



| **JHS Patient Participation Group**
| *The Patients' Voice*

John Hampden Surgery: review of activities, July 2021-July 2023

1. Having a PPG is a requirement under the GP contract. But, as we said in the previous reviews, from a common-sense perspective, there is no point having a PPG if it doesn't add some value. Also PPG benefits are undermined if it adds more burden on the surgery that it pays back.
2. This report covers the activities of the PPG from July 2021 to July 2023.

What we have done since July 2021

3. The committee has met quarterly. Meetings were online until the first face-to-face meeting in April 2023. Meetings are normally with Dr Mallard-Smith and Laura Russell the practice manager. We communicate by email in between meetings. Minutes are posted on the PPG page of the JHS website.
4. Agendas and minutes of the quarterly meetings are produced and a one-page summary of the minutes of the formal meetings is posted on the PPG page of the practice website.
5. The number of members of the committee has fluctuated over the period – there were 9 members at the end of July 2023. The membership is unfortunately not wholly representative of the John Hampden patient population, but the diversity has improved a little over this period. We would welcome any assistance the GPs could offer to identify patients who might be willing and able to join and broaden the profile of the committee. We are continuing with actions to find a youth member for the committee.
6. The PPG continues to have two representatives on the patients group for the Mid Chiltern Primary Care Network. The PCN comprises five local surgeries and, among of things, has a staff including pharmacists, social prescribers, care coordinators and health and wellbeing coaches who serve all five surgeries.
7. Between July 2021 and July 2023 we:

Monitoring

- monitored the *Your Prestwood and Great Missenden* Facebook page and the Healthwatch Bucks website for patient comments and reported to the surgery on local media coverage of JHS
- reviewed the results of the 2022 and 2023 GP Patient Survey (see tabulations at Appendix 3) and discussed with the practice
- attempted to monitor national and regional developments in primary care.

Communications

- wrote one or more articles for every quarterly edition of the surgery newsletter covering a range of subjects
 - the results of the PPG's annual survey
 - support for the surgery's zero tolerance of abuse and violence
 - friends and family test
 - what happens when you ring the surgery
 - the *My Planned Care* website
 - Buckinghamshire Council's *Helping Hand* team
 - self-referral to a social prescriber or health and wellbeing coach
 - upcoming awareness days/weeks
 - proposed changes to the surgery telephone system
 - the options for getting medical care, from self-care and the community pharmacies to 111 and 999
 - a public health briefing from Bucks Council's public health team
 - advice available from the Patients Association
- responded to a surgery request to review the proposed content and design of the new webpages, a proposed new telephone system (including liaison with the PCN's consultants) and updating of the surgery's new patient pack
- suggested wording for use on the JHS website with a view to keeping patients updated on latest issues and provided text for several updates
- suggested material to be included on the surgery website to reflect health inequalities issues
- wrote *What happens when you ring the surgery for an appointment* to help fellow patients understand the process.

Meetings

- the PPG chair is now also the chair of the Health and Wellbeing Sub-group of the Missendens Community Board
- the PPG chair is also a member of the Buckinghamshire Engagement Steering Group of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, and in April 2023 was appointed a member of NHS England's Primary Care Community Engagement Strategy Group

- attended meetings of the Primary Care Network (PCN) patients group and liaised with the PPG chairs for the other four PCN member surgeries

Feedback

- undertook annual PPG surveys in 2021 and 2022 (see appendices 1 and 2 for a summary of the findings), made recommendations, and received a written response from the surgery which was included on the surgery website. Feedback from patient surveys influenced surgery decisions, eg on providing additional winter appointment slots and on mask-wearing in the surgery
- gave practical and moral support to the surgery team over what has been a challenging two-year period
- gave a patient perspective on a variety of issues, including
 - appointment waits/availability
 - F2F v telephone appointments
 - increase of new patients (many coming from another nearby surgery)
 - patients' access to their full records
 - use of text messaging
 - the amount of information posted on the locked surgery front door
 - the likely need to travel to other surgeries for 'enhanced access' appointments
 - staffing levels
 - referrals to local community pharmacies
 - publicising the decision to no longer to allow telephone ordering of repeat prescriptions.

