



## **Heathgate Medical Practice**

### **Patient Survey 2013/2014**

#### **Analysis of results and compliance with the NHS England Patient Participation DES (including Action Plan)**



**January 2014**

**Heathgate Medical Practice**  
**Patient participation directed enhanced service (DES) 2013/2014**  
**Patient survey**

This report is presented to patients, personnel at the Practice and the NHS England Area Team following our latest patient survey. It has been prepared using the service specification for the DES and the 'report check list' provided by the NHS England (East Anglia) Team to ensure the Practice complies with each aspect of the Enhanced Service.

**Background**

The Practice has an established Patient Reference Group made up of patients registered at the Practice.

The group was formally established in 2011 following the introduction of the Patient Participation DES.

Our patient reference group currently has an active membership of 24 patients. The number of members is not limited and open to new patients that wish to join the group.

The group has members that reside in the following parishes within our Practice boundary, which provides a good representation of our Practice area;

- Poringland
- Framingham Earl
- Stoke Holy Cross
- Rockland St Mary
- Brooke
- Surlingham
- Alington
- Bergh Apton
- Bramerton

As illustrated below, the age group of the membership appears weighted to those above 66 years but our younger members are very active in the group. Here is the full split, compared to the total Practice population.

<b>Age</b>	<b>PRG</b>	<b>%</b>	<b>Practice</b>	<b>%</b>
0 – 18	0	0	1675	19%
19 – 25	0	0	536	6%
26 – 45	2	8%	1793	21%
46 – 65	4	17%	2600	31%
66 – 75	10	41%	1021	12%
Over 75	8	34%	892	11%
<b>Total</b>	<b>24</b>	<b>100%</b>	<b>8517</b>	<b>100%</b>

There is an equal split between males and females in the group – 11 female and 13 male.

We are unable to force younger members to join the group but continually promote membership of the group. In the past 12 months we have;

- Advertised on our web site
- Made it a STOP PRESS banner on the web site
- Promoted it with posters in the surgery
- Produced flyers in the surgery
- Encouraged existing members to promote the group
- Newsletter articles
- Promoted the group on the introduction to the annual survey

We will continue to promote the PRG in these ways.

### **Creating the 2013/2013 Practice survey**

The PRG meeting on 26<sup>th</sup> June 2013 included, at item 4, a discussion on the creation of this years Practice survey. The agenda for that meeting is pasted below;

### **Heathgate Medical Practice** **Patient Reference Group Meeting** **Wednesday 26<sup>th</sup> June 2013**

#### **Agenda**

- 1. Welcome and introductions**
- 2. Reflections on changes to the buildings after last years survey results**
- 3. Other actions following last years patient survey**
- 4. The creation of this years patient survey**
- 5. Clinical commissioning group – an update on its development**
- 6. CQC – your help**
- 7. Managing patient demand with GP changes**
- 8. Patient clinical event this summer**
- 9. AOB**

The meeting saw a wide discussion around the 2013 survey and as illustrated below in the extract from the minutes of the meeting, there was, in an attempt to obtain a higher response rate, a clear desire for a more straight forward survey this year. The last two years surveys have had 11 questions, which PRG members felt may have put people off responding. As you can see from the extract below, one of our PRG members is a volunteer at the Norfolk and Norwich University Hospital and was keen for us to adopt a 'friends and family' style survey, like

those used with patients at the hospital. There is a suggestion that a similar survey will be used nationally in Primary Care next year.

### **The creation of this year's patient survey**

We discussed the potential options for this year's patient survey, which the PRG is influential in designing. The initial survey the PRG designed was in 2011/2012, which took the theme of Access. Access to the building, access on the telephone, access to the surgery (opening times), access to clinical services, access to information and access to repeat medication.

In 2012/2013, the PRG agreed to repeat the same survey so that we had two years comparative data.

This year, the PRG agreed it was time for a change and a more general survey about overall satisfaction with the Practice and services that patients may like to see offered in the Community (and at Heathgate).

One of our members is a volunteer at the Norfolk and Norwich University Hospital and his role is to undertake the 'friends and family satisfaction survey' with patients on discharge. This is a recognised NHS survey and he has agreed to provide us with a copy of their survey to help shape our own.

In principle, we agreed that the survey would ask patients if they are generally satisfied with the service they receive from the Practice, whether they would recommend the Practice to a friend or family member and what would need to change for an unsatisfied patient to become satisfied.

PRG members commented on the response rates for the last two years surveys and whilst in 2011/2012, we achieved the minimum BMA recommended return for such (25 per 1,000 patients), in 2012/2013, we struggled to reach this number.

