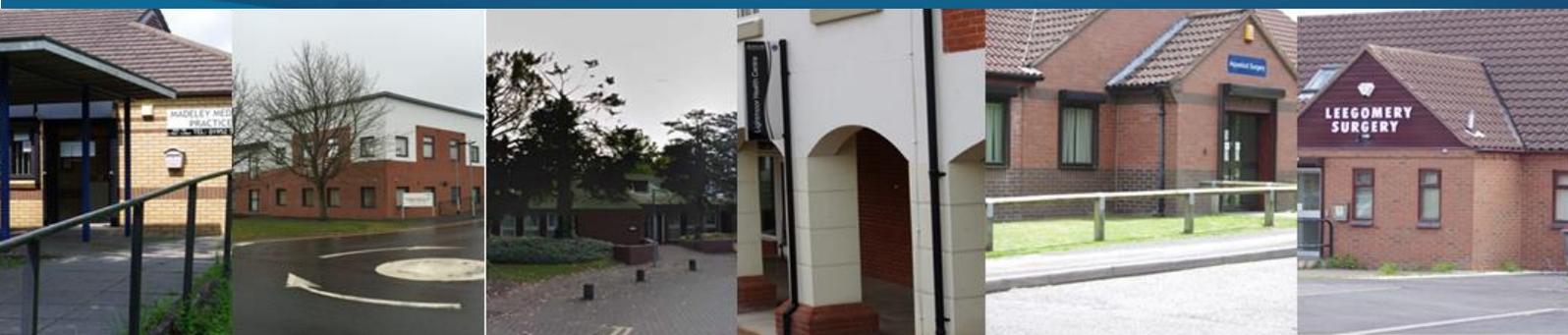


Trinity Healthcare Practice Patient Feedback Survey Report (2016)



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1. Introduction, Executive Summary and Key Recommendations

1.1. Introduction

The following report provides an overview of feedback collection of the experiences of 260 patients registered with Trinity Healthcare GP Practices. Patients were asked a variety of questions in a Survey intended to establish a broad overview of the service they receive at their GP practice following incorporation into Trinity Healthcare. Feedback was collected from patients who visited six of the Trinity Healthcare GP surgeries over the course of the summer in 2016. These surgeries were Aquaduct, Hadley, Leegomery, Lightmoor, Madeley, and Malinsee. The Survey was administered online direct into Survey Monkey, and via Facebook, and Healthwatch volunteers helped to administer paper survey copies at the surgeries, which were then uploaded to Survey Monkey. Patient comments were captured by volunteers during completion of the paper survey-version, as well as in the online survey, providing additional qualitative input to the report of patient experiences. Healthwatch volunteers also noted observations of the surgery facilities (primarily reception/waiting area) using an observational guide.

1.2. Executive Summary

Survey Findings:

- 63% of patient-respondents attend their GP surgery between 1-3 to 4-11 times per year, with 7% attending at least once a week;
- 8 out of 10 patient-respondents use the telephone to book appointments with very few (11%) booking on-line;
- 6 out of 10 patient-respondents are not aware there is a GP practice website, suggesting further ‘awareness-raising’ activity is required;
- When booking appointments over the phone, timely call handling at Hadley seems poorer when compared with other practices, with over 50% of calls being taking over 5 minutes before they are answered. This merits further investigation;
- 27% of patient-respondents claimed that they never get to see their preferred doctor, with this being most acute in Hadley (33%);
- Nearly half of patient-respondents (48%) said they can book into another Trinity practice and see their preferred doctor, although this is much lower in Hadley (33%).
- Patient-respondents said they have a broadly similar experience of booking an appointment now, as was their experience 12 months ago, (46%), although those attending surgeries in Madeley and Hadley perceived this to have deteriorated over the course of the year.

- Patient-respondents are very positive about the service they receive from their GP, with 8 out of 10 respondents indicating that their GPs are 'very good' or 'good' at showing care, and explaining all the tests/treatment required.
- Three quarters of patient-respondents also view their GP as 'very good' or 'good' at involving them in their treatment plan/decision making.
- In total, 62% of patient-respondents had complete trust and confidence in their GP, although this figure fell to 44% of patient-respondents in Aquaduct.
- A greater number of patient-respondents, when compared to the wider population of Telford and Wrekin, were likely to be carers or have a long-term illness (52% v 18% respectively);
- Most patient-respondents (60%) drive or take a taxi to the GP surgery. Very few patient-respondents would be willing to travel over 5 miles to see their preferred doctor for an appointment - either for a routine one (13%), or an urgent appointment (32%).

Patient Comments:

A few positive comments reflected some patients are happy with their practice and the flexibility of services that include on-line booking.

There were many comments that identified concerns or areas identified for improvement.

