

PATIENT SURVEY REPORT

**The Surgery
200 Osborne Road
Jesmond**

**Theresa Huddart
March 2012**

Content	Page Number
Introduction	3
Public and Patient Participation Group	3
Methodology	3
Profile of the Group	4
Survey Topics	5
Distribution of Survey	5
Survey Results	6
Reception and Secretarial Staff	6
Appointment Times	6
Questions on Accident and Emergency (A&E) Departments	6
Action Plan	7
Opening Hours	7
Extended Hours	7
Access	7
Conclusion	7
Appendix 1: Terms of Reference	8
Appendix 2: Patient Questionnaire	10
Appendix 3: Patient Questionnaire Results	12
Appendix 4: Comments by Theme	14
Appendix 5: Action Plan	18

PATIENT SURVEY REPORT CONDUCTED JANUARY/FEBRUARY 2012

Introduction

The Surgery set up its public and patient participation group to ensure that its registered patients are involved in decisions about the range and quality of services provided, and, over time, commissioned by the practices within the consortium of TyneHealth. The practice has signed up to the Patient Participation Directed Enhanced Service (DES) for 2011 – 2013 which encourages primary care practices to seek the opinions of its patients and act upon their responses wherever possible subject to both clinical and financial constraints. The public and patient participation group was invited to define the questions within the survey to assist the practice fulfil the DES.

Public and Patient Participation Group

The Surgery had established a successful practice patient group in the past but the group had unfortunately not met for a number of months. It was felt that by participating in the DES, the practice had a great opportunity to revive the group and set up a new public and patient participation group. The overall aim was to set up a forum to share views on how local health services can help local residents to stay fit and healthy, ensuring the practice remains accountable and responsive to all its patients' needs.

Methodology

The practice has been proactive in advertising for new members to join the group via the practice website www.thesurgery.org practice leaflet, new patient registration questionnaire, prescription counterfoils and electronic information screen. Posters and leaflets have been displayed in the waiting room. Personal approaches by clinical and non-clinical staff were also made in an effort to ensure the public and patient participation group was representative of all its registered patients. The practice undertook searches via the clinical system to identify patients and decided to make a personal approach when appropriate.

The practice takes great pride in knowing its patients and providing a personal service and wanted to approach patients face-to-face. A virtual group has been set up for those patients who wish to give their views and who are unable to attend meetings.

At its inaugural meeting, the group agreed that they alone would determine meeting dates and times during the group's development phase, with a view to moving towards quarterly meetings on a permanent basis, once it felt established. Confirmed minutes of all the meetings will be made available on the practice's website.

Profile of the Group

The group currently has 12 members, two of which are the senior GP and the practice manager. All ten patient members are registered patients. There are four male and eight female members whose ages range between 33 and 75. All group members are white British. The group is not representative of the age/sex/ethnicity mix of the practice population (4957 patient total as at February 2012). The table below (figure 1) shows the practice and public and patient group profile. The practice holds a register of membership of patients on the group.

Practice Population Profile	Male %	Female %	Public and Patient Group Profile	Male %	Female %
Under 16	7	7	Under 16	0	0
17 - 24	7.5	9	17 - 24	0	0
25 - 34	8.5	9	25 - 34	0	8
35 - 44	7	6	35 - 44	0	0
45 - 54	8	6	45 - 54	0	8
55 - 64	6	5	55 - 64	17	33
65 - 74	3	3	65 - 74	8	0
75 - 84	2	3	75 - 84	8	8
Over 85	1	2	Over 85	0	8

figure 1 (rounded to nearest %)

To establish an ethnicity profile, (as not all data is available from the clinical system) the practice utilised estimated data from the network of Public Health Observatories

http://www.apho.org.uk/PracProf/Profile.aspx?s=mod,2,sha,Q30,pyr,2011,pat,2,par_5D7,are,A86020,sid1,2000005,ind1,-,sid2,-,ind2,-

It can be seen that it is estimated that 1.1% are Asian and 4.1% are other non-white ethnic groups. The practice is in the second least deprived centile in respect of deprivation.