This year the Practice is proposing to hand out (and even conduct) the survey at its October flu days, when we see over 1,000 patients on a Saturday morning. Members also agreed to promote the completion of the survey amongst local groups to which they belong such as WI and Parish Groups. This earlier dateline will allow more time to analyse the results and create the associated action plan. There was a suggestion of adding questions linking responsibility of patients to contact the surgery after a hospital appointment, which whilst acknowledged is a good thought, it may be difficult to fit this into the survey on satisfaction. With a clear stance from the PRG of what they would like, the Practice representatives agreed to create a survey for approval by the PRG.

Following the meeting, a draft survey was created by the Practice. The proposed survey was copied to the PRG for comments and opinions. Eleven of the members made comment with some suggestions for improvement and clarity. Changes were made to the draft copy and circulated again for approval; which followed.

The survey was also circulated to local Practice Managers in our Commissioning locality, who felt the survey met the intentions/criteria of the DES.

# Patient Survey 2013

## Heathgate Medical Practice Your surgery, your experience, your say

It is time for us to undertake the annual practice survey. Again this year the survey has been jointly designed by our patient reference group, the doctors and management team at the surgery.

It is important that we undertake the survey for two reasons;

- It gives us a real feel for what you think about our services.
- We meet our contractual obligation of seeking patient views, which guarantees our income to maintain the current services we offer.

There are just three core questions this year. The survey should take no more than **5 minutes** to complete and your help is really appreciated.

Please turn over and place a tick in the box(s), with supporting comments where necessary, which best represent your views and return your completed survey to us.

There is a collection box at both the reception desks in Poringland and Rockland St Mary.

Thank you for your participation.



Garry Whiting  
Managing Partner

**Page Two of our final approved patient survey**

**Question one**

Thinking about your last experience of the practice, how satisfied were you with the service you received?

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied

If you were not either satisfied or very satisfied, tell us what we could have done better **or** if you are satisfied, tell us what we did well.

**Question two**

Again, thinking of your last experience of the practice, how likely are you to recommend the practice to 'friends or family' if they were able to register with us?

Very likely	Likely	Neither likely or unlikely	Unlikely	Very Unlikely

If you were unable to answer likely or very likely, please tell us why.

**Question three**

What services or clinics would you like to see offered at the practice. Perhaps think about services that are only currently available at the hospital or other health centre locations.

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<b>Age</b>	Under 18	18-24	25-44	45-55	56-65	66-75	75+

<b>Sex</b>	
Male	
Female	

<b>Ethnicity</b>	
White British	
Mixed	
Black or Black British	
Asian or Asian British	
Other ethnic group	

	<b>Rockland</b>	<b>Poringland</b>
<b>Usual surgery visited</b>		

**Thank you for your time!**

## **Conducting the survey**

The survey was launched on Saturday 26<sup>th</sup> October during our Flu clinics. Over 1,000 patients attended the sessions and each person was given a copy of the survey to complete. Many were returned on the day.

Surveys were also handed out by our reception team and available from dispensers in the two Practice waiting rooms over the 2 week period that followed. Patients were also able to partake in the surgery via the on line version on our web site.

Both Practices had collection points for the returned surveys.

These methods are believed to be a credible way of collecting responses to the survey.

The original print run of the surveys was for 1,500 copies and 196 were not used. Excluding the on-line survey responders, this means that 1,304 surveys were handed out.

## **Responses to the survey**

In total we had 432 responses to the survey, which is a 33% response rate, which is good. This compares to 195 in 2012 and 224 the previous year.

The response rate this year is a 221% increase on last year and is just over 5% of our total Practice population.

This number of responses exceeds the recommended number of 25 per 1,000 that has been referred to by the British Medical Association as an acceptable response rate to patient surveys.

Of the 432 responses, 34 were on-line responses (8%).

86 respondents indicated they most regularly used our surgery at Rockland St Mary (20%) and 346 suggested our Poringland site (80%)