- Several patients commented on difficulties getting an appointment including their frustrations in getting through on the phone, having to ring daily and finding no appointments each time, and some having difficulties online.
- Confidentiality-issues at some receptions, and the attitudes and approaches of a few receptionists including interacting with patients where English is not their first language, were negative experiences described by some patients.
- Though most reported good experiences with the doctor, some patients commented on feeling rushed, unsupported to have more than one appointment, and some incidents of failures in care and support.
- A few commented on their issues with lack of advertising the website and online services, and a few made other suggestions for improvements, including toys for waiting children.

Observations on Facilities:

- There was no evidence of a 'hearing loop' available in surgeries.
- Some surgeries were experiencing persistent problems with their electronic 'booking-in' system.
- Few surgeries provided information in the surgery about services provided, staff, or signposted consulting and treatment rooms appropriately.
- Some Information Boards were cluttered, few surgeries provided key information in other languages, and some had out-of-date information.

2. Survey Administration and Profile

2.1. Methodology

The primary method for collection of patient feedback of experiences of the GP services was by surveying. Survey questions included how often patients use their GP surgery, how patients contacted the practice, how long it took to get an appointment, and what patients thought of the service they received. This broad line of questioning was intended to gain a good overview of the practice experience from the patients' perspective.

Survey Monkey was used to for online survey administration, and through Healthwatch Facebook site. Paper-based surveys completed within the GP surgeries supported and collected by Healthwatch volunteers, were uploaded to the Survey Monkey database by Healthwatch.

Of 260 patient survey responses were collected in total, with 2 responses found to be patients not allocated to any of the six Trinity Healthcare practice GP surgeries being surveyed. A total of 45 survey-responses were received via Facebook, and 215 through Survey Monkey (direct input, or via paper-based survey that was then input). The total number of completed survey questionnaires by practice is noted below:

- Aquaduct - 31;
- Hadley - 54;
- Leegomery - 56;
- Lightmoor - 1;
- Madeley - 45;
- Malinsee - 71.

In addition to Survey completion, healthwatch volunteers observed the surgery environment and patients interacting with staff in the GP surgery in the 'waiting room'. An observation sheet was developed to support this activity. Volunteers and healthwatch staff made their observations during their visit to administer surveys, and those trained and experienced as E&V authorised representatives made additional observations based on experience. Observations were noted and notes collected and summarised for the report.

All figures in this report analysis have been rounded up or down and therefore some tables may total 99% or 101% due to this rounding. Data has been grouped by GP Surgery, but caution should be used given the relatively low sample bases for each practice. Statistically, based on 258 valid responses overall, the maximum level of sampling error at 95% confidence level is +/- 6.1%. Based on an observed statistic of 50%, we can be 95% confident that the true figure across the whole population lies between 43.9% and 56.1%. *Note: the degree of sampling error on observed statistic of 50% for Malinsee and Aquaduct is +/- 11.6% and +/- 17.6%.*

In some results reported, scores are reported as a positive or negative balance score. The balance score is calculated on a scale answer question, by combining the two most positive scores and subtracting from this the two least positive scores, to establish a positive or negative balance score.

Only 1x survey response was obtained from Lightmoor Surgery so any comparisons between practice scores in this report have ignored this surgery.

2.2. Survey Sample Make up and Analysis

From the sample of patient-survey responses received, the table below shows the percentage distribution by a range of demographic factors such as age, gender and ethnicity.

More than half of the respondents were female (65%), with just over three quarters of respondents (76%) described themselves as 'White British' in terms of ethnicity.

<i>Demographic Group</i>		<i>Percentage of Respondents</i>
Gender	Female	65%
	Male	33%
	Transgender	1%
	Prefer not to say	<1%
Age	Under 16 years of age	1%
	16-24	7%
	25-34	13%
	35-44	18%
	45-54	16%
	55-64	17%
	65-74	13%
	75-84	7%
	85+	2%
Ethnicity	White British	76%
	Asian/Asian British	13%
	Black British	3%
	Chinese	<1%
	Mixed	1%
	Other ethnic group	<1%
	Prefer not to say	<1%
	No response given	6%

All patients were asked whether they were a carer, and overall 76% replied 'no', with 15% - 'yes'. (2011 census for Telford and Wrekin, 11% were identified as carers).

9% of patient-respondents did not provide a response, and under 1% indicated they were 'unsure'.

A substantial proportion of patient-respondents indicated they had a 'long-term illness, disability, or infirmity' (52%). This is significantly higher than the average reported across Telford and Wrekin in the latest census statistics (18%). A third of patient-respondents indicated that they 'did not have' such a condition (34%), with 5% 'not sure', 3% 'preferred not to say', and 7% did not respond.