Finance

- due to the generosity of one patient, the surgery's patient fund continues to be topped up to pay for necessary (non-NHS funded) equipment and its calibration/maintenance.

Other

- maintained and refreshed GDPR-compliant and password-protected list of patients who are members of the virtual PPG. Now 400 members
- provided practice manager with relevant events to advertise on the practice website
- organised marshals and venue for Covid and flu jab clinics
- visited the monthly session (talking café) held by the PCN social prescribers at Little Kingshill Baptist Church and fed back views on the location
- continued to write a welcome email to all new patients ticking the box to join the virtual PPG
- offered and provided written support for surgery bid for an improvement grant.

Next steps

8. With the agreement of the surgery, this report will be publicised in the surgery newsletter and placed on the surgery website, with an invitation to comment and to suggest future activities for the PPG.

29/08/2023

SUMMARY FINDINGS OF 2021 PATIENT SURVEY

The questionnaire

The survey was sent to the ~500 patients who have specifically given the PPG consent to contact them. It was initially sent out on 11th October 2021 and a reminder was sent on 4th November. All responses received by 19th November have been analysed for this report.

Responses were received from 119 patients, five up from last year. All recipients were offered the opportunity to be removed from the PPG list and one took this up.

The questions sought information and views on the following post 13/3/2020:

- the contact patients had with the surgery
- views about remote consultation methods and information communication
- the safety arrangements around Covid
- support for high risk/shielding patients
- the experience when contacting the receptionists/admin staff.

The PPG is aware that although the number of responses represents a return rate of 24% in relation to those sent a survey, it is only 3% of the whole patient population of the surgery. Caution needs to be had, therefore, in drawing too many definitive conclusions, especially where the data are not very clear-cut. It may also be that those agreeing to be on the PPG virtual list and to respond to the survey are not entirely representative of the totality of patients. For example, they may make greater use of the surgery and are therefore perhaps be more likely to have long-term illnesses, or be older. Equally, by only sending the survey by email, it will have excluded those who are not digitally connected. And there are few responses from younger patients, who are likely to be more digitally enthusiastic.

Summary and analysis of findings

Contact with surgery

- many more patients had telephone appointments than last year
- face-to-face (F2F) GP appointments were also up from 6% to 14%
- F2F nurse appointments were up from 14% to 39%
- most patients relied on the surgery's SMS messages or website for information about services. The website was more popular than in 2020
- but nearly a quarter of patients rang the surgery for information
- a third of patients decided not to contact the surgery when they would have normally done so, double 2020. Most of these either sought pharmacist advice,

looked up their problem online, or opted for 'grin and bear it'; few used 111 or went to A+E or the Urgent Treatment Centre

Views on remote contact with health professionals:

- 60% of respondents who had telephone consultations found them very or fairly successful, down from 88% in 2020. Adding those who said OK, it's 90% in 2021 and 94% in 2020
- there was an even split of patients in favour, unsure and against telephone appointments, and similar for video appointments. Most of the 59 comments on this said it depended on the condition they had, and patients in favour, unsure and against made this comment. 6 responses were strongly against remote contact. Most who were asked to take a photo were happy with this
- unsurprisingly, more patients in the 31-45 age group supported remote appointments than those 76+, but there were some younger patients unsure and some older ones in favour

Views on when patients consider a F2F appointment should be offered

- 90% of patients wanted to be able to access a F2F appointment if they think their condition could either be serious or if it needs visual examination and the they think a photo won't be good enough, even if the GP or nurse disagrees.
- a small, but significant number of patients also wanted to be able to have a F2F appointment if they lack a private space to take a telephone or video call; if they don't feel comfortable talking about a particular condition remotely; if they can't get a remote appointment at a time that suits them and it will happen close to that time; or if they are nervous talking about their condition
- only 19 patients (17% of those responding) considered they should be able to have an appointment any time they want one
- the answers from patients aged 31-45 and those 76+ did not differ greatly

Views on the use of SMS to communicate with patients

- three quarters of patients found this very or fairly successful and 17% OK, slightly up on 2020.

Covid safety

- all giving a clear answer to this question were happy with the safety at the surgery and the 2 clear responses were happy with home visit safety.