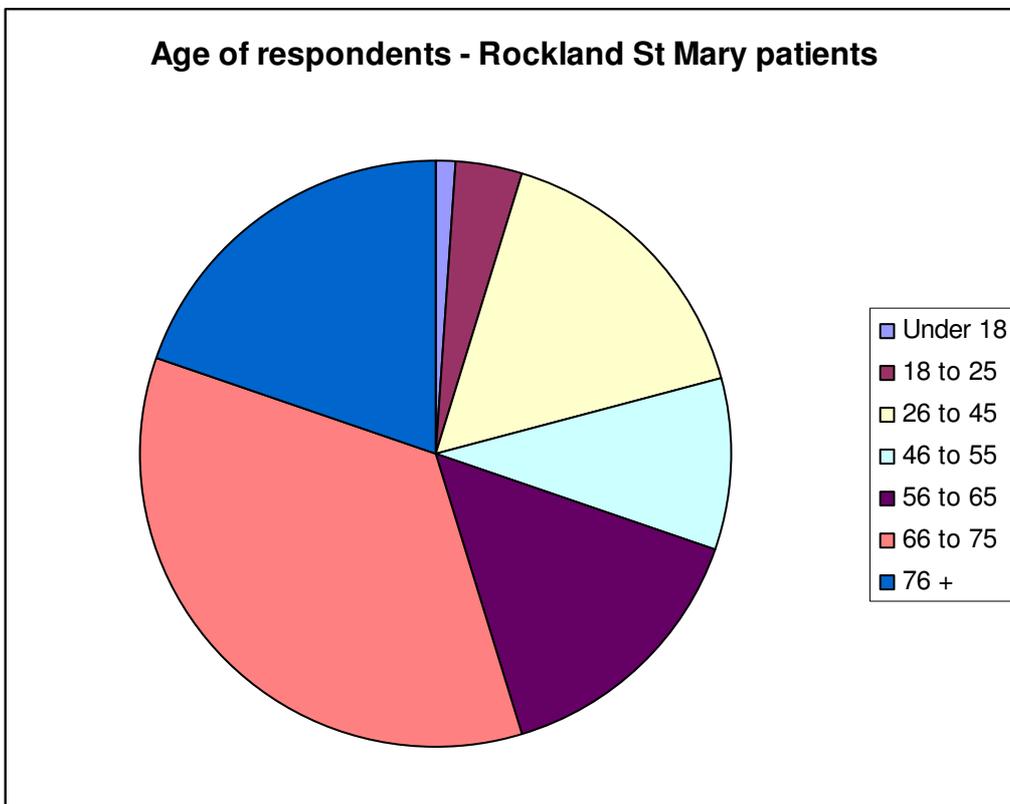
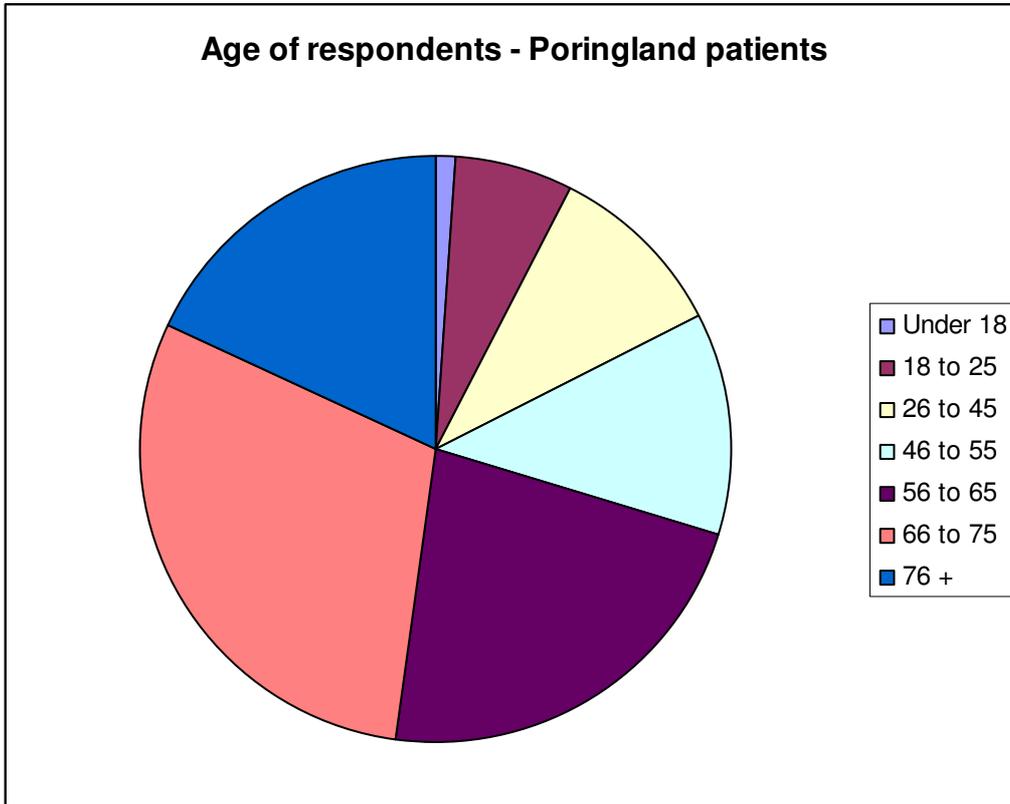
These response rates are comparable with the overall split of patients registered with each of our surgeries. Of the 8,517 patients registered at the Practice in total, 1,815 have Rockland St Mary as their main location (21%) and 6,702 are registered at Poringland (79%).

The Partners consider the number of responses received to be representative of the Practice population between the two sites.

The results have been collated and analysed by the Managing Partner and packaged into this report.

## Demographics of the respondents

Patients were asked their age, sex and ethnicity. The results are as follows;



Here is the data in full.