Patients were asked how they normally travelled to the surgery where they were registered, and the majority responded either they drive, or use a taxi (60%). Some walk (29%), and a small number (6%) use public transport, with the residual (5%) not providing a response. The survey indicates that amongst those patient-respondents attending for a routine appointment, 11% would not be prepared to travel at all. The majority would be prepared to travel either 1-2 miles (36%) or between 2-5 miles (34%), but only 13% would be prepared to travel over 5 miles. Conversely, for an urgent appointment, patient-respondents would be prepared to travel further, with 32% indicating they would travel over 5 miles. Nevertheless 11% of respondents still indicated they would not travel at all whilst 26% said they would travel between 1-2 miles and a further 31% between 2-5 miles.

3. Frequency of use of GP surgeries and appointment booking

3.1. Frequency of use of GP Surgeries

Patients were asked how often they attend their GP surgery for an appointment. Most of patient-respondents (63%) attend between 1-3 times or 4-11 times per year. Overall, 7% of respondents attend their surgery at least once a week, and only a minority of respondents (10%) indicated that they attend the GP surgery less than once a year.

GP surgery	Weekly	More than once a week	1-3 times per month	1-3 times per year	4-11 times per year	Less than once a year	Total
Aquaduct	13%	3%	7%	27%	37%	13%	100%
Hadley	6%	0%	25%	29%	31%	10%	100%
Leegomery	9%	2%	17%	39%	28%	6%	100%
Lightmoor	0%	0%	100%	0%	0%	0%	100%
Madeley	4%	0%	18%	33%	31%	13%	100%
Malinsee	6%	0%	20%	30%	33%	11%	100%
Total	7%	<1%	19%	32%	31%	10%	100%

3.2. How patients contact their surgery to make an appointment

All patients were then asked how they normally contact their practice to make an appointment. Options were provided and respondents could select more than one, including: via telephone, online, using an app on their phone, and at the surgery in person. Overall, appointments made by most patient-respondents (8 in 10, 79%) are made using the telephone. This was greatest across Madeley and Aquaduct, 87% and 84% respectively, followed by Malinsee (77%), Leegomery (77%) and Hadley (76%). Just under a quarter of appointments (24%) are made by visiting the practice in person to book, while few use online functionality (11%) or use an App on their phone (3%).

Patients were also asked how often they use the practice website. From the responses, it is evident that many patients were unaware that there is a website, suggesting more or better communication is needed to raise awareness, the services accessible, and other benefits. Patient-respondents indicated that:

- 60% did not know there was a website;
- 26% accessed the practice website less than once a month;
- 11% accessed the website once or twice a month;

- 2% accessed the website once or twice a week;
- 1% accessed the website twice a week.

Of those who did not know there was a website, 34% were in the age groups 16 - 34 years, 36% were 35 - 54, and 40% were over 55 years old.

Amongst those who had accessed the website, 38% did so for booking an appointment, and 32% for requesting prescriptions. A further 19% used the website for general information, 6% for information on doctors/nurses, and 4% for finding the location of other Trinity Healthcare surgeries.

3.3. Time taken to get through to the surgery to book an appointment

Where patient-respondents have tried to make an appointment using the phone, just under a third (32%) indicated that the call was answered in under 1 minute, and under a third (29%) said it took over 5 minutes for the call to be answered. Delays in answering the calls were particularly evident in Hadley where over 50% of patient-respondents indicated it took more than 5 minutes, and only 16% of the appointment calls were answered in less than a minute. Call-response times of 3 minutes or longer were also experienced by patient-respondents in Malinsee (54%), Madeley (40%) and Leegomery (30%). The differences when compared to other surgeries suggests it is worthwhile further exploring the call-handling service in Hadley relative to the demand/volume of inbound calls.

GP surgery	0-30 seconds	30 seconds - 1 minute	1-3 minutes	3-5 minutes	5+minutes	Total
Aquaduct	7%	45%	31%	7%	10%	100%
Hadley	6%	10%	19%	15%	50%	100%
Leegomery	11%	37%	22%	11%	19%	100%
Lightmoor	0%	0%	0%	0%	0%	<i>No calls made</i>
Madeley	4%	24%	31%	20%	20%	100%
Malinsee	3%	24%	19%	18%	36%	100%
Total	6%	26%	23%	15%	29%	100%

4. Access to Preferred GP services

4.1. Making an appointment to see their preferred Doctor

Patients were asked how often they have been able to make an appointment to see their preferred doctor. More than 1 in 5 of those patients responding (22%) indicated that they were never able to see their preferred doctor. This was higher for Hadley patients (33%). However, a combined score of 41% could ‘always, almost always’, or ‘a lot of the time’ see their preferred doctor.