The group felt that they would consider the needs of all registered patients, and not their own interests, in all its deliberations until further recruitment to its membership. This is highlighted within its Terms of Reference (Appendix 1).

It is expected that the surgery will continue to recruit registered patients to ensure representation from a cross-section of the practice population. There are no ethnic minorities represented. One member is profoundly deaf. Not all members are able to attend meetings but are available via letter or email to forward comments and views.

The group would agree with the practice, in the first instance, the priority areas for survey, possible changes and agree an action plan.

Survey Topics

The first meeting of the group was held on 11 January 2012. The structure and wording of the questionnaire was discussed at length and agreed between the group and the practice. Whilst it was recognised that there was a considerable amount of recent survey data that related to general access and service quality, there were areas that the practice could continue to improve on. These were identified as customer/service satisfaction and availability of appointments; two areas that had been raised within patient complaints over the past year and highlighted in the annual survey (web address below)

<http://www.apho.org.uk/PracProf/Profile.aspx?s=mod,1,sha,Q30,pyr,2011,pat,2,par,5D7,are,A86020,sid1,2000005,ind1,-,sid2,-,ind2,->

The group and the practice were mindful that with increasing part time working and other social demands on patients' time, there is a need to access primary care services at various times of the day, therefore the survey had questions devoted to gathering information regarding the issue around surgery hours.

The group stated that they felt a number of patient surveys had been undertaken and that there was concern that there may be 'survey fatigue' and therefore a low response rate. As a result the group were very keen to keep the survey to a maximum of two sides of A4 and the questions succinct.

The practice contacted Ms Sam Harrison, Head of Involvement, NHS North of Tyne and gave approval to the practice's approach and percentage sampling of 8%.

It was also agreed through TyneHealth Clinical Commissioning Group that patient surveys undertaken by general practices in Newcastle should also include questions relating to their experience of Accident and Emergency Departments in Newcastle. The group endorsed the addition of the questions and in addition, it was recognised that the survey format should include an opportunity for patients to provide comments in addition to answering the multiple choice questions. The confirmed minutes of the meeting held on 11 January detail the discussion.

Distribution of Survey

The survey (Appendix 2) was prepared and distributed by the practice to patients attending in person during a four week period in January and February 2012 and by post to patients who had recently attended Accident and Emergency departments in Newcastle to obtain their views on their experience. A total of 400 surveys (representing 8% of the practice population) were distributed and 385 completed surveys had been returned (response rate of 96%) by end of February 2012.

The group felt that an 'in house' survey from those patients physically attending for appointments was more relevant to obtain current, not historical, experiences.

Survey Results

The results were analysed by the practice and presented to the group at its meeting held on 7 March 2012 together with comments by theme, both positive and what the practice could do better (Appendix 3).

The common approach taken was not to quote absolute numerical data but show responses represented by percentages of the total responses to the particular question. This was to avoid distortion of the results as not all questions were completely answered and some questions were answered with more than one response.

Reception and Secretarial Staff

The practice employs an extremely hard working and loyal reception and secretarial staff team who work in a time pressured environment. The staff are at the frontline and their behaviour and mannerisms set the tone and professionalism of the practice in the eyes of the patients as they are the first point of contact either physically or by telephone. The group and the practice wanted to establish the perception of patients as to whether the staff were helpful and offered a good service in accordance with the culture of the practice. There was an overwhelming response from patients who stated that they found the staff very helpful and rated the service as excellent (59%) or very good (33%). Comments from patients are set out in Appendix 4.

Appointment Times

The majority of respondents (32.8%) wanted routine appointments offered on a Saturday with 24.5% wanting routine appointments after 6.30 pm, 12% before 8 am, 10.2% at lunchtime and 9.2% on a Sunday. It was interesting to note that 11.3% wanted none of these additional opening hours.