	<b>Poringland</b>	<b>Rockland St Mary</b>	<b>Total</b>
Under 18	4	1	5
18 – 25	22	3	25
26 – 45	35	14	49
46 – 55	42	8	50
56 – 65	78	13	91
66 – 75	103	30	133
76+	62	17	79
<b>Total</b>	<b>346</b>	<b>86</b>	<b>432</b>

Clearly the largest number of responses came from the 66 – 75 age group, which may be reflective of the age bracket of the patients attending the Flu clinics the Saturday morning the surveys were handed out. However there were responses from each age group.

The table below shows the sex split of respondents.

	<b>Poringland</b>	<b>Rockland St Mary</b>	<b>Total</b>
Male	160	51	211
Female	186	35	221
<b>Total</b>			<b>432</b>

99% of respondents indicated their ethnicity as White British, which is reflective of our patient population mix.

The Partners believe the mix of responses is credible and acceptable in terms of the DES.

### **The survey results**

#### **Question one**

Thinking about your last experience of the practice, how satisfied were you with the service you received?

	<b>Poringland</b>	<b>Rockland St Mary</b>	<b>Total</b>
<b>Very satisfied</b>	254	68	<b>322</b>
<b>Satisfied</b>	82	16	<b>98</b>
<b>Neither satisfied or dissatisfied</b>	7	1	<b>8</b>
<b>Dissatisfied</b>	2	0	<b>2</b>
<b>Very dissatisfied</b>	1	1	<b>2</b>
<b>Total</b>	<b>346</b>	<b>86</b>	<b>432</b>

- The data shows that 97% of the respondents were either very satisfied or satisfied with the service received from the surgery.
- Less than 2% were neither satisfied nor dissatisfied with their view of our service.
- Of the 5 people who were dissatisfied or very dissatisfied, two responses did not attract any comments as to why, one made comment that they just don't like GP Surgeries. The other two gave specific examples - one where they felt they had to wait too long for an appointment with the GP of their choice and the second about an 'off hand' attitude of a clinician. Having said that four of the five responded favourably in terms of feeling able to recommend the surgery to friends and family.

Patients were asked to comment on their responses and this is a summary of the comments for this question.

### **Comments to Q1**

- Everything is just great – thank you
- Receptionists always pleasant and helpful
- GPs great
- A great team
- Love the new internet ordering and booking – very convenient
- You saw my partner very quickly when he had a sore eye and referred him to hospital that week
- Very quick in seeing children when unwell
- You have a very caring team
- Your Manager is very visible
- Have to wait 2 weeks for my doctor of choice
- The receptionists are very helpful and pleasant
- Depends on which receptionist you see
- Your nurses are very empathetic
- Receptionists are very responsive when I needed to be seen quickly
- Great team
- I have received mixed telephone advice from a GP – the first not so good, the second very good
- Staff very accommodating and supportive
- Like the new online services
- From making an appointment to seeing a Doctor – all very efficient and professional
- I am a grateful person
- Very prompt hospital referral
- The Consultant commented on an excellent referral letter from Dr Wallace
- Good experience at dispensary
- Always helpful
- Let your Manager run the NHS
- Dr Thirkell is a great Doctor
- Majority of staff helpful and pleasant

- My husband has recently been diagnosed with lymphoma and I can not praise Dr Ames enough for his care
- Cheery staff
- Fast and competent team
- No wonder your team get awards!
- What I expect for my taxes
- I appreciate being able to see Chris as short notice
- Very competent
- Like the new look waiting room
- Dispensary very quick
- Punctual
- I feel listened too
- Have trouble booking with Doctor of choice – now 3 weeks
- Phones are always busy
- No complaints at all
- Efficiency all round
- Improve waiting times please
- All round excellent
- Led well from the top
- Reception team courteous and pleasant
- Doctor listened and asked questions
- All very human
- Great welcome last week
- Prescribed the correct drug for my illness
- Making an appointment with Dr Palframan is like getting to see the Pope
- Courteous and prompt
- Doctors are very thorough
- Totally ignored by receptionist whilst she finished typing
- Cheerful receptionist and doctor
- Very thorough care from Nettie
- I had a problem with the hospital which I spoke to Garry about and he sorted
- A totally organised and caring Practice
- Dr Wallace was very kind and empathetic – not like the receptionist
- Glad about the new doors
- Because you are excellent and have a supermarket next door
- Like a friend
- Punctual and very good
- Acknowledged by your Manager when I saw him in town
- Helpful and cheerful staff
- I was listened too by the Doctors
- Dr Brookings has an excellent manner

The Partners are very pleased with the responses from this question and suggests the service we offer is that which our patients appreciate and value.

**Question two**

Again, thinking of your last experience of the practice, how likely are you to recommend the practice to 'friends or family' if they were able to register with us?