GP surgery	<i>Always or almost always</i>	<i>A lot of the time</i>	<i>Some of the time</i>	<i>Never</i>	<i>Total</i>
Aquaduct	23%	30%	20%	27%	100%
Hadley	17%	19%	31%	33%	100%
Leegomery	35%	6%	39%	20%	100%
Lightmoor	100%	0%	0%	0%	100%
Madeley	14%	16%	53%	16%	100%
Malinsee	19%	25%	39%	17%	100%
Total	22%	19%	37%	22%	100%

Asked whether patients could book an appointment at another Trinity Healthcare practice to see their preferred doctor, 48% believed that they could. There is a large variation in scores between the practices for those who believed that they could ranging from 76% high (Aquaduct) to 35% low (Hadley). Consideration should be given to better communication and signposting of this possibility, as there was also a wide variation in those who “Don’t know”.

GP surgery	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>Total</i>
Aquaduct	76%	10%	14%	100%
Hadley	35%	31%	35%	100%
Leegomery	38%	14%	48%	100%
Lightmoor	100%	0%	0%	100%
Madeley	40%	9%	51%	100%
Malinsee	58%	16%	25%	100%
Total	48%	17%	35%	100%

4.2. Have things changed (booking appointments) compared to 12 months ago

Patient-respondents were asked whether their perception of the ease of making an appointment to see their preferred doctor now, compared to 12 months ago, had

changed. A high proportion of patient-respondents (46%) felt that the situation now is similar with that of 12 months ago; 24% felt to some extent it is easier, and 26% - harder. Leegomery patient-respondents thought things were easier now than a year ago, with a positive balance (+11), while a negative score of -15% for Madeley, and -23% for Hadley were recorded. For Hadley, particularly, 48% reported it was harder now to see their preferred doctor, with 25% of those “a lot harder”.

GP surgery	<i>A lot easier</i>	<i>Easier</i>	<i>The same</i>	<i>Harder</i>	<i>A lot harder</i>	<i>Total</i>	** Balance Score
Aquaduct	15%	4%	65%	4%	12%	100%	+3
Hadley	6%	19%	27%	23%	25%	100%	-23
Leegomery	15%	20%	41%	13%	11%	100%	+11
Lightmoor	0%	0%	100%	0%	0%	100%	0
Madeley	0%	11%	63%	21%	5%	100%	-15
Malinsee	9%	17%	43%	22%	9%	100%	-3
Total	9%	15%	46%	18%	12%	100%	-6

5. Quality of GP services

5.1. Views on the services provided by the GPs

Patients were asked about how good the GP was at ‘*explaining tests and treatments*’ the last time they saw or spoke to a GP from their surgery. Respondents were asked to articulate their opinions using a 5-point scale, ranging from “very good” through to “very poor”. A high proportion of patient-respondents (82%) rated their GP as “very good” or “good”, with a positive balance score of +77. The practice with lowest balance score was Aquaduct with a score of +68; 11% of patient-respondents here rated their GP as “poor” or “very poor” at explaining things; this was double the average across most other practices.

GP surgery	Very Good	Good	Neither	Poor	Very Poor	Total	Balance Score
Aquaduct	43%	36%	11%	7%	4%	100%	+68
Hadley	27%	56%	10%	6%	2%	100%	+75
Leegomery	38%	48%	12%	2%	0%	100%	+84
Lightmoor	0%	100%	0%	0%	0%	100%	+100
Madeley	36%	38%	24%	2%	0%	100%	+72
Malinsee	51%	31%	15%	0%	3%	100%	+79
Total	40%	42%	14%	3%	2%	100%	+77

Patients were also asked whether the last time they saw a GP from their surgery, how good the GP was at ‘*involving them in the decisions about their care*’. Again a 5-point scale was used. Just over three quarters of respondents (76%) rate their GP as “very good” / “good” in involving them in decision making (*Note: This is slightly lower than that recorded in the latest GP patient survey where a score of 79% and 82% was recorded for Telford CCG, and England, respectively*). Just 6% rated this as “poor” / “very poor”, and the balance score is +70 points. Both Leegomery and Malinsee report the highest balance scores, consistent with the previous question scores, with Aquaduct and Madeley the lowest.

GP surgery	Very Good	Good	Neither	Poor	Very Poor	Total	Balance Score
Aquaduct	36%	36%	18%	7%	4%	100%	+61
Hadley	30%	44%	20%	6%	0%	100%	+68
Leegomery	38%	46%	13%	2%	0%	100%	+82
Lightmoor	0%	100%	0%	0%	0%	100%	+100
Madeley	33%	31%	31%	5%	0%	100%	+59
Malinsee	43%	40%	10%	3%	4%	100%	+76
Total	36%	40%	18%	4%	2%	100%	+70

Thinking about the last time the patients saw or spoke to a GP from their surgery, we asked how good was that GP at ‘*treating the patient with care and concern*’. 83% of patients responded with the view that the GP was “very good” or “good” treating them with care and concern, and just 5% viewed this as “poor” / “very poor”. Positive balance scores were recorded for this across all practices.

