**HAWTHORNS MEDICAL CENTRE**

**ANALYSIS OF GPAQ SURVEY 2016-2017(National survey)**

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|  | **Heading** | **Results 2016** | **Results 2017** | **Up/down** | **Action** |
|  | **No of Survey forms sent out** | **363** | **379** | **up** | **The practice has planned to offer additional forms for patients to complete when they attend surgery during the next national survey end of 2017/beginning of 2018.** |
|  | **No of survey forms completed** | **61** | **77** | **up** | **The practice will offer the survey form in appropriate language, pen, place and assistance for patients who need it to encourage more forms to be completed.** |
|  | **Completion rate** | **17%** | **20%** | **up** | **Same as above** |
|  | **% of patients thought it is easy to get through the phone** | **41%** | **48%** | **up** | **Telephone audit is being carried out, Reception staff aim to answer phone within 3 rings, be brief on the phone and ring back if the query is taking long.** |
|  | **% of patients find the receptionist at the surgery helpful** | **59%** | **62%** | **up** | **Customer care, smile and be polite ,use of resources such as route to wellbeing, monitoring and support from AH and HG.** |
|  | **% patients usually get to see or speak to their preferred GP** | **19%** | **27%** | **up** | **Limited availability of most of the clinicians. Difficult as clinicians do different sessions, Dr. Singh only does 3 sessions.** |
|  | **% patients were able to get an appointment to see or speak to someone the last time they tried** | **64%** | **68%** | **up** | **Encourage more online appointments, better use of telephone appointments. telephone triaging where appropriate.** |
|  | **% patients who say the last appointment they got was convenient** | **84%** | **60%** | **down** | **Difficult to understand why? In fact surgery is open on Saturday mornings for last 1 and ½ years.**  **Federation will be taking over from September 17 following seven day access scheme from NHS England, offering appointments between 6:30 to 8 pm every weekday and also on weekend –to be finalized.** |
|  | **% patients describe their experience of making an appointment as good** | **42%** | **55%** | **up** | **Continue the good work, customer care, support and training and monitoring of the telephone skills. Staff attended training of telephone skills (AB) and shared learning with other staff. Staff also been told to give options of attending walk in centers/ A and E if appropriate.** |
|  | **% patients usually wait 15 minutes or less after their appointment time to be seen** | **235** | **25%** | **up** | **Waiting time audit on monthly basis, Catch up slots inserted with the clinician where possible. Notice apologizing patients about the waiting times. Display screen playing video “Ten minutes with GP” for patient education.** |
|  | **% patients who feel they don’t normally have to wait too long to be seen** | **10%** | **21%** | **up** | **Continue the good work, significant improvement from previous year!!**  **Staffs are informing patients to come nearer to their appointment time and discouraged patients to walk in and wait till seen due to “infection control” as can spread the infection to other vulnerable patients and we need to minimize the risk.** |
|  | **% patients who say the last GP they saw or spoke to was good at giving them enough time** | **38%** | **54%** | **up** | **Continue the good work. Significant improvement from previous year.**  **Clinicians to reduce admin time by working smart. Referral forms available electronically and can self-generate with patient’s details etc. Use of electronic tasks to the admin/reception staff. Not to use consultation time in printing repeats; Use of EPS will save time further.(no printing and no signing scripts)**  **Improve delegation- Anitha/reception staff can help completing forms etc.** |
|  | **% patients say the last GP they saw or spoke to was good at listening to them** | **45%** | **61%** | **up** | **Continue the good work. Significant improvement from previous year.**  **Good eye contact, Improve consultation skills.** |
|  | **% patients say the last GP they saw or spoke to was good at explaining tests and treatments** | **47%** | **60%** | **up** | **Continue the good work. Significant improvement from previous year.**  **All clinicians make it a point to explain about the investigations planned and summarize again at the end of consultation what happens next. For e.g. appointment will come for their xray or scan etc or patient needs to ring to book an appointment.** |
|  | **% patients say the last GP they saw or spoke to was good at involving them in decisions about their care** | **41%** | **57%** | **up** | **Continue the good work. Significant improvement from previous year.**  **Continuously improve consultation skills, have a patient centered approach. “What do you think is wrong with you? What do you think we need to do or what is your expectation?” (bear in mind does not always work- patient say you are the doctor)** |
|  | **% patients say the last GP they saw or spoke to was good at treating them with care and concern** | **37%** | **53%** | **up** | **Continue the good work. Significant improvement from previous year.**  **Continuously improve consultation skills, show empathy. Using phrases such as “sorry to hear that”, “it must be terrible”, “I can understand what you must be feeling” etc.** |
|  | **% patients had confidence and trust in the last GP they saw or spoke to** | **81%** | 66% | **down** | **Unsure why this is down?**  **Individual clinicians will be doing patient survey for their revalidation. Dr T has done one, Jenifer is doing it and Dr Singh has also planned to do it this year.**  **Results of patient survey for Dr T now available and seem satisfactory.**  **Actions planned:**   1. **Keep up-to-date with training, skills and knowledge** 2. **Refer to guidelines from NICE, CCG, others** 3. **Use of telephone triage before referring to secondary care where one can get advice from the specialist.** 4. **Improve consultation skills, thorough examination and good record keeping.** |