	<b>Poringland</b>	<b>Rockland St Mary</b>	<b>Total</b>
<b>Very likely</b>	248	65	<b>313</b>
<b>Likely</b>	79	18	<b>97</b>
<b>Neither likely or unlikely</b>	14	1	<b>15</b>
<b>Unlikely</b>	4	1	<b>5</b>
<b>Very unlikely</b>	1	1	<b>2</b>
<b>Total</b>	<b>346</b>	<b>86</b>	<b>432</b>

As Practices are still limited to registering patients that reside in their Practice boundaries, we acknowledge that this is very much a hypothetical scenario. However the question did ask respondents to base their reply on the assumption the Practice could register patients that live outside the boundary area (which is still an intention of the Department of Health).

- 95% of patients were either very likely or likely to recommend the Practice to friends or family.
- 3.5% were neither likely nor unlikely – with 7 of the 15 commenting that this was not possible.
- Less than two percent of the respondents were either unlikely or very unlikely to recommend the Practice.

Again patients were asked to comment on their responses and this is a summary of the comments received.

- My family don't live locally
- I hear experiences of other Practices and think how lucky I am
- I am pleased that I use your Practice
- My family live away
- They already go to Heathgate
- Not sure – long delay to see Dr Palframan
- At Rockland the staff are too busy to answer the phone
- The staff do not follow NHS guidelines
- Everyone I know already goes to Poringland
- The wait to see the Doctor is too long
- Unable to see the Doctor I wish as he has gone part time
- I speak so highly of you to friends and relatives
- Takes too long to see your GP
- Sometimes a long wait to see your Doctor of choice
- Unable to see the Doctor of my choice now he is part time
- Sometimes I am unable to see my own Doctor and so I see the Nurse Practitioner and she gives an excellent service
- I highly recommend this Practice already

The Partners are very pleased with the overall response from this question and the high percentage of patients that feel able to recommend our services. However we note the comments about access to see a preferred Doctor and this features in our action plan.

### **Question three**

What services or clinics would you like to see offered at the practice. Perhaps think about services that are only currently available at the hospital or other health centre locations.

With the Clinical Commissioning Group looking to redesign pathways of care and the location of services, this question was designed to identify services that patients would like offered in the Poringland area, rather than having to travel to either the hospital or other community settings, which for us is currently Norwich or Long Stratton.

Of the 432 respondents, 155 made specific suggestions, which represent 36% of the overall number of responses.

<b>Suggested area (grouped together where possible)</b>	<b>Number of respondents</b>
Midwife sessions at Rockland St Mary Surgery	1
Aural micro suction services	3
Homeopathy services	1
Minor surgery clinics	6
Mental health services in surgery	1
Extended opening hours	21
Physiotherapy clinics	12
Hospital out patient clinics	2
Hearing aid batteries and tubing	14
Hearing tests	6
Over 65 checks	2
Over 75 checks	6
Weight management services	5
Well woman clinics	5
Well man clinics (including PSA checks)	4
Acupuncture	5
Minor injury clinics	4
Measuring services for medical hosiery	2
Weekly drop in session for over 65s	2
Counselling services	4
Chiropody	16
X-ray, echocardiogram and scans	6
Pharmacy for all	3
Health visitor sessions in clinic (again)	4
Lumps and bumps clinic	2
Family planning services (including coil fitting)	4
Travel clinics	5
A dentist and optician	5
Massage	1
Leg ulcer clinic	3

In addition to these suggestions, a further 27 responses made particular comment that nothing should change. These included;

- Existing services are sufficient
- Don't change anything
- Nothing new needed
- Leave the hospital services there
- Additional services would put pressure on parking
- Leave things as they are - do nothing
- This will only make the surgery busier

### **Comments on suggestions**

The Partners really appreciate the suggestions made and such a number indicate that patients have really thought about what they would like to see offered locally.

Many of the services suggested, including travel, hearing tests, minor injury services and well woman/man checks are already offered in surgery, so we need to look at making patients aware of this.

Some NHS services such as physiotherapy and chiropody are commissioned by the local Clinical Commissioning Group and provided by the Norfolk Community and Health Care Trust. We have some thoughts in our action plan about these NHS services and could also consider patient funded options for these (as we have done for counselling).

The provision of out of hours services is always something that features in our Practice survey and whilst one of our actions addresses this through a slight extension to our opening times, patients should be aware that at the present time our national contract to provide services is between 8am to 6.30pm, Monday to Friday and any major out of hours change would be a wider negotiated agreement.

In terms of hospital clinics being offered locally, this is one of the general principles of the Health and Social Care Bill and Clinical Commissioning Groups (replacing Primary Care Trusts) have been formed to look at the re-commissioning/re-designing of services in community settings. The Practice is a member of one of the South Norfolk locality groups and can use these suggestions in its discussions with the Commissioners of services.

In terms of a dentist and optician in the surgery building, it would offer a one stop shop for health and well-being but we do not have the capacity to accommodate such on our existing site.

With regard a pharmacy for all patients, current legislation prevents us dispensing medication to our patients that live less than more that 1.6Km (as the cross flies) from a pharmacy. For this group of patients, we have to provide a paper prescription to take to a pharmacy.

