

GREAT STAUGHTON SURGERY

Patient Participation Report 2013/14

Guidance notes

This report must be published on the Practice website and a copy submitted to england.ea-des-activity@nhs.net by no later than 31st March 2014.

(This report should be used as a standard report template. It is annotated throughout to ensure the required information is documented appropriately. These guidance notes will be in grey and should be removed from the version uploaded onto your website to make the report easier for patients to read)

1. Maintaining the Patient Reference Group (PRG)

A summary of the process in place to annually review the practice profile to ensure the group is as representative as possible and, if not, the continuing recruitment process used to demonstrate every effort has been made to engage with any unrepresented groups.

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

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

3. Details and Results of the Local Practice Survey

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

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

Details of how the Practice consulted with the Patient Reference Group (PRG) on the survey findings

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

Details of the agreed action plan setting out the proposals arising out of the local practice survey results and how they can be implemented. Details of any issues that arose in the survey that cannot be addressed in the action plan and the reasons why.

6. Publishing the Local Patient Participation Report on the practice website by the 31.03.14

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

7. Practice Declaration

Confirmation that the Local Patient Participation Report is a true and accurate representation of the work undertaken to fulfil the requirements of the Patient Participation DES 2013/14

1. Our Patient Participation Group

1.1 If this is the first year of your PRG, has a constituted structure been developed to reflect the practice population and to obtain feedback? How were representatives sought and what work was carried out to engage with any underrepresented groups?

This is the third year for our Patient Survey, and we have continued to develop on the work of previous surveys by increasing our online group of patients. Within the surgery, we have previously been under-represented by younger age groups, and have specifically targeted patients for our online survey over the last year to establish a more balanced

1.2 If this is not your PRG's first year, is the PRG still representative of the practice population? If there are underrepresented groups, how does the practice try to engage with them?

This is the third year for our Patient Survey and we continue to increase our online patient group by asking patients visiting the surgery to complete short information forms, registering them onto the email survey group, also asking if they would like electronic copies of our quarterly newsletter.

The Reception Manager continues to work closely with the Patient Participation Group, who meet quarterly and have had input into this survey from their meeting in January 2014. We are continuing to use the text reminder facility, together with our website, to further promote the survey and ask patients to come in to complete paper copies when visiting the surgery for appointments or to collect medication.

All demographics have been considered and given the opportunity to complete the survey. In 2014 we increased patient numbers by giving different ways to complete the survey: completing survey online, coming into the surgery, over the phone and in discussion groups at local care homes.

Patients aged from 17 to 96 were represented, and included patients with disabilities, patients from ethnic minority groups and patients with chronic conditions and disabilities, such as patients (some with dementia) living in a nearby care home.

We continue to have a representative split of both male and female patients involved in our survey, and continue to recruit younger patients onto our online group, as the majority of our patient population are more mature.

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

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

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

Component 2

As part of component 2 of the DES Practices are required to agree which issues are a priority and include these in a local Practice Survey.

The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs and including the identification of:

- Patients priorities and issues
- Practice priorities and issues including themes from complaints
- Planned Practice changes
- Care Quality Commission (CQC) related issues
- National GP and/or Local Patient Survey issues

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2.1 How were the views of the PRG sought to identify the priority areas for the survey questions i.e a meeting, via email, website etc?

Continuing on from 2012 and 2013 survey action plans, the Reception Manager attended each team meeting to ask for areas of concern or development for inclusion into the survey. Changes for 2014 identified the need to address the re-validation process implemented by the General Medical Council (GMC), which began at the end of 2012. For 2014, we have incorporated some specific questions regarding the Doctors at the practice, which can be used as supporting evidence for appraisals.

No major issues had been raised during surveys during 2012 and 2013. We were therefore able to concentrate on more specific areas of development within the Surgery, together with a general area for feedback for all those completing the survey.

Our established Patient Participation Group (PPG) were asked to suggest questions they would like adding to the survey during their January meeting, however no questions were suggested. We again highlighted improvements and changes to our services, which had been made during the previous year, to ensure new and existing patients were made aware of the improvements.

2.2 How have the priorities identified been included in the survey?

We again set a limit of ten questions in our survey for 2014. The questions focused on new services and especially focusing on patient confidentiality, health and safety, and infection control.