Questions on Accident and Emergency (A&E) Departments

Four questions were posed to patients on aspects of attendance at A&E. These questions were aimed to find out the main reasons why patients were attending A&E, who told them to attend A&E and whether patients were offered alternative appointments within the practice to avoid attending A&E. In addition, patients were asked two questions as to how long they waited before being spoken to by a nurse or doctor and long they had to wait before being examined by a nurse or a doctor at A&E departments.

This information will form part of intelligence from primary care in Newcastle for TyneHealth Clinical Commissioning Group in order to try and understand why patients access A&E rather than attend their own GP as well as understanding a patient's experience of waiting times with such service.

Action Plan

Following discussion of the data and all comments by the group, and in conjunction with the Dr Darling, senior GP, and Theresa Huddart, practice manager, an action plan was formulated and agreed. Comments were debated in detail and there was common agreement on the actions to take forward. The action plan is shown at Appendix 5.

Opening Hours

The practice opens at 8 am every morning and closes at 6.30 pm, Monday to Friday. Permission was obtained from the North East Primary Care Services Agency for the practice to close three Thursdays in four from 1pm to 2 pm and every fourth Thursday from 1pm to 3 pm for training and development from January 2012. The hours outlined are in excess of the contractual requirement that a GP practice be open 45 hours per week.

Extended Hours

The practice offers extended hours and pre-bookable appointments on alternate Monday or Thursday evenings from 6.30 pm to 8 pm and on a Saturday twice monthly 9 am to 12 noon.

Access

Patients can access services by either telephone or in person to the practice. Telephone access is from 8.30 am to 6 pm each weekday. Appointments can be made by telephone, in person at the desk or by internet access. Repeat prescription requests can be made in person, by post, by telephoning the prescription line, by fax or by the internet. Signed prescriptions can be collected, or posted out, if a stamped addressed envelope is supplied, or patients can arrange for a local pharmacy to collect them on their behalf.

Conclusion

This is the first patient survey that the practice has undertaken with the support of the public and patient participation group as part of a Directed Enhanced Service. The driving force being to collate patient feedback to ensure that the practice is not only designed for the needs and aspirations of the registered patients but is fit for purpose to provide outstanding, safe patient care now and for the future. The practice ethos is to pursue excellence and to be a centre of excellence working in partnership with its patients; to offer services of the standard the practice's GPs and staff families would wish to receive. The practice aims to provide excellent healthcare to all of its registered population at the same time as providing a happy and balanced working environment for all. It was very encouraging for the practice to receive the many comments of support and, equally important, to receive comments where the practice can continue to improve. It is clear from the feedback that the practice has got a lot of things right but also accepts that there are things it can do better. The practice is committed to continue to strive towards excellence, embracing change and innovating to improve things for the better.

PATIENT AND PUBLIC INVOLVEMENT GROUP
The Surgery, 200 Osborne Road, West Jesmond, NE2 3LD

TERMS OF REFERENCE

1. Role

The aim of the forum is to share views on how local health services can help local residents to stay fit and healthy. Views will be used to make improvements to health services both within and beyond the surgery.

2. Remit

- To work with patients, the practice and other local health services to encourage people to be as healthy as possible
- To give patients a greater say in the practice's services and other local health services
- To help improve existing services and to identify gaps in services that can help local people to be more healthy
- To develop and maintain two way communications between local people and the practice and other local health services
- To share information with local people and patients to raise awareness of local health services with a view to making services more accessible
- Promote good health and share health education to help people be as healthy as possible
- Facilitate the sharing of feedback on local health services, positive and negative to create an open relationship and to encourage trust and confidence in local health services
- Help to highlight strengths and weaknesses of local health services
- Signpost patients to complaints and Patient, Advice and Liaison Services processes where patients have single issues and/or complaints
- Ensure patients' needs and views are considered when developing new practice services and systems, irrespective of age, gender, sex, ability, ethnicity and sexual orientation

What the group will not do:

- Share personal and confidential information
- Discuss individual complaints and single issues
- Follow-up individual issues or concerns on behalf of patients – only issues which have implications for patients in general and can result in a general solution will be raised

3. Membership

The group's regular members will include:

- Patient members
- GP
- Practice manager

The following members will support the group:

- Other GPs and nurses to be co-opted to attend as and when clinical advice and input is required
- Administrative staff to be invited, through practice manager, to attend if interested and/or to discuss specific administrative issue

4. Attendance at Meetings

The group accepts that the time of practice staff is precious and the group will therefore allow sufficient notice before inviting them to a meeting. Staff are also free to attend the meeting for their agenda item only; there is no obligation to stay for duration of meeting, although they would be welcome to do so.

5. Frequency of Meetings

Meetings will be held as determined by the group during the group's development phase with a view to moving towards quarterly meetings on a permanent basis.

Each meeting will have an agenda which will largely be decided at previous meeting with an option for group members to add agenda items at a later date.

Standing agenda items will include:

- Apologies
- Minutes of previous meeting
- Practice update

6. Accountability Arrangements

- Meetings will be held on a Wednesday evening from 6pm to 7pm during the group's development phase. The day and time will be reviewed and agreed at each meeting. If a member is unable to attend, papers will be forwarded to that member for consideration by email or post.
- The practice manager will chair each meeting and will be responsible for ensuring papers are forwarded to members one week prior to the meeting.
- Notes will be taken by the practice manager.
- Decisions will be made by a majority vote. Each member will have one vote. The chair will have the casting vote in the event of a tie.

7. Quorum

A quorum shall be when two patients, a GP or practice manager are in attendance. The terms of reference to be reviewed annually.

PATIENT QUESTIONNAIRE

SURGERY CONTACT:

Q1 How helpful do you find the receptionists and secretary at the practice?

- 1 Very helpful
- 2 Fairly helpful
- 3 Not very helpful
- 4 Not helpful at all
- 5 Don't know

Q2 How do you rate their service to you?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very Poor

APPOINTMENTS:

Q3 If you need to see a GP urgently, can you normally get seen on the same day?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Haven't tried

Q4 Which of the following additional opening hours would make it easier for you to see or speak to someone for a routine appointment ? (tick all that apply)

- 1 Before 8am
- 2 At lunchtime
- 3 After 6:30pm
- 4 On a Saturday
- 5 On a Sunday
- 6 None of these

Your feedback on changes or suggestions that might help us to improve our service to you is very important, so please give any comments here:

.....
.....
.....

If you have attended the Accident & Emergency department within the last 12 months then please complete the next part of the questionnaire overleaf

THINKING ABOUT BEFORE YOU ARRIVED AT ACCIDENT & EMERGENCY DEPARTMENT.....

- Q5 What was the MAIN reason that you went to the Accident & Emergency department?
- 1 I was taken to the A&E department by the Ambulance Service (go to Q9)
 - 2 I was told to go to an A&E department by a healthcare professional (go to Q6)
 - 3 Someone else (e.g. friend, relative, colleague) decided that I needed to go to the A&E department (go to Q9)
 - 4 The A&E department was closest to where I live (go to Q9)
 - 5 I was not aware of any other service available at the time (go to Q9)
 - 6 My local health centre or practice was closed – please tell us what time you called for an appointment (time) (go to Q9)
 - 7 My own GP was not available / the GP I asked for was not available (go to Q7)
- Q6 If you were told to go to A&E by a health professional, was this by a:
- 1 GP
 - 2 Practice Nurse
 - 3 District Nurse
 - 4 Out of hours doctor / service
 - 5 Staff from a walk-in centre or minor injuries unit
 - 6 NHS Direct
 - 7 Pharmacist
 - 8 Other (please tell us who
- Q7 Were you offered an appointment with another GP at the practice?
- 1 Yes (go to Q8)
 - 2 No (go to Q9)
- Q8 If yes, please tell us why you were unable to take this appointment:
- 1 I could not attend the appointment time offered – please tell us the appointment time offered
 - 2 I wanted a same day appointment
 - 3 I did not want to see another GP
 - 4 I did not want to see the particular GP offered