## Action plan

The Partners and staff discussed the results of the survey and created an initial action plan for recommendation to the Patient Reference Group (PRG). This plan was circulated, along with a full analysis of the survey results to all members of the Group. We had 12 formal responses, which were very detailed and showed that our PRG had reviewed the survey analysis in full. They approved the action plan, some steering the Partners to make some changes to the initial plan.

We have scanned and pasted a selection (6) of the responses below;

### 2013 patient survey analysis

Sent: 20 December 2013 21:42

To: Whiting Gary (NHS SOUTH NORFOLK CCG)

Hi Gary

Very many thanks for sending through the survey report.

I think it makes very interesting reading, and that the action plan addresses all the issues raised. I especially like the idea of handover sessions for those patients that feel they can only see one doctor, but then complain about the waiting time to see that person. Whilst I do agree that Dr Palframan is outstanding, I also totally understand and accept his reasons for changing his working pattern. I'm just grateful that he spreads his knowledge and skills by training other GPs, and find that all the doctors in the practice are equally helpful and efficient.

As required by the Department of Health, I am very happy to formally approve the action plan, in order that you can publish it.

All good wishes for a Merry Christmas and a Happy New Year.

To see our email disclaimer click here <http://www.norfolk.gov.uk/emaildisclaimer>

<https://web.nhs.net/OWA/?ae=Item&t=IPM.Note&id=RgAAAADRvvzqN7arSaFmq...> 23/12/2013

## 2013 Patient survey - analysis

**Sent:** 02 January 2014 14:26

**To:** Whiting Gary (NHS SOUTH NORFOLK CCG)

Dear Gary,

Many thanks for sending me a copy of the Patient Survey analysis. Please accept my apologies leaving my response until the 11th. hour!

I think you have done an outstanding job of analysing the results, quite a mammoth task I would have thought.

From a personal point of view, I found the pie-charts depicting age ranges a little difficult to interpret many due to the colour range used to depict the results - I imagine you may well have printed these out in a range of colours for your own records making the charts easier to read, or possibly using column graphs to display the data? However the data printed out in table form was all that was really needed.

The new style of survey (friends and family) seems to have worked well. I understand that the hospital count anything less than "very satisfied" as a negative rating. Looking at our results on this basis indicates we received 74.5% rating which I feel is excellent.

The Action Plan appears to cover all the major issues raised by the survey and I would endorse acceptance of the plan.

In regard to a Care Quality Commission inspection, I would be willing to make myself available should the inspectors wish to meet members of the patient group. Having said this, I feel I am not fully conversant with what patient group members will be expected to know. Maybe if you could arrange some sort of briefing so that I could feel better prepared in the event of an inspection taking place. I imagine you may well have discussed this with Practice Managers from other surgeries and may well know what will be expected of patient group members.

One final point and I am sure you have tried hard in this regard. We really need to get a couple of young patients on the Patient Reference Group. One or two in both the 0 - 18 and 19 - 25 year age group. I think we are unbalanced with 75% of the group being over 65! I wonder if some of your colleagues might know of likely candidates and could invite them to join?

I would like to take this opportunity of wishing you all the best for the New Year.

Regards,



**Survey approval**

Sent: 21 December 2013 09:21

To: Whiting Gary (NHS SOUTH NORFOLK CCG)

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Dear Mr Whiting,

Thank you for your letter of 13 December and the attached survey analysis.

I am more than happy to confirm my approval for the plan. The Practice team have done a very good job. Long may it continue.

I wish you all a very Happy Christmas and a successful New Year.

With regards,

[Redacted signature]

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<https://web.nhs.net/OWA/?ae=Item&t=IPM.Note&id=RgAAAADRvvzqN7arSaFmq...> 23/12/2013

## Survey Results

Sent: 20 December 2013 16:58

To: Whiting Gary (NHS SOUTH NORFOLK CCG)

Gary, thanks for your letter of 13<sup>th</sup> December and a copy of the survey results which all seem pretty encouraging and I don't see any major causes for concern. As far as the action plan is concerned, taking each point in turn I would comment as follows:

1. This is always a difficult issue, and with some GP's not working a full week is often going to create much longer waiting times. However, what is the policy (unofficial or official) for patients to be seen as non urgent or non serious who can be looked after by Christine Tate for example, as opposed to being seen by a GP for more serious matters?
2. Extended clinics would be most welcome
3. If the demand is there, why not
4. Makes perfect sense if you can do this without impinging upon other core services
5. Agree
6. I would like to see more physio appointments made available and offered when patients really need to see a physio, not 4-6 weeks post injury. So anything that can be done to offer more referrals and appointments locally will undoubtedly benefit patients and reduce care costs longer term.
7. Sounds logical, one of the Doctors should ideally be established as a GP with special interest in Family Planning if the need is there within the local community.
8. Agree.