Chronic condition reviews

- most who were due a review said the review took place. Three quarters said it happened roughly on the date expected and were happy with how the review was done. However, a handful of patients didn't get a review or were not satisfied with the arrangements.

High risk/shielding patients

- just over half said either that their care couldn't be better or was good. The remainder said it was OK, a bit unsatisfactory or very unsatisfactory.

Contact with receptionists/admin staff

- just under three-quarters who had contact with a receptionist or member of the admin staff said their helpfulness and politeness was excellent or very good, less than in 2020. Two said not very good, the rest OK
- three-quarters said their call was answered very or fairly quickly, less than 2020. 12% said they had quite a long or a very long wait – in 2020 no-one ticked these boxes.

Conclusions and recommendations

The PPG is aware of the continuing challenges faced by the surgery (and, indeed, the whole NHS) over an intense 18+ month period in maintaining a service during the pandemic and continues to be grateful to every one of the staff at the surgery for their efforts and dedication. The PPG notes the positive findings from the 2021 GP Patient Survey.

The purpose of this PPG survey is to help the surgery learn from the experience by understanding the views of patients. This is particularly important as remote consultation practices seem likely to become an on-going feature of primary care.

It is clear patients continue to have different views on use of remote appointments. There are a few staunchly against anything other than F2F appointments whatever the issue. But, from the data and the written comments, the PPG's interpretation is that most patients are willing to contemplate the option of telephone or video appointments, but it depends on circumstances. Our conclusion is that while patients may generally have confidence in the staff's clinical judgements and not want to over-burden the surgery, they nonetheless would appreciate having a say in whether any appointment they have is remote or F2F for one or more of the reasons set out in question 6. By the same token, the PPG understands that some patients are very much set against remote appointments, but we would urge these to accept the advantages to the surgery and to all patients waiting for an appointment from their using the remote arrangements for less serious or less complex matters, provided they are a practical possibility.

As for communications, it seems that the use of SMS messaging has been a success, with the proviso that account needs to be taken of those patients who are digitally excluded for whatever reason. The evidence is also that the surgery website is being increasingly used, which reinforces the importance of keeping it up-to-date, not least to further reduce telephone calls just to obtain information about services.

Praise for the reception team is a little down on 2020. This might be due to the continuing or added pressures on them, or to levels of patient tolerance declining as the new pandemic arrangements continue. Whatever the reasons, it is important for this to be noted as genuine patient feedback of their experience and not a personal criticism of the reception team; for the surgery to consider if it can take any steps to help the team return to the extremely high levels in 2020; and for patients to try to be as understanding as they can be, even if it is difficult when they have health worries. Similarly, the first recording of patients saying they have had to wait quite or a very long time to get through to the surgery is an important finding.

Five of the following recommendations are for the surgery. Recommendation 3 is addressed to all fellow patients.

Recommendation 1: the surgery adds to each patient's notes their preferences for remote/F2F appointments and acknowledges that there may sometimes be good reason for a patient to request a F2F appointment in particular circumstances even if there is no evident clinical need.

Recommendation 2: the surgery writes an explanation for the website (in consultation with the PPG) of its approach to deciding whether to offer a remote or F2F appointment and the scope for patient choice.

Recommendation 3: all patients recognise the strain under which the surgery has been operating since March 2020 and that F2F appointments have continued (at reduced levels) throughout the pandemic. The surgery's pressures have included

- more time needed for F2F appointments for Covid hygiene reasons
- the importance of staff avoiding Covid, which could result in the whole surgery being temporarily closed
- the need to keep waiting room numbers very low to avoid Covid transmission
- the increasing demand for appointments, above pre-pandemic levels
- the additional workload faced by staff caused by the many ramifications of Covid handling
- the almost daily occurrence of patients abusing staff.

Recommendation 4: the surgery takes note of all of the comments, including those which raise individual concerns about their treatment. The PPG believes the comments paint pictures which can be equally valuable as the raw data.

Recommendation 5: the surgery takes note of the apparent success of its SMS text messaging. In order to build on the increased use of the surgery website, the surgery should pay sufficient attention to keeping key parts fully up to date at all times.