GP surgery	Very Good	Good	Neither	Poor	Very Poor	Total	Balance Score
Aquaduct	36%	46%	11%	0%	7%	100%	+75
Hadley	37%	42%	15%	4%	2%	100%	+73
Leegomery	50%	38%	10%	2%	0%	100%	+86
Lightmoor	0%	100%	0%	0%	0%	100%	+100
Madeley	33%	43%	19%	5%	0%	100%	+71
Malinsee	51%	35%	9%	3%	1%	100%	+82
Total	43%	40%	12%	3%	2%	100%	+78

Based on the last time patients had seen or spoken to a GP from their surgery, we also asked patients whether they had ‘*confidence and trust in the GP*’. A 3-point score was used, and 62% of respondents indicated they “definitely have confidence” in the GP; 33% responded “to some extent” and 5% indicated “no confidence at all”. Confidence was lowest (44%) at the Aquaduct surgery.

GP surgery	Definitely have confidence	Confidence to some extent	Have no confidence at all	Total
Aquaduct	44%	48%	7%	100%
Hadley	64%	30%	6%	100%
Leegomery	69%	29%	2%	100%
Lightmoor	0%	100%	0%	100%
Madeley	59%	38%	2%	100%
Malinsee	65%	28%	7%	100%
Total	62%	33%	5%	100%

6. Patient Comments

Patients were asked whether there were any other comments they wished to make about the GP surgery services provided by Trinity Healthcare. These verbatim comments have been grouped into positive comments, and areas of concern for consideration, or improvements.

6.1. Positive Feedback

1. A very good group practice [x2].
2. Very happy.
3. It is easier lately - feel listened to a bit more by receptionists.
4. Very good flexible service; on-line booking is very useful.
5. On a good note - (*Reception*) has offered to make appointment with nurse instead of doctor to save time.
6. I think it's more than adequate. But I must state again Dr xxxx is so very knowledgeable, and gives a damn.
7. Just to feel reassured when talking to the doctor. They understand my personal history.
8. Haven't been with them long, pleased so far.

6.2. Concerns and areas for improvement

Appointments:

1. Hard to get through.
2. I think that trying to get an appointment is a joke.
3. I prefer an appointment where I am registered.
4. Very hard to get appointment, had to wait more than 2 weeks last time, it's terrible.
5. More availability slots so don't have to ring up at 8.30am EACH morning to get an appointment, especially if you're in a full-time job and haven't got the time.
6. I am unhappy about phoning the surgery at 8.30 in morning, then to be told that they are fully booked, then told to phone tomorrow morning and again being told that they are fully booked.
7. Difficult in getting through on phone.
8. Waiting to get into appointment too long is the one problem + (only) one appointment possible - taking the 'mick'
9. New system is a no-no. Being told by phone there's no appointments for a week is waste of time. *It was good that I could get an appointment same day at reception, as I'd had a heart attack which wouldn't wait day's*
10. Answer machine constantly on after opening hours. Can't get an appointment. Can't get through to surgery (Hadley). *Ex-admin staff were much more helpful*
11. It would be nice to book appointments rather than ring on the day to get one.
12. I don't like having to ring on the day for an appointment, and when you get through all that is available is the nurse.
13. Since the takeover, we don't know who our family GP is now. Appointments are held, phoning at 8.30hrs to make an appointment is difficult for those of us that work.

14. I am unhappy about phoning the surgery at 8.30 in morning then to be told that they are fully booked, then told to phone tomorrow morning and again being told that they are fully booked.
15. I have no transport at all and find it disgusting that I can never get an appointment for my children; reception services are bad, and doctors failed to diagnose my daughter properly.
16. Very hard to get an appointment on the day by phoning especially when kids need to see the doctor. I always go online and make the appointment.
17. I was not aware of website till told by husband. Tried to make a pre-booked appointment by phone and had to wait almost a week. Husband went on website and booked for two days-time.
18. On-line options are a waste of time - repeat prescriptions are never ready when they are supposed to be, and no appointments for the same day on online booking.
19. Doesn't routinely offer appointment at another surgery - have to request, and it's only because I know there are other surgeries as part of the practice I can do this. I'm guessing many people don't know they could go somewhere else and be seen quicker!
20. I've been coming to this surgery for more than 25 years, and the service is worse now than it has ever been. Can't get appointments for over 2 weeks. Disgusting.
21. When surgery was owned by Dr Anmad, appointments were never blocked & easy accessible
22. I think it is wrong to have to travel to another surgery when I live in Aqueduct.
23. It would be nice to have the option to book advance appointments for follow ups (*as indicated by the doctor*)