Within the survey questions, the improvements made from the first survey were highlighted to raise awareness to new services and changes to surgery opening times. By consulting with all of the staff during their team meetings in December 2013 and January 2014, the Reception Manager gave everyone the opportunity to ask for questions to be included. Amendments were made where requested, and a final copy of the survey was made available for all staff to review in the staff room.

Step 3. Details and Results of the Local Practice Survey

Guidance Notes: Collate patient views through the use of a survey

Component 3

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

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

3.1 Was a survey carried out between 01.04.13 and 31.03.14?

The survey took place between Monday 3 February 2014 and Friday 21 February 2014.

3.2 What methods were used to enable patients to take part in the survey (i.e survey monkey, paper survey, email, website link) and why?

The surgery contacted patients using the following methods of communication:

- survey monkey email link to patients joining the PRG, including Patient Participation group members.
- paper copies were distributed to patients visiting the surgery for appointments and to collect medication.
- a website link was added to the front page of Great Staughton surgery website.
- telephone discussions for patients with disabilities, including a telephone survey with care home Manager previously visited in 2012 and 2013.

These methods were used as they have previously proved to be a most effective method of contact across our rural area.

3.3 Was the survey credible (was the response rate sufficient to provide 'the reasonable person' with confidence that the reported outcomes are valid)?

The survey is completed for a total of 133 patients which is a credible response rate. These included 80 patients completing an online survey, 36 patients completing paper copies, 16 care home residents completing the survey via the telephone through the Care Home Manager.

3.4 Please provide a copy of the survey and the analysis of the results of the survey.

A copy of the survey is attached to this report as Appendix A. **(page 9)**
Analysis of the results is attached to this report as Appendix B. **(page 12)**

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

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

Component 4

As part of component 4 of the DES Practices are required to provide the Patient Reference Group (PRG) with the opportunity to comment and discuss findings of the local practice survey and reach agreement with the PRG of changes in provision and manner of delivery of services. Where the PRG does not agree significant changes, agree these with the PRG.

4.1 How were the survey results discussed with the PRG and any proposed outcomes agreed?

The survey results were collated into an Action Plan, and presented to the Patient Participation Group in mid March 2014 to agree actions outlined in the report. Patients visiting the surgery were able to read the Action Plan whilst waiting for appointments in the waiting room, where copies are available for everyone.

The Action Plan has also been published on Great Staughton Surgery website, and copies of the Action Plan emailed to all those patients who are members of the online patient group for comment.

The agreed outcomes from the survey are included within the Action Plan and highlighted in red.

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

Guidance Notes: Agree an action plan with the Patient Reference Group (PRG) and seek PRG/AT agreement to implement changes.

Component 5

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

5.1 What action plan was agreed and how does this relate to the survey results?

The action plan 2014 was distributed to the patients taking part in the survey by email, and the findings were also presented at the Patient Participation Group meeting in mid March 2014. The changes to the Surgery were minimal and it was not necessary to inform the Cambridgeshire & Peterborough CCG of the changes implemented.

5.2 How was the PRG consulted to agree the action plan and any changes?

The Patient Participation Group and the Patient Online Group were consulted at their quarterly meeting and also the Action Plan was emailed for further comments and changes to patients involved.

5.3 If there are any elements that were raised through the Survey that have not been agreed as part of the action plan what was the reason for this?

We have not been able to adapt the waiting room to the suggestions due to lack of space. These include:

- not installing a television or fish tank in the waiting room.
- we also do not have space for a water dispenser, however we are able to offer drinking water facilities from our dispensary.
- we have not reinstated the nurses online booking facilities, as patients were booking inappropriate appointments with health care assistants, when the treatment can only be carried out by the practice nurse. By removing this we do not cause inconvenience to patients who may have had to return to a rearranged appointment date.

5.4 Are any contractual changes being considered? If so please give details and confirmation that these have been discussed with the AT.

There are no contractual changes being considered by the Surgery.

Step 6. Publishing the Local Patient Participation Report

Guidance Notes: Publicise actions taken and subsequent achievement

Component 6

As part of component 6 of the DES the practices is required to publicise this Local Patient Participation Report on the Practice website and update the report on subsequent achievement **by no later than 31/03/2014**. A copy must also be sent to the AT by then.

6.1 Are there any further actions that have occurred from the:

2011/12 Action Plan

No further actions from 2011/2012.

2012/13 Action Plan

Due to changes with regard to Care Quality Commission regulations, we have now removed all of the toys from the waiting room to reduce any cross infection relating to childhood diseases and infections.