THINKING ABOUT THE TIME YOU SPENT AT THE ACCIDENT & EMERGENCY DEPARTMENT

- Q9 How long did you wait before you SPOKE to a Nurse or Doctor?
- 1 Up to 15 minutes
 - 2 16 – 30 minutes
 - 3 31 – 60 minutes
 - 4 More than 60 minutes
 - 5 Don't know/can't remember
- Q10 From the time you first arrived at the A&E department, how long did you wait before being EXAMINED by a Nurse or a Doctor?
- 1 I did not have to wait
 - 2 1 - 30 minutes
 - 3 31 - 60 minutes
 - 4 More than 1 hour but no more than 2 hours
 - 5 More than 2 hours but no more than 4 hours
 - 6 More than 4 hours
 - 7 Don't know/can't remember
 - 8 I did not see a Nurse or Doctor

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

APPENDIX 3

PATIENT QUESTIONNAIRE RESULTS

Q1. How helpful do you find the receptionists and secretary at the practice?

87.3% Very helpful
12.7% Fairly helpful

Q2. How do you rate their service to you?

59% Excellent
33% Very good
6.7% Good
1.3% Fair

Q3. If you need to see a GP urgently, can you normally get seen on the same day?

57.9% Yes
10.7% No
10.6% Don't know
20.8% Haven't tried

Q4. Which of the following additional opening hours would make it easier for you to see or speak to someone for a routine appointment? (tick all that apply)

12% Before 8am
10.2% At lunchtime
24.5% After 6:30 pm
32.8% On a Saturday
9.2% On a Sunday
11.3% None of these

Q5. What was the MAIN reason that you went to the Accident and Emergency Department?

22.8% I was taken to the A&E department by the ambulance service (go to Q9)
29% I was told to go to an A&E department by a healthcare professional (go to Q6)
24.2% Someone else decided that I needed to go to A&E department (go to Q9)
3% The A&E department was closest to where I live (go to Q9)
6% I was not aware of any other service available at the time (go to Q9)
9% My local practice was closed. What time you called for an appointment (go to Q9)
6% My own GP was not available/the GP I asked for was not available (go to Q7)

Q6. If you were told to go to A&E by a health professional, was this by a:

29%	GP
4%	Practice nurse
0%	District nurse
8.3%	Out of hours doctor/service
0%	Staff from a walk-in centre or minor injuries unit
20.8%	NHS Direct
4.6%	Pharmacist
33.3%	Other (ie carer)

Q7. Were you offered an appointment with another GP at the practice?

21.4%	Yes (go to Q8)
78.6%	No (go to Q9)

Q8. If yes, please tell us why you were unable to take this appointment?

0%	I could not attend the appointment offered
75%	I wanted a same day appointment
25%	I did not want to see another GP
0%	I did not want to see the particular GP offered

Q9. How long did you wait before you SPOKE to a nurse or doctor?

34%	Up to 15 minutes
23%	16 – 30 minutes
22%	31 – 60 minutes
21%	More than 60 minutes
0%	Don't know/can't remember

Q10. From the time you first arrived at the A&E department, how long did you wait before being examined by a nurse or a doctor?

22%	I did not have to wait
19%	1 – 30 minutes
20.6%	31 – 60 minutes
22.2%	More than 1 hour but no more than 2 hours
9.5%	More than 2 hours but no more than 4 hours
6.7%	More than 4 hours
0%	Don't know/can't remember
0%	I did not see a nurse or a doctor

Comments by Theme – Patient Survey January/February 2012

Appointments

Would appreciate some Saturday morning appointments (but not for routine) but very satisfied with present system.

Late nights or Saturdays would help due to long work hours.

No change required.

