

**Sandhurst Patient Focus Group
September 2013 Survey
Analysis of Comments**

Question 2

Have you used the 'Duty Doctor Call Back' arrangement?

	Total Responses	Percentage
Yes	826	47%
No	930	53%

If 'No' why not?

In this instance all the 'no' responses stating that the respondent had not needed to use the service have been removed.

I was unaware of the service	24
I always get an appointment when I want one	7
I don't want to speak with the doctor on the phone	3
I don't use the phone, I book in person	3
I didn't know the new phone number	2
The service wasn't offered to me by the receptionist	2
I feel that the doctor needs to examine me	1
Total	42

Question 2a

If 'Yes', how do you rate it?

	Total Responses	Percentage
Very Good	408	50%
Good	358	45%
Unsatisfactory	37	5%

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Comments Made

No-one called back or the call back was too late	14
I prefer to see the doctor in person	11
I still needed to come in after the phone call	4
My problem was unresolved following the phone call	4
I can't always take the phone call due to work or privacy concerns	3
I feel that the doctor needs to see me to make a diagnosis	3
I have to explain my problem to too many people	3
I didn't feel I was given enough time	2
I didn't know the new phone number	1
Appointment given was not urgent enough	1
Call back adds an unnecessary step	1
I missed the call	1
The service was not offered	1
Total	49

Observations

- Of the respondents who had used the service, 95% felt that the 'Duty Doctor Call Back' service was good or very good and seems to be a valued service.
- Of the respondents who had not used the service, a tiny proportion stated that this was because they were unaware of or hadn't been offered the service.
- Some patients are not able to accept phone calls at work (or miss the call because they are at work) or lack the privacy in which to accept a phone call of this nature and under those circumstances would prefer an appointment in person.
- Some respondents do not understand the rationale behind the 'Duty Doctor Call Back' arrangement, believing that the appointment is in lieu of a face-to-face appointment or that it is an act to delay getting an appointment.

For Consideration

- Perhaps the practice would consider expanding on the section on the website about the types of appointments available and the reason behind them. The pilot study is noted on there but there is no date on the post stating when the pilot was running from and to. If this has been accepted in to the practice on a permanent basis, this page needs updating.
- It came to the attention of the group that the responders stating they had not used the service may have been due to the service being given a different name by each surgery. Standardisation of terms across the two surgeries would be beneficial but essential if we are to continue to compare like for like.

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Question 3

Have you used the urgent appointment system?

	Total Responses	Percentage
Yes	854	49%
No	893	51%

If 'No', why not?

I did not require an urgent appointment	14
I didn't know about this service	7
Total	21

If 'Yes', how do you rate it?

	Total Responses	Percentage
Very Good	374	45%
Good	405	48%
Unsatisfactory	57	7%

Comments Made

I would prefer a routine appointment. My problem is not urgent	25
I need to make repeated calls to book an appointment	12
There are no other appointments available	11
I want to see my own GP	6
Define what 'urgent' and 'emergency' mean	6
I had a customer service problem when I booked	6
The wait to see the doctor is too long	5
I would like a set appointment time rather than wait around	4
The emergency appointments are too short	4
I want to see a doctor, not tell the receptionist my problem	1
Total	80

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Observations

- Some respondents are frustrated by the perceived lack of routine appointments and upset that they feel 'forced' to take urgent appointments.
- Some respondents are confused over the definition and use of the words 'urgent' and emergency

For Consideration

- Working more routine appointments into the schedule
- Encouraging a change in the Receptionist's language towards the use of 'urgent' over 'emergency' and also to ensure the use of uniform language across the two surgeries.

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Question 4

Have these changes improved the appointments system?

	Total Responses	Percentage
Yes	1057	76%
No	341	24%

If 'No', why not?

The wait for routine appointments is too long	78
It is still difficult to get an appointment	59
The wait to see my own GP is too long	33
Issues with the telephone system	15
I preferred the old system	10
Would like more flexible opening hours	7
I had a 'Customer Service' issue	6
I don't like the 'Duty Doctor Call Back' service	4
Not informed of the telephone number change	1
Unable to book my follow up appointment during appointment	1
I am confused over the new system	1
Total	215

Observations

- The comments suggest that there is some frustration over the inability to book a routine appointment within an acceptable time frame (under 2 weeks). Some respondents feel that they are 'forced' to take an urgent appointment which is making them feel uncomfortable as they realise there may be people who may need that appointment more than they do. This is backed up with the comments we received on Question 3.

For Consideration

- Work more routine appointments into the system

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Question 6

Do you use the automatic check-in system?

	Total Responses	Percentage
Yes	1328	79%
No	359	21%

If 'No', why not?

I prefer to check-in with a person	68
It wasn't working when I tried to use it	61
I didn't know about it	34
I don't know how to use it	34
I haven't seen it	23
I haven't needed to use it	22
I use it but only if there is a queue at reception	20
I don't like computers or machines	18
I forget it is there to use!	17
Other	15
I can't see it because I am blind/ Can't reach it as I am disabled	10
I have concerns about cleanliness/infection control	6
I have other things to book/do so go to the receptionist	3
I have privacy/ information security concerns	2
It was busy so I went to the desk	1
Total	334

Observations

- The automatic check-in will suit some people more than others and as long as the choice is there for people.
- The one point of concern is the reliability of the system with 61 people stating that it wasn't working when they tried to use it.
- Some are concerned with the cleanliness of the unit
- Respondents with disabilities noted that the screen is difficult to see/reach

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For Consideration

- Ensuring that the unit is cleaned and is visibly clean at the start of every session and having a hand gel dispenser may alleviate some infection control concerns.

- Make the unit accessible to all

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Question 8

If you have used A&E rather than the GP or Out-of-Hours service within the last 12 months, please give a reason.

It was an emergency so I went to A&E	139
I was unsure of the out-of-hours services available or how to contact them	36
I was referred to A&E by my GP or 111	25
Unable to assign a category	16
I felt I needed Radiology	12
Could/should have seen GP or OOH (non-emergency)	11
I chose to use A&E although I knew I should have gone to the GP	9
I called 111/OOH	8
There were no appointments so I went to A&E	4
Total	260

Observations

- Most respondents are making appropriate use of A&E however there are a number who appear to be confused over the services available to them.
- On inspection of the Sandhurst Group Practice website there is no information given on out-of-hours services on the front page.
- On the 'When We Are Closed' tab, some of the information is inaccurate. For example, it is stated that patients should call 111 or NHS Direct on 0845 4647 when in fact the NHS Direct number in this region has been decommissioned.
- The advice on the website lacks clarity. Careful wording and more prominent placement of important information is needed.

For Consideration

- A link on the Home Page directly to the out-of-hours instructions.
- The confusion over the use of services available to people could be cleared by improving the language used by staff at the surgery such as dropping the use of the word 'emergency' in the primary care setting and replacing it with 'urgent' or 'priority'.
- The message could be expanded to explain the choices available to people. A diagram such as the one used in the NHS 'Choose Well' campaign, that could then be printed at home and kept in a phone book or pinned to the fridge.
- Communication is key and any changes to systems should be communicated properly to service users.