We have made improvements to our waiting room lighting open areas to improve the patient environment. We are also looking to purchase wall mounted hand sanitizer equipment in patient accessible areas to improve the risk of infection control.

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

6.3 What are the practices opening hours and how can patient's access services during core hours (8am-6.30pm)

Monday	8.00am – 12.30	2pm – 6pm
Tuesday	7.30am – 12.30	2pm – 6pm
Wednesday	7.30am – 12.30	
Thursday	7.30am – 12.30	2pm – 6pm
Friday	8.00am – 12.30	2pm – 6pm

Patients are able to access services as follows:

Routine **appointments** can be booked by telephone, online or in person for both Doctors, Nurses and Health Care Assistants, together with additional services such as mid wife and health visitor clinics.

The Duty Doctor system offers our patients a “same day” appointment, when patients can discuss problems over the telephone with a dedicated Doctor, and if an appointment is needed, the Doctor will offer one later that morning.

There are also dedicated **Nurse Practitioner appointments** available throughout the week for patients with minor injuries and emergencies.

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

6.4 Do you provide extended hours? If so, what are the timings and details of access to Health care Professionals during this period.

Great Staughton Surgery provides extended opening hours with a healthcare professional, including a Doctor, Nurse Practitioner and Health Care Assistant.

These early morning appointments are available each week on Tuesday, Wednesday and Thursday from 7.30am, where we have clinicians, reception and dispensary staff.

7. Practice Declaration – *this is only required as part of the report submitted to the AT*

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Participation DES 2013/14 .

Signed and submitted to the PCT and published on the Practice website on behalf of the Practice by:

Name: Loraine Harris

Surgery code: D81081

Website: <http://www.great-staughton-surgery.co.uk/>

Signed: *Loraine Harris*

Date: 7.3.2014

FOR AT USE ONLY

Date Report Received by the AT: _____ Receipt Acknowledged by: _____

Report published and evidenced on Practice website by required deadline: _____

GREAT STAUGHTON SURGERY
PATIENT SURVEY JANUARY 2014

QUESTION 1.

Please complete this question about you. The remaining questions relate to the surgery and services we provide: (please answer all sections of question 1)

Answers below

Are you male or female	
What is your current age	
Do you consider yourself to have a disability	
What is your nationality (British, American, Asian, Polish etc)	
Are you working, not working, in education, retired, other	
Are you currently a carer for a family member or friend	

QUESTION 2.

Which Doctor did you see today / on your last visit: (please answer 'ONE' response)

Dr David Roberts		Dr Stephanie Johnson		Dr Heinz Van Raemdonck	
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QUESTION 3.

Which one of the following best describes the reason you last saw the Doctor:

(please answer 'ONE' response)

To ask for advice	
Because of a one-off problem	
Because of an ongoing problem	
For a routine check	
For treatment	
Another reason	

QUESTION 4.

Regarding your last visit to the Doctor:

(please tick yes or no for each statement)

	Yes	No
Did you feel the Doctor was polite, honest and trustworthy		
Did the Doctor listen to you and make you feel confident in assessing your condition		
Did the Doctor make you feel at ease and involve you in decisions		
Did the Doctor explain your condition fully and arrange for treatment		
Would you be happy to see this Doctor again		
Was this Doctor your usual Doctor		

Is there something you would like to add with regard to the visit:
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QUESTION 5.

We have changed our opening hours by offering early appointments on Tuesday, Wednesday and Friday from 7.30am. This gives patients who commute to work or journey to college etc, the opportunity of see a Doctor or Nurse with less impact to their regular day. We have stopped Saturday morning and Late Monday clinics. (Dispensary continues to open at 8am)

Is this change something you would consider using: (please enter only 'ONE' response)

Yes, I have used the service / would find it useful	
No, I prefer routine / duty Doctor calls.	
I don't attend appointments in the Surgery.	

QUESTION 6.

Along with prescriptions, our Dispensary now sell a selection of "over the counter" products such as Ibuprofen gel, Calpol and cold/cough remedies. Is this service useful to you? (please enter only 'ONE' response)

Yes	
No	
I don't come in to collect my medication and don't use the dispensary	

Is there something you would like to add to our 'over the counter' list: please use this space: (please note we are unable to stock all suggestions, but would like to consider your ideas)

QUESTION 7.