Recommendation 6: with the aim of reducing patient stress, which may lead to difficult conversations with receptionists, the surgery sets out prominently on the website the service it aims to deliver in relation to matters such as

- expected waiting times for getting through to the surgery by phone
- expected waiting times for a telephone triage chat with a GP
- the chances of a GP call-back happening after the time slot given
- the alternatives to contacting the surgery - such as 111 and the Urgent Treatment Centre – and when they may be appropriate
- the non-clinical role of the reception team and why they may ask health questions.

The PPG welcomes the surgery's response.

SUMMARY FINDINGS OF 2022 PATIENT SURVEY

Our surveys in 2020 and 2021 focused on getting patient views on the new ways of surgery operation since the pandemic began. In 2021, 90% of respondents who had telephone consultations found them very or fairly successful or OK. This was slightly down from 94% in 2020. Most patients who commented said the success of telephone appointments depended on the condition they had. 90% of patients wanted to be able to access a face-to-face (F2F) appointment if they think their condition could either be serious or if it needs visual examination and they think a photo won't be good enough, even if the GP or nurse disagrees.

In response to the 2021 survey, the surgery wrote:

“We would like to reassure all patients that the practice has and will continue to offer a varied model of care which is led via the clinical team, and we will continue to offer this varied model to ensure safety of patients and staff remains paramount, in order to ensure the practice remains open... We would also like to clarify that we too feel patient choice is an important factor when choosing the model of care and we will always take this into consideration when dealing with need.”

The 2021 report and surgery response can be found at <https://www.johnhampdensurgery.co.uk/patient-participation-group> .

This year our survey focused on more general questions about what the surgery does well and what it might improve, plus questions about use of the surgery website.

This report summarises the responses. It also contains conclusions and recommendations based on the responses and broader considerations. A summary of the report will be included in the surgery's patient newsletter and the PPG will ask the surgery to put a copy of the full report on its website.

The surgery has helpfully provided a response to the survey, which is at appendix 1.

The questionnaire

The survey was sent to over 500 patients who have specifically given the PPG consent to contact them. However, since the patients group has no mechanism for knowing if patients have left the surgery, there will inevitably be some on the PPG list who are no longer JHS patients.

It was initially sent out by the PPG on 30th September 2022. A reminder was sent by SMS by the surgery on 4th October and by email from the PPG on 29th October. All responses received by 21st November have been analysed for this report.

Responses were received from 76 patients, significantly down from the 119 last year. Those completing the survey were predominantly aged 46 and over. The survey was only sent out by electronic means. Given all this and the fact that the surgery currently has a list size of over 3,500, the survey results cannot be regarded as fully representative of all patient opinion.

In reaching conclusions and recommendations, account has also been taken of the results of the 2021 GP Patient Survey undertaken by NHS Digital.

Summary and analysis of findings

What the surgery does well

- Top comments: being friendly, efficient, caring, understanding, answering the phone promptly

What the surgery might improve

- The dominant response was a call for more face-to-face (F2F) appointments, plus some call for less of a wait for appointments

Who reads the quarterly newsletter

- About two-thirds of respondents said they read the newsletter

How often patients use the surgery website

- 23 respondents either never look at the website or look less than once a year
- 11 respondents look at it once every 6-12 months
- 30 respondents view the website once every 1-6 months
- 3 respondents view it at least once a month

Reasons given by patients who rarely use the website

- Popular reasons were: no or only occasional need, use other information sources (NHS website, NHS app for prescriptions), prefer to speak to someone, website is not user-friendly or too wordy. A patient in the ≥ 76 age bracket said they were adjusting to using the computer for everything

What else patients want to see on the website

- There were only 11 comments and no common themes

Whether patients look at the website for practical information (eg opening times and vaccinations) before ringing the surgery

- 36 respondents look on the website before considering ringing and 28 don't

Two most important items patients want to be able to find on the website

- The very clear winner is opening times. Others mentioned repeat prescriptions, out of hours contacts, test results, when to ring for test results, how to book

appointments, Covid and flu jabs, public holiday opening times, links to NHS pages/apps, up-to-date news, health information, and appointment booking. The PPG notes that a good deal of this information is on the website and therefore raises questions about patients' use of the website and how navigable it is (which has hopefully improved since the post-survey website revision).