More than happy to discuss any aspects with the CQC.

Happy Christmas, and kind regards,

## Survey Results

Sent: 20 December 2013 16:58

To: Whiting Gary (NHS SOUTH NORFOLK CCG)

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Gary, thanks for your letter of 13<sup>th</sup> December and a copy of the survey results which all seem pretty encouraging and I don't see any major causes for concern. As far as the action plan is concerned, taking each point in turn I would comment as follows:

1. This is always a difficult issue, and with some GP's not working a full week is often going to create much longer waiting times. However, what is the policy (unofficial or official) for patients to be seen as non urgent or non serious who can be looked after by Christine Tate for example, as opposed to being seen by a GP for more serious matters?
2. Extended clinics would be most welcome
3. If the demand is there, why not
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7. Sounds logical, one of the Doctors should ideally be established as a GP with special interest in Family Planning if the need is there within the local community.
8. Agree.

More than happy to discuss any aspects with the CQC.

Happy Christmas, and kind regards,

<https://web.nhs.net/OWA/?ae=Item&t=IPM.Note&id=RgAAAADRvvzqN7arSaFmq...> 23/12/2013

## 2013 patient survey.

[REDACTED]

**Sent:** 24 December 2013 09:05

**To:** Whiting Gary (NHS SOUTH NORFOLK CCG)

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Dear Gary,

thank you for sending me a copy of the 2013 patient survey results. It is very good that the strategy of handing out questionnaires during the seasonal flu vaccinations has resulted in such an improved return rate.

Thank you also for the speedy analysis and very clear interpretation of the results. I think the eight actions you propose in your action plan are very helpful to our local community and will extend further the range of services that the surgery offers. My main observation with regard to the additional evening doctor appointments you will be offering outside your GMS core contract is that these appointments should be principally reserved for people who have difficulty attending during your core hours if possible. With regard to Action Points 1 and 4, I wonder whether it might be appropriate also to promote the opportunity for patients to see your Nurse Practitioner.

I am happy to formally approve your plan and survey results for publication and would be more than happy to speak to Care Quality Commission inspectors, if required.

I really appreciate the hard work undertaken by you and your colleagues, which makes Heathgate such an efficient, effective and pleasant surgery to use. I hope you may all enjoy a well-deserved break over Christmas and wish you all the best for 2014.

Regards, [REDACTED]

## Patient Survey.

Sent: 23 December 2013 14:36

To: Whiting Gary (NHS SOUTH NORFOLK CCG)

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Hi Gary -Comments on survey.

Action 1. Many patients including me like to see a particular Dr but I am fully aware this is not always possible for a number of reasons. But I think many patients do not realise that every Dr in the practice has access to every patients records and medical history and are in a position to know how to proceed following their last recorded visit. I think this point should be outlined in a newsletter.

I presume overall the number of clinical sessions has not been reduced - only that of Dr. P.

Action 2. I think it should be pointed out in a newsletter that is is mainly for people who cannot attend during normal surgery hours. It must not be written in tablets of stone of course.

Action 3. I find this would be very helpful.

Action 4. Agree and display this information prominently in both waiting rooms. I was told not too long ago following an accident 'We don,t do stitching at this surgery!!

Action 5. I would have thought that one of the practice nurses could be trained to do this. But then it may be a more serious condition that I thought it was.

Action 6. The general opinion from patients is that it is very very difficult to get any sort of appointment for physiotherapy or chiropody. From an outsiders view I would think it needs money throwing at these services.

Action 7. Agree.

Action 8. Agree.

Regards, [REDACTED]

<https://web.nhs.net/OWA/?ae=Item&t=IPM.Note&id=RgAAAADRvvzqN7arSaFmq...> 23/12/2013

As you can see, there was really positive support for the actions proposed. One of the initial 8 actions was to look to expedite the ability for our patients to visit a neighbouring Practice for the removal of ear wax by micro suction, rather than refer them to the hospital and as this has now been introduced before the finalisation of this report, this has been removed, leaving 7 action points.

## **2013 Action Plan**

Action one	Review the issues associated with the waiting times for appointments with one of our GPs following a reduction in clinical sessions and actively encourage patients to establish relationships with other GPs, where the waiting time may not be so long. Introductions and handovers can be arranged where necessary.
Action two	We currently offer extended clinics outside our core General Medical Services contract on Friday mornings from 7am and some Saturday mornings. We propose to offer extended clinics in the evening one day a week between 6.30 and 8.30pm.
Action three	Seek agreement from the Norfolk and Norwich Hospital to become a local centre for replacement hearing aid batteries.
Action four	Promote wider the services that we already provide. These include; <ul style="list-style-type: none"> <li>• Minor injury services</li> <li>• Minor surgery</li> <li>• Hearing tests</li> <li>• Travel clinics</li> <li>• Well man and well woman clinics</li> </ul>
Action five	Seek the Commissioners of physiotherapy and chiropody to offer a wider range of appointments locally. The surgery can offer a clinical room for this.
Action six	Some family planning services are already offered in surgery but with the retirement of one of our GPs two years ago, we no longer fit coils. This is something we will look to see provided in the community through the creation of a protocol to allow us to refer our patients to GPs at other local surgeries, rather than them having to attend the Norfolk and Norwich Hospital Family Planning Service.
Action seven	Train one of our team to provide a measuring service for patients that require medical hosiery.