Highlighted in the News recently, NHS England are trying to reduce attendances at Hospital A&E departments for non emergency treatment, as our surgery is charged upwards of £100 per visit. Along with our services, we have St Neots Walk-In Centre for non emergencies, have you used the following services: (tick all that apply)

Yes, I have attended Hinchingbrooke A&E department	
Yes, I have attended Bedford A&E department	
Yes, I have attended Addenbrookes A&E department	
Yes, I have attended St Neots Walk In Centre when the Surgery was open	
Yes, I have attended St Neots Walk In Centre when the Surgery was closed	
I have not used any of these services	

QUESTION 8.

Over £300 million is wasted in the UK due to unused prescribed medicines in a year, which could pay (on average costs) for:

- 80,906 hip replacements or 19,799 drug treatment courses for breast cancer
- 11,778 community nurses or 300,000 drug treatment courses for Alzheimer's

Can you help us reduce waste by only ordering the medicines you need, and avoid ticking all of the boxes on repeat slips (please enter only 'ONE' response)

Yes, I will consider only ordering the repeat medicines I need in future	
No, I am happy that I already only order what I need already	
I do not use the dispensary	

QUESTION 9.

We have added more nurse appointments each day, and our Nurse Practitioner, Tracey has appointments where she can assess patients and prescribe medicines and make referrals. If you have an illness or minor injury, reception are able to book appointments directly, with the reassurance that Tracey can consult with a Doctor if she feels it necessary. Tracey also provides full Contraceptive advice service. Have you used / are you interested in seeing Tracey in her Nurse Practitioner clinic, or to obtain contraceptive advice:

(please enter only 'ONE' response to this question)

Yes, I would be interested in using these appointments	
I have used a Nurse Practitioner appointment	
No, I am not interested in using a Nurse practitioner appointment	
I'm not sure	

QUESTION 10.

We regularly review our services and facilities for patients. In our waiting room, we have reduced the infection risk by removing our toys. Our patient group have purchased a waiting room blood pressure monitor for patients to use without an appointment and also paid to replace light fittings for more effective energy efficient ones. We have moved sale items (cards, books and honey) into the waiting room to ensure improved patient confidentiality in reception.

In the box below, please provide any additional suggestions you would like to make regarding services, service and facility improvements within the surgery.

<p><u>Thank you for completing the survey</u></p> <p>This survey is confidential and all responses remain anonymous.</p> <p>If you are interested in receiving more details on any of our services, please contact the Surgery Reception on tel: 01480 860770 / or email greatstaughton@nhs.net</p> <p>Patients can also write a review of our staff and services using the 'Care Quality Commission' and 'NHS Choices' websites.</p>
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GT STAUGHTON SURGERY PATIENT SURVEY ACTION PLAN 2014

SURVEY INTRODUCTION

The 2014 Patient Survey was completed by patients during February 2014 using: an online survey; phone calls; a website link; and paper copies distributed to patients visiting the surgery.

SURVEY QUESTIONS

The survey questions were jointly discussed and agreed by the Partners, surgery staff and our Patient Group members at their respective meetings.

QUESTION 1 Personal Information

135 patients completed the survey, **94** females and **41** males, enabling patients a variety of methods to provide their views, regardless of disability, age or location. **16** patients living in a Care Home are represented in the survey, with their views being provided by care managers in discussion with the Reception Manager.

Listed below are the ages of patients included:

4 patients 16 years to 25 years
3 patients 26 years to 35 years
9 patients 36 years to 45 years
21 patients 46 years to 55 years
38 patients 56 years to 65 years
32 patients 66 years to 75 years
18 patients 76 years to 85 years (including Care Home patients)
10 patients 85 years to 95 years (including Care Home patients)

33 patients surveyed had disabilities, and **12** patients were carers for family members or friends.

A breakdown of nationalities is detailed below:

- **131** British patients
- **1** Welsh patient
- **1** American patient
- **1** French patient
- **1** Turkish patient

Patients provided details relating to employment and educational status:

- **2** patients are in Education
- **45** patients are working (including part time work/semi-retired and full time carers)
- **6** patients are not working (full time Mother / disabled patients included)
- **82** patients are retired

QUESTION 2 - 4 Doctor's Feedback

41 patients saw **Dr David Roberts**
 (some patients answered more than 1)

10 patients To ask for advice
9 patients Because of a one-off problem
18 patients Because of an ongoing problem
1 patients For a routine check
4 patients For treatment
2 patients Another reason

From the **41** patients seen:

- 39** felt Dr Roberts was polite, honest and trustworthy
- 39** felt he listened to you and made you feel confident in assessing your condition
- 38** felt he made you feel at ease and involved you in decisions
- 37** felt he explained your condition fully and arranged for treatment
- 39** Were happy to see Dr Roberts again, and **31** normally saw Dr Roberts.