Saturday surgery was very helpful and easy to fit in appointments around work.

A half day service on Sunday would be recommendable.

You could give some preference to those who work especially outside working hours – 9 to 5.

Open sometimes on a Saturday morning to pick up a prescription.

Certainly some flexibility for other professionals who don't close at 6pm.

Never had a problem getting an appointment within 24 hours.

More appointments available out of normal working hours would be useful.

For me personally I can work around appointments so the existing surgery hours are ok.

I personally think that the current opening hours are great and I always manage to get an appointment that is convenient.

Evening surgeries would be of most help.

Evening appointments are helpful to a lot of people I know.

One late night a week would be great.

I have had to use the walk in clinic at the RVI on a Saturday for the only time I have felt I needed to see a doctor urgently.

I tend to work throughout the week during office hours; extended hours/weekend appointments would be very helpful.

Current times suit me fine.

Being OAPs we are happy with current arrangements.

I am very flexible so currently no need.

I believe that, it gets to a stage when one's work and home life aren't separated – work just seems to take up more and more of our lives so I don't think GPs should be expected to work weekends, before 8 or after 6.30 pm.

Appointments after 5 pm to 7 pm.

Am happy with everything but would appreciate appointments before 8 am, after 6.30 pm and on a Saturday being available.

Additional times not particularly necessary for me yet.

Don't need any changes.

Service

Service is excellent.

Never had any complaints – everything is excellent.

Have always found surgery, appointments, receptionists excellent.

Always had excellent and helpful advice here.

Very happy with the service at the surgery – thank you.

Happy.

Everything about the practice is very good.

I am very happy with the service provided.

I am very happy with the service that you provide. The receptionists are very helpful and help me to fit appointments around my working hours.

Still feel this surgery offers exceptional service after 25+ years of minor/major needs. My family have all been seen promptly and care and consideration always evident. Many thanks.

I am a big fan of the old 'calling in patients by name' approach that existed before the display boards. Other than that everything is excellent.

Very satisfied, thank you.

Excellent service.

Always been there for me when needed and fortunately that isn't very often – sorry can't think of any improvements to make.

I think your service and the opening times are excellent already.

Very satisfied with current service, thank you.

Am happy with current service provision.

Excellent practice, great staff, great doctors.

Quite satisfied.

All ok for me.

Excellent at the moment.

Even though 'my doctor' Dr Browell only works half of the week, I have always been able to see another doctor. This makes things much easier. Thank you.

Very happy with treatment and available appointments.

I am very happy with my GP service.

I had a lot of visits to the nurses last year and I cannot fault the service I received. It was fantastic! Thank you.

Everything satisfactory.

Happy with the service overall.

I have always been very impressed with the standard of service by all your staff. Very helpful and friendly.

Generally an excellent service provided all round.

The receptionists and doctors at the surgery provide an efficient, effective service. Always pleasant and helpful with problems and very understanding when dealing with my children.

We are very lucky to have such a patient friendly practice.

Very prompt and helpful service every time I have visited.

Service is fine, the location is fine, but parking a nightmare especially if you are attending with children.

Service is very good.

I am amenable to your requirements.

I always receive the best advice and treatment from this surgery. No complaints whatsoever. My family and I have been receiving a first class service at this practice for 25 years, of which we are most appreciative. Please don't change things without good reasons.
I have always had excellent service.
Excellent surgery; by far one of the best! Thanks.
I am very happy with the service I have received since joining this practice.
The service I received from the locum GP today was outstanding.
This surgery is one of the best for helpfulness and understanding.
We have always had the best of service at our practice.
Notice boards are easy to refer to and up to date.
So important – first contact - reception and telephone – it reflects on surgery – at this time all excellent.
Notice boards – important to know re services available with local health services.

Staff

All staff, reception, nurses, doctors are excellent – thank you.
I have always found all staff and doctors very helpful.
Historically, I have sometimes found reception somewhat distant and haughty but more recently this has not been the case which is a most welcome improvement.
What lovely staff you have in reception.
Excellent staff.