- Since the survey was completed, the PPG has come across a new NHS England Guide *Creating a highly usable and accessible GP website for patients* <https://www.england.nhs.uk/long-read/creating-a-highly-usable-and-accessible-gp-website-for-patients/> . This lists the benefits of having a highly accessible and useable website. Research for the guide revealed the top eight tasks patients come to a surgery website for, in addition to seeking information:
 1. Make, change or cancel an appointment.
 2. Get a repeat prescription.
 3. Get a sick note for work.
 4. Get test results.
 5. Register with/join the practice.
 6. Get the practice phone number.
 7. Find out the practice opening times.
 8. Find the practice address.

The PPG also recognises that the guide is evidence of the amount of effort and resource required to establish and maintain a successful website.

Things patients want to see on the website not currently there

- Just 11 comments on this. Suggestions included ability to book appointments online, list of quieter times when non-urgent queries are best made, likely wait times for an appointment.

Other comments

- These comments largely repeated what has been summarised above
- It is perhaps worth highlighting two comments which, in the light of the clear concerns about F2F appointments mentioned above, may echo what other patients are thinking:

“Like many people I still feel there is no "old fashioned" feeling of the Doctor being there for you. There seems to be a culture of only phone if its life threatening. Don't phone early because we'll never answer the phone and if we offer you an appointment it will be ages away. There is no comfort in the thought that a doctor and the practice are there for you.”

“I'd like to be able to speak to a doctor same day if I'm unwell & it can't wait, but isn't an emergency.”

- There was praise for the surgery, such as from one respondent:

“I feel very lucky to be with JHS and have always had excellent service. All the doctors, nurses and support staff are amazing. The main receptionist (sorry I don't know her name) but she is always so kind and helpful. Thank you to everyone for all that they do.”

Age of respondents

- The breakdown of respondent ages (where given) is:

18-30	0
31-45	2
46-60	19
61-75	36
≥76	10

Healthwatch Bucks snapshot survey of appointment booking in all Buckinghamshire

The results of this survey **for the whole of Buckinghamshire** are:

- almost 78% of respondents organised their last doctor's appointment by phone. 12% did so by visiting the practice, while 10% made their appointments online
- 58% of people who made doctor's appointments by phone did so using a contract mobile. A third (33%) used a landline, while 8% used pay as you go mobile phones
- the amount of time taken for respondents to get their phone call answered was
 - under 5 minutes: 9% of respondents
 - 5-15 minutes: 14%
 - 15-30 minutes: 22%
 - 30-45 minutes: 14%
 - 45-60 minutes: 18%
 - over an hour: 21%
- 95% of respondents were informed of their position in the call queue. 4% were given information on how long they might have to wait, 20% reported that they had the option to request a call back later and 14% were offered information on their surgery's online appointment booking system.
- 67% of respondents said they had been cut off while in the call queue for a doctor's appointment.

The survey was carried out in November/December 2022. It received 128 responses and 15 partial responses. More information is on the Healthwatch Bucks [website](#).

Conclusions and recommendations

The PPG is grateful for all the effort and dedication shown by every member of the John Hampden team. It is easy to point to things that may not be perfect, but, from a broader perspective, the surgery remains highly regarded by many patients and compares very well when judged against many other surgeries. The Care Quality Commission's interim assessment this year maintained the surgery's 'outstanding' classification and the

surgery should be congratulated for this, not least given all the pressures on primary care that are nowadays often reported in the media.

On the other hand, there is a clear message from this survey that patients remain uncomfortable with the current appointment system, in terms of the time taken to get an appointment and the perceived shortage of F2F appointments. That said, it is clear that the shape of primary care has changed as a result of Covid. And everything we hear from national commentators indicates that it is unrealistic to expect it to return to how it was pre-2020. That is not to say that improvements on the current model can't be made.

The PPG considers that the main finding from this report is that there is scope to further improve the way patients are informed of what services are available, when and why. We believe that this will improve the ability of patients to understand what they can realistically expect and to navigate the system. Overall, it will help to make patients true partners in their own care at a time, especially at a time when self-care is being promoted in the NHS. It can also benefit the surgery, because an informed patient body will know what to expect and will be less likely to take up surgery time with questions or concerns.