Additional comments made by patients who saw Dr Roberts included:

- The doctor re-assured me about the problem that I consulted him about and said that no treatment was necessary at that time. I don't mind which doctor I see, I have confidence in all three at our practice and regard none of them as my usual doctor.
- Came away feeling a lot happier.
- I have only been with the practice for a relatively short period of time, so do not feel I have a usual doctor. However both the doctors and the nurse that I have seen have been polite, professional and caring. I'm so glad we made the move to this surgery as it has restored my faith in the over stretched NHS.
- I find all Doctors at this surgery considerate and helpful.
- Constantly grateful that we have such an excellent surgery especially when I know of others who do not have the same positive experience.
- Well done Great Staughton Surgery 100% satisfied
- Dr Roberts is incisive and knowledgeable

56 patients saw [Dr Stephanie Johnson](#)
(some patients answered more than 1)

- 5** patients To ask for advice
- 9** patients Because of a one-off problem
- 20** patients Because of an ongoing problem
- 17** patients For a routine check
- 3** patients For treatment
- 4** patients Another reason

From the **56** patients seen:

- 56** felt Dr Johnson was polite, honest and trustworthy
- 56** felt she listened to you and made you feel confident in assessing your condition
- 56** felt she made you feel at ease and involved you in decisions
- 56** felt she explained your condition fully and arranged for treatment
- 56** Were happy to see Dr Johnson again, and **31** normally saw Dr Johnson.

Additional comments made by patients who saw Dr Johnson included:

- Easy to get an appointment.
- I am happy to see any of the doctors
- visited for bone density scan results
- I always find all staff to be welcoming, polite and helpful! They go above and beyond, we are very lucky
- Dr Johnson actually listens to what the carers and managers say!

35 patients saw [Dr Heinz Van Raemdonck](#)
(some patients answered more than 1)

- 5** patients To ask for advice
- 11** patients Because of a one-off problem
- 17** patients Because of an ongoing problem
- 3** patients For a routine check
- 3** patients For treatment
- 0** patients Another reason

From the **35** patients seen:

35 felt Dr Heinz was polite, honest and trustworthy

34 felt he listened to you and made you feel confident in assessing your condition

35 felt he made you feel at ease and involved you in decisions

33 felt he explained your condition fully and arranged for treatment

34 were happy to see Dr Heinz again, and **23** normally saw Dr Heinz.

Additional comments made by patients who saw Dr Heinz included:

Dr Heinz was and always has been extremely helpful

Dr Heinz always attentive and concerned

3 patients visited **Dr Deryn Evans** for treatment and ongoing problems and:

3 felt Dr Evans was polite, honest and trustworthy.

3 felt she listened to you and made you feel confident in assessing your condition.

3 felt she made you feel at ease and involved you in decisions

3 felt she explained your condition fully and arranged for treatment

3 were happy to see Dr Evans again.

QUESTION 5 Opening Hours Feedback

Regarding our opening hour changes, which offer early appointments to patients with less impact to their working day:

51 patients have used the service / would find it useful;

63 patients prefer routine / duty Doctor calls;

16 patients don't attend appointments in the Surgery (Care Home patients); and

The remaining patients passed on this question.

QUESTION 6 Dispensary Feedback

The Dispensary now offer an additional service selling 'over the counter' medication. Patients were asked if the service would be useful:

70 patients replied they would find this useful

35 patients replied they did not need this service

The remaining patients did not come in to collect my medication and don't use the dispensary, which included the Care Home managers, who have their own arrangements.

Patients would like to be able to purchase the following medication:

Paracetamol / Aspirin / Benylin / Gripe Water

This information will be passed onto the Dispensary for action.

QUESTION 7 Hospital / Out of Hours Service Feedback

Patients were asked if they had visited Hinchingsbrooke, Addenbrookes or Bedford Hospital A&E departments or the St Neots Walk-In Centre for non emergencies:

34 patients had attended **Hinchingsbrooke** A&E department

6 patients had attended **Bedford** A&E department

0 patients had attended **Addenbrookes** A&E department

9 patients had attended St Neots Walk In Centre when the Surgery was **open**

16 Had attended St Neots Walk In Centre when the Surgery was **closed**

60 Hadn't used any of these services

The care home staff have dedicated arrangements with regard to emergency admissions.

