Inform patients of the changes in the NHS which may affect them as a result of the new GP Commissioning	<p>As information becomes available after the 1st April communicate to patients as an “active campaign” using:</p> <ul style="list-style-type: none"> • Email database • Website • Surgery posters/Waiting Room TV • Newsletter
Promote correct use and increase awareness of Other NHS Services e.g. 111, A& E attendance etc.	<ul style="list-style-type: none"> • Have a regular campaign to emphasise existing material to help patients understand alternative medical services available

The revised Action Plan was circulated to the PRG members and subsequently agreed. The surgery will therefore embark on its implementation during the course of the next financial year starting in April 2013.

Surgery Opening Hours

As a result of this year's survey we will not be changing our opening hours which are as follows:

Monday	08:00 - 18:30
Tuesday	08:00 - 18:30
Wednesday	08:00 - 18:30
Thursday	08:00 - 18:30
Friday	08:00 - 18:30
Weekend	<i>1st Saturday of each month</i>

We provide extended opening on one evening per week and also the first Saturday of the month. These days may, however, be subject to change for operational reasons.

Weekday Extended Opening Hours:

Tuesday, Wednesday or Thursday evenings - 6.30 p.m. - 8.00 p.m.

These days will normally rotate i.e. if extended opening is on a Tuesday one week, the following week it will be Wednesday, then Thursday and then Tuesday again etc.

As stated above, whilst we will work to this pattern wherever possible there may be instances where the day may have to change to enable the service to be provided.

Saturday Extended Opening Hours:

First Saturday of the month - 8.30 a.m. - 11.30 a.m.

Again, there may be exceptions where we may have to change to, say, the second Saturday to enable this service to be provided.