We will look to implement these changes over 2014 and liaise with the PRG during the 12 month period for their support and involvement in this process.

### **Last years Practice Survey action plan**

Last years Patient Survey saw a plan created with seven actions to undertake. Here is an update on those;

Action 1	We agree to allow patients to continue to order repeat medication on the telephone rather than implement our	Completed – patients can still order repeat medication via the telephone as well as on line, in person and by returning the
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	proposed action of ending this service.	repeat medication slip.
Action 2	We agreed to invest in new equipment to clear pathways and the car park better during inclement weather.	Completed - we have purchased additional snow clearing shovels and a salt spreader for this purpose.
Action 3	We agreed to update our phlebotomy protocol and add new signage to consultation room doors to encourage patients to telephone for blood results.	Completed - protocol updated and new signage on treatment room doors.
Action 4	We agreed to replace waiting room chairs at our Poringland site.	Completed – new CQC compliant chairs are in place.
Action 5	We agreed to all staff having a customer service update from an external training organisation.	Completed – this took place on 14 <sup>th</sup> June 2013 – all staff attendance.
Action 6	Produce a bi-monthly newsletter including details of new and updated changes in service provision.	Completed – we produce a bi-monthly newsletter which is available to patients in our waiting rooms and on our web site. Patients can subscribe to receiving a copy as soon as it is published on the web site. These are now four page newsletters printed professionally. We have also written articles for the local parish newsletters including articles on flu vaccination, stop smoking, the new shingles vaccination and NHS Health Checks.
Action 7	We have reviewed the perceived increase in telephone calls received into the surgery.	Completed – a review has been undertaken to see if the number of calls increased significantly. In 2013, there was only a 2% increase in the

		number of calls compared to 2012. Our telephony invoice allowed us to make this comparison.
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As illustrated, we have made good progress with last years action plan and completed all aspects of delivery.

### **Practice opening hours**

The service specification associated with the requirement for us to undertake a Patient Survey requires us, within the report, which has to be published on our web site, to promote our opening hours and clarify methods of accessing services during core hours.

### **Poringland surgery**

Our main surgery is open Monday to Friday from 8am to 6pm (closed Fridays for staff training between 12.30pm and 2pm).

Between 6pm and 6.30pm and the Friday training period, our telephone lines are still open with access to a duty doctor if urgent medical care is required.

### **Rockland St Mary Surgery**

Our branch surgery is open the following hours:

#### **Winter months (Greenwich Mean Time)**

	<b>Morning session</b>	<b>Afternoon session</b>
Monday	8.30am to 12noon	2pm to 5pm
Tuesday		
Wednesday		2pm to 5pm
Thursday	8.30am to 12noon	
Friday	8.30am to 12noon	2pm to 5pm

#### **Summer months (British Summer Time)**

	<b>Morning session</b>	<b>Afternoon session</b>
Monday	8.30am to 12noon	2.30pm to 5.30pm
Tuesday		
Wednesday		2.30pm to 5.30pm
Thursday	8.30am to 12noon	
Friday	8.30am to 12noon	2.30pm to 5.30pm

When the Rockland St Mary Surgery is closed, patients are directed to the main surgery in Poringland.

### **Out of hours service**

Outside of our core contract hours, the NHS Norfolk and Waveney 111 service is promoted in an answer phone message.

### **Extended hours service**

The Practice offers an Extended Hours Service with a selection of appointments with doctors and nurses. These are open to all Practice patients and available on;

- Friday mornings between 7am and 8am
- Wednesday evenings between 6.30pm and 8.30pm
- Saturday mornings between 8.30am and 12.30pm (advertised Saturdays only)

This service is delivered to meet the requirements of the NHS England Directed Enhanced Service.

### **Accessing services**

Patients can access the Practice via:

- Poringland surgery telephone – 01508 494343
- Poringland surgery fax – 01508 495423
- Rockland St Mary surgery telephone – 01508 538750
- Rockland St Mary surgery fax – 01508 537026
- Practice E Mail – [mail.heathgate@nhs.net](mailto:mail.heathgate@nhs.net)
- In person during our opening hours

Full details of the Practice and our services are available on our web site at [www.heathgatemedicalpractice.co.uk](http://www.heathgatemedicalpractice.co.uk)

This final report is published on our Practice web site and has been circulated to all PRG members.