Confidentiality and Reception:

24. Not too comfortable about having to discuss the reason to see a doctor, with the receptionist, even though I can decline to do so. [x2]
25. I think it is intrusive, receptionist ask why you need to see the doctor - that is personal.
26. Also, don't agree with having to shout to the back of reception area when the reception staff ask what you would like - I do not like telling the whole surgery why I am there; and you can also hear.
27. Sometimes the ladies on reception are not very kind and helpful. They are a bit **** especially at Aqueduct.
28. Reception staff at Aqueduct are rude and obnoxious especially the ones that have been there a long time!!
29. Confidentiality - when talking at window in Aqueduct you almost have to shout over to the receptionist who continues to sit at her desk when dealing with questions - I shouldn't have to request her to come to window, it should be automatic.
30. Receptionists seem to ignore, or don't understand us.
31. There is a need for different nationality receptionists; 4x times we had to come in to get a repeat prescription. It's good when you get to a doctor, just the receptionist is a problem.
32. Think some receptionists could be a bit more helpful - just had to wait 2 weeks to see a doctor, then have to travel - is not easy with no transport.

During the appointment:

33. Waiting time is a problem.

34. Need to be able to discuss more than one ailment at appointments; one per appointment just isn't suitable.
35. I felt my appointment time with doctor was rushed - the next patient was coming through the door before I had finished. I wasn't very impressed with that and felt upset and angry
36. My mother also registered here, and was terminally ill with cancer. I had to fight to even get the doctor to visit her twice in a 6-month period - this practice should be ashamed of how it treats patients!! My mom died May 2016.
37. I have lost part of my breast because of NO appointment; also, the phones here were broken for a week. I was told there was a two-week waiting list by XXXXXX? I was called about my diabetes - was too high but no nurses; all I needed was Antibiotics for my abscess and pills and I would not have lost part of my breast. I begged XXXX - even told him about how big my breast ..., and that I had PTSD. I have depression. I was nice over the phone but he was like a robot. The young girls are not sure on stuff. I didn't KNOW that the doctor can call me. That would have helped me. I'm so upset, let down by lack of staff caring!
38. I feel quite intimidated and not listened to the majority of the time by most doctors.

Website/Online:

39. They don't advertise services.
40. I don't use the website
41. For some reason, I can't order prescriptions - my iPad won't let me.
42. I would like to know more about the website, and actually get told about it.
43. I wasn't aware of the website. Now when there is one, I would like the option of Booking Appointments there. Also, if we can order Prescriptions there, it would be perfect.
44. Advertise it (website/online booking) more I suppose. I will look at it.
45. Didn't know about website. Do not know how to use computer
46. Yes, I want to know about how I can sort my problem without seeing a doctor or nurse, and more information about diabetic, arthritic and dementia problem.

Other:

47. As Dyslexic, I need posters/forms on different coloured paper.
48. Really could do with something for children whilst waiting for appointments
49. I think the surgery should be open Saturdays, and, it would be better to see the same GP at the same practice.

7. Volunteer Observations

When visiting a surgery to administer feedback surveys, volunteers also made observations using an observation-guide for the purposes that focused on facilities, Information, and confidentiality.

7.1. Aquaduct Surgery

Facilities:

Surgery parking was at the rear, with one disabled parking space identified, but the rear entrance door is not automatic and is difficult for those in a wheel-chair. A disabled toilet is situated just through the front entrance doors and signage is clear. The waiting area is large, and seating is arranged in three rows, though we observed some patients struggled to rise from the seats. There were no single high-backed chairs with arms that would be easier for these patients. The sign-in screen was out of action as broken and it was awaiting repair. (2 weeks).

Information:

There were several notice boards but they were cluttered with several notices and posters overlapped.

Confidentiality:

When quiet, it is possible to hear reception telephone conversations, and receptionists chatting with each other. We observed that receptionists were softly spoken, polite and cheerful when they spoke with patients/visitors. We noticed that when receptionists were busy speaking to patients, the telephone was constantly ringing.

Additional Patient Feedback:

Patients observed that the receptionist is constantly changing, and so it is difficult get more familiar to them. Commenting on the telephone constantly ringing, patients suggested this was why they could not get through to make an appointment. Patients commented that some of the receptionists were not always helpful and understanding with non-English speaking patients.