QUESTION 8 Dispensary – waste medicines question

We asked patients to work with us to reduce waste by only ordering the medicines you need.

15 patients agreed to consider only ordering the repeat medicines I need in future

90 patients agreed that they already only order what they needed

The remaining patients do not use the dispensary or have dedicated arrangements

QUESTION 9 – Nursing Services

Patients were informed of the additional nurse appointments with the Nurse Practitioner, who provides treatment for minor illnesses and injuries. The following patients responded that they would be interested in:

45 patients would be interested in using these appointments

58 patients have already used Nurse Practitioner appointments

3 patients replied that they were not interested in using Nurse practitioner appointments

The 16 Care Home staff were not included in this question.

The remaining 13 patients were undecided

QUESTION 10 Additional Suggestions and Feedback

Our final survey question asked patients to provide additional suggestions regarding services and improvements within the surgery. Each point has been received from patients. **(Great Staughton Surgery replies are marked in red under each comment where an answer is required)**

I still think patients need more information on where to go for various treatments. I raised this many years ago and at last the NHS seems to be waking up to the waste. But people still need more information and reinforcement of information they have already been told. Where do I go for a very bad graze? Pharmacist, Walk in centre, Surgery, Out Patients and when. I have been criticised by out patients for not coming sooner with an injury. We are not our own triage nurse. We need more advice

Perhaps more services for home-care or after-care from hospital. Small trauma treatment, cuts / stitches etc or advice on A&E requirement

Our Doctors and Nurses can help provide information regarding treatments of your conditions, however there is also information available on the website:

<http://www.patient.co.uk/>

Our Nurse Practitioner, Tracey can assess patients, offer advice and refer to secondary care. She can prescribe medication if necessary. Minor illnesses or minor injuries can be booked directly into her clinics; these include colds, ear pain, bad backs, twisted ankles, eye problems, bad grazes etc. If Tracey has any concerns she will always ask the doctor to assess the patient. The Duty Doctor will also book patients in with Tracey if it is more appropriate for them to be seen by her.

If the Surgery is closed, patients are welcome at St Neots Walk in centre, which is open on weekends from 9am to 4pm and until 8pm each weekday evening.

With regard to the home-care or after care services, Great Staughton Surgery has a dedicated notice board for care information in the reception area. All of the nurses are able to provide treatment for removal of sutures and to dress cuts and grazes.

I do not consider the blood pressure monitor situated in the waiting room an improvement. I do consider this to be a much greater infection risk than the toys that have been removed and an invasion into patient confidentiality. I should not like to use this machine.

Unfortunately we have had to remove toys from the waiting room due to the risk of infection as we are now regulated by the Care Quality Commission. The new blood pressure machine has been welcomed by a number of patients visiting the surgery without an appointment to check their blood pressure levels. The machine is disinfected each evening by our cleaning staff, however the Surgery will also be placing additional disinfectant wipes for the button control panel if you have any concerns of infection risk.

The waiting room seems a little dark and could do with brighter seating or curtains / blinds. **We are planning to redecorate the Surgery. We will also take this request to our next Patient Participation Group meeting in March, to discuss how we can make improvements to the waiting room décor.**

I really value the 'phone the doctor service' you operate as I have transport problems getting beyond my village – please do not axe this valuable service!

Thank you for the feedback, we have no plans to stop providing this service.

As we said earlier – we consider you all as a very good team. Thank you!

I would like to see doctors rotating on an out of hours service and also providing evening surgeries and not just nursing staff.

From September 2013 the surgery opening times changed to include additional early morning clinics on Tuesdays, Wednesdays and Fridays. Each Wednesday, you can book a Doctor appointment from 7.30am, and the Doctors run the clinics on a rotational rota. The Health Care Assistant and Nurse Practitioner also have early morning clinics on Tuesday and Friday mornings. We did hold late Monday clinics for some time, but these were regularly not fully booked, and the early morning appointments have been very well received. We continue to monitor this arrangement for the benefit of patients.

A brilliant team!