Things we could do better

Twice last year I was not put through as I'd also collected a prescription so I had 2 x ½ hour waits before being seen. It's ok as I don't work but a bit annoying.
Saturday collection of prescriptions please.
Perhaps have someone available to call out at homes some points during the week.
Appointments tend to run quite late.
Been a lot of confusion re nursing appointments for vaccinations and had no call for a hearing test – requested months ago for my child.
Bring back home visits.
At reception they should tell you if the doctor is running late.
Knowing which doctors are in on which days would be helpful.
Provision of lab test results in hard copy or by email without having to be requested.
GPs need to be more proactive than reactive.
Not going on so many holidays.
A television in the waiting area would pass the time nicely. Thanks awfully and some yorkies would be lovely.
Website not always fully up to date – appointments for Dr Davies not listed late last year.
I liked the idea of the web system good – but a bit cumbersome to use.
An answerphone facility (like the prescription line) would be fine – you could then phone the patient back to have the relevant appointment.

I never can see a GP of my choice as I tend to book appointments at a few days' notice. It would make a difference if one week was a sufficient time to do so. Simple queries can be dealt through a telephone consultation, why don't you open some up?

Telephone consultations.

The 'out of hours' – possible alterations would be particularly helpful – more appointments after 6.30 pm and on a Saturday.

I like having practice leaflet but don't always know when changes made.

I looked at your website for the first time yesterday – must do more often.

ACTION PLAN

Area of Concern	PPPG and GP Agreed Action	Timescale
Checking in with reception for appointment to avoid delay in seeing GP	Put notice in waiting area and on Jayex Board.	March 2012
Home visits	Already highlighted in practice leaflet and website. To retain on website and add to Jayex Board.	April 2012
Telephone advice/consultations	Already highlighted in practice leaflet and website. To add to Jayex Board.	April 2012
Appointments running late	Receptionists to keep patients informed as they book in for their appointment and/or as the situation arises.	March 2012
Appointments in the evening and Saturdays	Currently appointments have been available alternate Mondays and Thursdays and alternate Saturdays. Disappointingly, sometimes these appointments have not been booked and occasionally sessions have had to be cancelled. To highlight in practice leaflet, website and Jayex Board.	March 2012
Appointments with GP of choice	The practice reviews availability of appointments on a weekly basis and appointments are normally available unless the GP is on holiday or sick. Every effort is made to offer an appointment with an alternative GP and if the problem is urgent, a patient will always be seen or have access to a GP by telephone the same day.	Ongoing
Information on which doctors are in each day of the week	Add to information within practice leaflet and Jayex Board. Update website accordingly.	April 2012
Website and practice leaflet	Delay to updating website on a regular basis due to new website format being developed. Will update as a matter of priority once new format agreed. The practice leaflet to be issued on a bi-monthly basis to ensure timeliness.	As soon as practicable
Television in waiting area	Not to take forward at the present time but review in 12 months time. PPPG members felt the noise could be overwhelming and annoying in a small waiting area.	Review in 12 months
Prescriptions	Prescriptions are available by calling to the surgery 8 am to 6.30 pm, Monday to Friday, on line, by fax, by post on receipt of a stamped addressed envelope and by arrangement with a local pharmacist. It is not possible to open the surgery every Saturday for scripts to be collected but the practice would be pleased to assist in any way if a patient has any difficulty and should discuss with reception. Continue to advertise in practice leaflet and website.	Ongoing
Answerphone facility	Unfortunately the practice does not have the resources at this present time. PPPG felt telephone access is very good and not to take forward for the time being.	No action
Laboratory results	GPs felt that sending hard copies of results by mail or emailing results would be fraught with difficulties. There is a need to ensure that patient confidentiality is not compromised and patients understand results without being unduly alarmed. There was agreement with GPs and PPPG that there would be no change to current system of relaying results to patients.	No action