7.2. Hadley Surgery

Facilities:

Car parking only available on nearby waste ground with many pot-holes. The Surgery entrance is served by automatic doors supporting those patients/visitors in wheelchairs, mobility issues, parents with push-chairs/prams, and those visually impaired. The sign-in screen system was out of order, and had been for past 2 weeks. A sample-bag was observed left out on the reception desk. No Hearing loop evident for use. No high-backed chairs in patient waiting area for frail patients or those with mobility issues.

Information:

A poster in surgery window was noticed, asking for volunteers for the Patient Participation Group (PPG). The TV screen was also out of order. We observed many of the patients were Asian, and several came with a family-member or child as translator. There was a range of information posted on notice boards. This included reference to Malinslee Surgery Sunday-opening. We observed that some of the many posters and flyers were 'out of date'; removing these would reduce clutter and help make other notices easier to see/read. The Carers board was very cluttered and had no 'contact' or 'signposting' information/cards visible.

Confidentiality:

Telephones were quieter, but receptionists could clearly be overheard arranging appointments for a patient at Malinsee, and another at Madeley, and talking about a range of test results with another. We observed an agitated and distressed patient was treated with respect; staff listened to her problem and arranged for a nurse to see the patient quickly to help resolve her anxiety. Another patient attempted to register a visiting relative (without formal ID - stolen, who needed a repeat prescription) as a temporary resident, having already been to Malling Health - Wrekin walk-in centre who couldn't help. The receptionist contacted Malinslee for advice, but following this the surgery were also unable to help, despite a call to the person's Cambridge doctor's surgery. We observed some non-English speaking patients who were unable to understand a form they were given to complete; they were offered assistance, but declined and left. We heard another patient on the phone being advised to attend the Walk-In centre (PRH-site), as there were no appointments available with a doctor or nurse that day, and there was only 1x doctor at Malinslee, and none at Leegomery.

Additional Patient Feedback:

A patient indicated they thought that 'the young staff do not listen'. The patient reflected that in the past it had been good, but now they must ring every day, and they can't get an appointment for their mum who is ill. An appointment at another Trinity surgery had never been offered. One waiting patient commented that they had observed that some of the younger receptionists did not appear to try to understand patients whose language is not English, their manner did not show respect, and they appeared to be 'speaking down' at the patients.

7.3. Leegomery Surgery

Facilities:

Spacious parking with easy wheel-chair access, however internal corridors were narrow. Patient toilet facilities were very clean, and wheel-chair users can use a staff toilet which is bigger, though pedal-bins provided are difficult to use when hand-operated. No hearing loop noticed. A patient sign-in screen system was provided and appeared easy to use; most patients were observed to use this.

Information:

A Carers Board with notices was evident. Some notices on other Boards were out of date. Information for those going on Holiday was clearly set out for patients to read while they waited e.g. warnings about ice in drinks, who to speak to about injections before leaving for holiday etc.

Confidentiality:

Receptionists were observed on the phone being very discrete regarding personal information such as not revealing date of birth while entering patient data. In the reception area, this was more difficult. We heard that only 18 appointments were available for the day; those patients ringing in were told there were no more left that day and they should phone back the next day. We observed a doctor helping an anxious patient who had just been discharged from hospital following knee surgery with only paracetamol, taking time to reassure her. Another patient came into the surgery in obvious severe pain. The patient was told there were no GP appointments available at Leegomery, and was offered one at the Hadley Surgery, but the patient explained she was unable to get transport. The patient left to go home looking quite pale with the pain.

7.4. Madeley Practice

Facilities:

The building is easily accessible via a ramp, and has easy access to all other areas of the building, and easy-access toilets. On entry, there is an electronic booking-in system. The reception/waiting area is spacious with plenty of seating. There was no evidence of 'hearing loop' available. The reception hatch did offer a degree of privacy to patients, but desk-height would present difficulties for patients in a wheel chair. There were no obvious toys provided for children while waiting.

Information:

There was quite a lot of information displayed - e.g. Carers Board (the information was up-to-date), information for parents, as well as topics such as diabetes. However, none of the information was provided in other languages.

There was no information about a Patient Participation Group.

Confidentiality:

The receptionist was observed to be polite and helpful when registering a new patient. This was conducted in a sensitive manner with an emphasis on maintaining the patient's confidentiality within the reception area.

7.5. Malinslee Surgery

Facilities:

Entrance is via automatic doors, and the reception/waiting area was clean and warm, with patient access to toilets. Seating was adequate but quite tightly spaced in rows. There was no area set aside for children, and no toys to occupy/distract. A sign-in system was accessible for the patients attending appointments. There was no 'hearing loop' available. A 'Repeat Prescription' box placed on the reception desk was not obvious - hidden by a plant, and not accessible to patients in a wheelchair. This should be clearly seen - consider an alternative colour rather than white to help this. An intercom used to announce next patient was difficult to hear (too quiet) and some patients appeared to struggle to hear their name. We observed one patient was also not sure where to go /which room to see the doctor.