Why have you removed the nurses from the online appointments? I would find it useful to have them reinstated. A method of letting the pharmacist know you are waiting would be a good idea. Would a discreet bell or buzzer be acceptable perhaps? Otherwise I think you are doing a good job, well done, and I can't think of any improvements

We are sorry we had to remove the nurse online appointments. Unfortunately we have certain nurses who carry out certain procedures– such as smears and dementia reviews - and these can not be carried out by all nursing staff. By removing the online appointments, we have reduced the number of incorrectly booked appointments for nurses, however we apologise if this has caused you any inconvenience.

We have put a bell on the dispensary hatch for patients to use.

Nothing to add. You're doing pretty well

No additional suggestions. I think the service and facility is excellent.

No great ideas, but the surgery is always bright and friendly. We moved recently from a

nearby health centre and are extremely glad that we did.

Everything is OK. I have filled in this section previously suggesting physio and OT services amongst other things i.e. cost savings but to no avail. This time is the last as this is not achievable probably due to politics coming first and the patient second.

Thank you, your comments have been noted.

When I talk to family and friends about their relationship with their surgery, I consider myself very lucky to have such a great bunch of staff at Great Staughton.

Thanks and well done to everybody!!

Some of the questions did not allow me to answer fully. For instance, I have most recently seen Dr Stephanie, but I am just as happy to see Dr David, and the list of questions did not allow for this.

Apologies for the structuring of the questions, I will look to make the questions more flexible in future surveys.

I understand the removal of the toys but some children's books would be appreciated. Or even some interesting pictures on the wall which I could distract my toddler daughter with for a few minutes would be appreciated. We never have to wait long but she finds all the leaflets on the low table rather tempting! A huge thank you to all the doctors, Tracy and reception (and anyone else) I'm so grateful for the fantastic service you provide.

Due to more stringent risk assessment processes within the NHS, Great Staughton Surgery have had to make some difficult decisions, however we may add some slightly higher leaflet racks, thank you.

I am sure you do not need telling, Dr Roberts is in serious need of retraining. He is not only arrogant but incompetent. Your acceptance of him continuing to practice makes you equally responsible for his failures.

Your comments have been passed on to Dr Roberts for perusal. If you would like to discuss the matter further, please contact the Practice Manager.

I recently called to find out whether some results had come back. Without me asking for the content of the results, the receptionist told me over the phone. I don't like this. Please only tell people their results when they ask to know them. The question "have my results come back?" is not the same as "what are my results?" This is especially important as the reception is open and anyone could listen to the conversation. Thanks

We apologise for this and your comments will be fed back to the reception team to review. We take patient confidentiality very seriously and are always aware when giving results over the telephone to not use patient names to ensure anonymity. We have also removed the honey and cards from reception to ensure patients are welcomed and asked to take a seat in the waiting room as promptly as we can.

Can the Dispensary take the answer phone off on the telephone when someone is there?

Our new phone system allows the Dispensary to have an answerphone. We leave this on to help the dispensary staff serve patients in collecting medication after seeing a clinician. Dispensers can then call you back when they are free and able to give you their full attention. Apologies if this has caused any inconvenience.

I think you are doing an excellent job.

I am very satisfied with the service you provide. Thank you

Very happy with all the services provided, thank you all so much.

There's only one thing that I think may be improved, being seen closer to the appointment time, sometimes been half an hour wait AFTER appointment time before being called in to see Doctor...that's the only thing, otherwise I am very happy with the Doctors and Surgery

We apologise if the Doctors occasionally run over their appointment time with patients. We ask the Reception staff to keep you informed if there has been an emergency situation or unforeseen delay with the previous patient being seen.

For those people who commute to London 7.30am is not early enough to assist and so I would say that the ability for telephone consults and later evening appointments are more helpful.

We will pass on your comments regarding evening appointments to the clinicians for discussion at their next meeting in March. At the moment, we are monitoring the patients using the early morning appointments and understand that telephone consultations are a vital service, which we will continue to provide.

No longer toys for children so perhaps a fish tank or TV playing children's programmes to keep them occupied while waiting.

Apologies again, but due to the restricted space in the waiting room, we are unable to have a fish tank or television. We would ask parents to bring along a toy or book when coming along with children for an appointment to keep them occupied.

The staff are always helpful and polite.

**On behalf of Great Staughton Surgery,
thank you to all those patients who took the time to
give your valuable feedback, views and suggestions.**

**If you found this a useful and would like to me more involved in the
services we provide, please feel free to come along to our next
Patient Participation Group meeting.**