In a way, the PPG feels that there is maybe a need for a new 'contract' between the surgery and its patients. The PPG is not suggesting any sort of formal document, but an understanding that involves

From the surgery, a strong effort to

- be clear, transparent and up-to-date about what service patients can expect and why, and to use a variety of communication channels so as to reach out to as many patients as possible
- tell patients about any forthcoming changes to service levels
- seek to continually improve services where possible, listen to patient views and experience, and be open when services can't be improved or might decline
- generally, keep patients up-to-date via an effective communications regime.

From patients

- an attempt to adjust to the fact that, whether we like it or not, primary care throughout the country in the 2020s looks different to before and is unlikely to revert. (But that doesn't deny patients right to assess and comment on the surgery's performance, especially via the PPG)
- an attempt to keep abreast of information from the surgery when it is made available, especially patients who tend to use surgery services more often
- an attempt to keep the PPG informed of concerns about general issues to do with the surgery (although NB specific complaints must go through the formal complaints procedure [here](#))
- a commitment to always treat surgery staff with respect. They are doing a difficult job and are always trying to do what they believe is best for patients, even if it may

seem to you in the heat of the moment (or even in the cold light of day) that this isn't the case.

Recommendation 1: while recognising that the surgery does not have in-house expertise in communications and any increase in communications work will put pressure on staff resources, **the surgery should as a priority work with the PPG to develop patient-friendly communication channels and approaches which provide more open and up-to-date messaging to patients about the services on offer from the surgery, any limitations, and alternative ways of getting health advice.** This should include a clear and simple explanation of current policy and practice on the availability of F2F appointments and the timescales within which patients can expect to obtain urgent and non-urgent appointments (both F2F and telephone). The PPG advises that broad statements intended to reassure are no substitute for factual and honest information about what patients can expect or, indeed, what patients should recognise is not realistically on offer. The PPG is ready and willing to support or lead on this exercise.

Recommendation 2: the revised website came into being after the survey was over. Initial impressions are that it is a considerable improvement visually. But time will tell if patients find it easier to locate what they are looking for and whether it increases website use instead of patients seeking information by phone. The PPG will include questions in its 2023 survey to understand patients' views on the revised website. Meanwhile, **the surgery is urged to invest sufficient capacity (with any support the PPG can give) to keep the 'latest news' and other relevant sections of the website up-to-date, so that patients know they can rely on the site as reliable and current source of advice.**

Two final comments:

- in the context of improved communications, the PPG is aware that surgery staff do a lot of things for patients behind the scenes which not everyone may know about. We have included the diagram in appendix 4 simply to help fellow patients understand this background. Inclusion of the diagram does not signal any change to the PPG's 'critical friend' role, which includes holding the surgery to account if and when necessary
- as regards, F2F appointments, the first set of national F2F [data](#) was published after the survey was sent out. The snapshot for October 2022 showed there were 2,619 F2F appointments by GPs and nurses at John Hampden that month and 429 phone appointments. 1,382 of the F2F appointments were with a GP. The surgery has a patient list of 3,900. This is welcome data to inform discussion of the adequacy of F2F provision at John Hampden. The PPG believes that another factor that may not always be considered in assessing the state of F2F appointments, is whether there is a risk that other services might lose out through under-resourcing as a consequence of any increased resource put into F2F appointments.

PPG tabulation of results of the national GP Patient Survey

GP Patient Survey 2019-23 comparison <http://www.gp-patient.co.uk/>

JHS 2023: 294 surveys sent out, 124 completed = 42% completion rate. Numbers in small writing in the table = breakdown of red number.