Information:

A TV screen was not in use on the day. There was no information visible on surgery opening times, nor on the services available/provided - such as phlebotomy etc. (if a patient has lost the information card given when they first register). Also, a lack of information about the surgery practice staff, and no clear signage on/for the rooms i.e. doctor consultation rooms, treatment or examination rooms. Information about the Patient Participation Group was difficult to find. Consider a separate board to hold information, copies of newsletters and meeting minutes. Lacking information in other languages for those where English is not their first language. Various posters were observed on notice boards, though some were difficult for patients to see i.e. portions of the Dementia poster appeared to be 'blurred'. No 'Carers' information could be seen, and no support groups information or mental health information

Confidentiality:

The waiting room is open-plan and seating is within hearing of the reception desk, which lacks any support (screens) for privacy in conversations - patients can hear conversations between reception and the patients/visitors. We observed a receptionist engage professionally with a patient who seemed agitated. Doctors came to the waiting area to call the patient for their appointment during one of the visits. It seemed that some of the doctors and nurses were on

holiday - there were 4 on duty; there were 8 patients waiting. We observed long periods of time with no patients waiting, yet some patients had indicated they had found it difficult to get appointments, though one patient had rung in and obtained an appointment on the day.

7.6. Lightmoor Surgery

Facilities:

Lack of toys for children in the waiting area.

Information:

TV screen was not on.

Confidentiality:

No Doctor at surgery on day of visit, due to family illness. Receptionist observed with a very good telephone manner, careful not to share any confidential information out loud - such as date of birth. Receptionist was contacting patients signposting them to other surgeries in the group where possible.

Receptionist observed engaging with a pregnant 'services-wife' who had experienced difficulties registering with a Midwife. Woman had been directed to contact the hospital midwife unit, but when there she was then told she must register with a GP in-order to get the 20-week scan, in 5 weeks-time. Patient wanted to see someone to advise her what to do next but was struggling to get that help (!)

8. Recommendations

Based on the analysis of the survey results, patient comments and facilities observations, the following recommendations could improve future services offered to patients.

1. Raise awareness of the Trinity Healthcare website with each GP Surgery site/ page across the patient population, and how this can be used, promoting the key benefits of access.

Promote the benefits of accessing the website in terms of booking appointments, accessing health information/advice, signposting services and the general ease of use/application, very important for GP services in the future. Awareness can be raised using both traditional and digital platforms. Surgeries may consider surgery leaflets which can be picked up from reception and near to the seating areas, or handed out by GPs following each consultation. Posters may also be helpful to patients. Consider broader distributions to near-by pharmacies, libraries, Council premises (front line services), and agencies such as Wrekin Housing Trust. When considering digital platforms, include for example, use of the local media channels as well as stakeholder partners and Facebook. There may be also merit in engaging with a patient volunteer (digital champion) who is willing to support 'promotion sessions' within GP surgeries to practically show patients the website and how this can be accessed. This could be recorded and played on the Surgery TV screens to promote and raise website awareness and usage. If real patients could voice their own practical positive experience of accessing the site (be advocates) this will add authenticity to the promotional material.

2. Investigate, monitor and evaluate to understand what is driving patient perceptions regarding weaker call handling experienced for the Hadley practice than across other practices.

For example, is this due to the volume of inbound calls being difficult to handle, or is this a consequence of staffing / administrative resources, training needs, or a combination of these factors.

3. Monitor the circumstances of call response times where the wait experienced is 5 minutes or longer, at Malinsee, Madeley and Leegomery, and consider possible improvements.
4. Consider the need to explore in more depth why Hadley patients are less likely to see their preferred GP.

Patients may become frustrated that they did not see their preferred GP where this breaks a consistency in consultations or relationships with their named GP that they may value. Assess the resources available relative to the demand on services from the patients, and either adjust these or look to proactively manage patient expectations.

5. Review the appointment system (e.g. appointment protocols, availability of appointments, phone-back etc.) to address the case where patients are asked to repeatedly phone to book an appointment on the next day, only to find there are none.
6. Raise awareness about the services available at each GP surgery, and include the ability to book appointments at other surgeries.
7. Review patient facilities including waiting room facilities and consider installing a hearing loop, providing at least one chair (single high-back) suitable for more frail patients or with mobility issues, and review the seating arrangements to better allow access for patients with wheel chairs and motorised wheel chairs.
8. Consider regular reviews of Information Boards to remove items out of date, move items around to maintain interest, identify areas of patient interest or need lacking in information, and for both signage and information posters and notices, consider meeting the needs of those patients where English is not their first language.