	John Hampden 2019	John Hampden 2020	John Hampden 2022	John Hampden 2023	ICS 2022/2023	National 2023
Find it easy to get through to practice by phone	92 42/50/8/0	95 51/44/4/1	92 37/55/4/4	85 31/55/15/0	58/53	50
Find receptionists helpful	92 48/44/6/2	94 63/31/6/1	94 58/36/4/2	89 48/41/8/3	82/83	82
Satisfied with available appointment times	74 20/54/13/11	69 25/44/11/14/5	62 28/34/10/5	56 15/42/23/12/10	58/52	53
Usually get to speak to preferred GP when want to	80 40/40/15/5	76 37/39/21/3	52 31/20/43/6	60 28/32/37/2	58/41	35
Offered choice of appointment when last tried to make one	61 12/53/10/39	69 17/57/11/31	79 9/42/8/32/21	54 4/32/6/25/46	58/59	59
Satisfied with type of appointment offered	78 78/16/6	77 77/18/4	74 74/24/2	65 65/33/2	58/72	72
Took appointment offered	94 78/16/6	96 77/18/4	98 74/24/2	98 65/33/2	58/96	96
Described experience of making an appointment as good	78 32/46/10/12/1	82 47/35/11/5/2	71 36/35/18/7/4	65 28/37/20/9/6	58/55	54
Waited ≤15 minutes after appointment time to be seen	86 28/57/12/3	82 26/56/17/1	-	-	-	-
Were given a time for their last GP appointment	-	-	95 57/28/5	94 71/23/6	58/91	91

Healthcare professional saw or spoke to was good at giving enough time during appointment	99 65/34/1/0/0	90 69/22/9/1/0	93 61/31/5/2/0	91 56/34/9/1/0	58/85	84
Healthcare professional was good at listening to them during appointment	98 70/28/2/0/0	98 79/20/1/0/1	93 67/26/3/2/2	92 58/34/7/0/1	58/87	85
Healthcare professional saw or spoke to was good at treating them with care and concern	99 73/26/1/0/0	98 78/20/1/0/1	92 67/25/3/3/2	94 63/31/5/1/1	58/85	84
Were involved as much as they wanted to be in decisions about their care and treatment	99 80/19/1	98 73/25/2	90 64/26/10	92 62/30/8	58/92	90
Had confidence and trust in healthcare professional saw or spoke to	99 87/12/1	98 88/11/2	94 76/19/6/44/4/1	96 79/17/4	58/94	93
Healthcare professional recognised or understood any mental health needs	93 75/18/7	94 57/37/6	87 65/22/13	76 43/34/24	58/83	81
Felt their needs were met	99 79/20/1	95 72/23/5	92 65/27/8	92 63/28/8	58/93	91
Have had enough support from local services or organisations in the last 12 months	96 61/35/4	94 74/19/6	68 31/37/32	82 49/33/18	58/68	65
Describe their overall experience of the practice as good	96 64/31/4/1/0	95 71/24/3/1/1	88 59/29/5/6/1	78 54/3/34/14/4/4	85/73	71

 GP services
  Making an appointment
  Your last appointment
  Your health
  Overall experience

GP Patient Survey 2023 : comparison of 5 surgeries in PCN <https://www.gp-patient.co.uk/>

	AHC	H/C	JHS	PH	RM	ICS	National
Find it easy to get through to practice by phone	39	19	85	66	78	53	50
Find receptionists helpful	75	82	89	83	94	83	82
Satisfied with available appointment times	50	33	56	45	84	52	53
Usually get to speak to preferred GP when want to	29	19	60	60	75	41	35
Offered choice of app't when last tried to make one	54	56	54	50	80	59	59
Satisfied with type of appointment offered	68	69	65	56	92	72	72
Took appointment offered	94	96	98	97	99	96	96
Described experience of making an app't as good	48	42	65	47	80	71	56
Were given a time for their last GP appointment	94	93	94	97	100	91	91
Healthcare professional saw or spoke to was good at giving enough time during appointment	88	84	91	80	93	85	84
Healthcare professional was good at listening to them during appointment	92	87	92	79	94	87	85
Healthcare professional saw or spoke to was good at treating them with care and concern	87	81	94	76	90	85	84
Were involved as much as they wanted to be in decisions about their care and treatment	91	90	92	84	98	92	90
Had confidence and trust in healthcare professional saw or spoke to	92	91	96	87	98	94	93
Healthcare professional recognised or understood any mental health needs	82	81	76	78	86	83	81
Felt their needs were met	92	91	92	89	98	68	65
Have had enough support from local services or organisations in the last 12 months	60	66	82	68	71		
Describe overall experience of the practice as good	70	61	78	72	93	73	71

 GP services

 Making an appointment

 Your last appointment

 Your health

 Overall experience