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**│ JHS Patient Participation** **Group**

│ *The Patients’ Voice*

**John Hampden Surgery: review of activities, July 2023-October 2024**

1. Having a PPG is a requirement under the GP contract. But, as we said in 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 than it pays back.
2. This report covers the activities of the PPG from July 2023 to October 2024.

What we have done since July 2023

1. The committee met quarterly up to May 2024. Because of added pressures on the surgery (eg from Dr Roberts being on extended sick leave), the PPG agreed to pause meetings and rely on email communications, but it is hoped that meetings can be reinstated in the latter part of 2024. Meetings are face-to-face meeting and normally with Dr Mallard-Smith and Laura Russell the practice manager. Dr Roberts joined the May 2024 meeting. We communicate by email in between meetings. Minutes are posted on the PPG page of the JHS website.
2. Agendas and minutes of the quarterly meetings are produced and posted on the PPG page of the practice website.
3. The number of members of the committee has reduced over the period from nine to seven. 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 have been unsuccessful with actions to find a youth member for the committee.
4. 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. A PPG committee member for Rectory Meadow Surgery represents the PCN patients group on the PCN Board.
5. Between July 2023 and October 2024, 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 2024 GP Patient Survey (see tabulation at Appendix 2) and sent the surgery a summary comparing JHS performance with past years and with the other PCN surgeries.
* 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 the following subjects
* what the PPG does + recruitment of more virtual PPG members
* BOB ICB joint forward plan
* what to do when you need urgent or emergency care
* getting emergency supplies of medicines out of hours
* PPG support for the surgery’s zero tolerance policy
* the ICB’s primary care strategy
* the results of the PPG’s annual patient survey and the surgery’s response
* prescription prepayment certificates
* getting a profile of JHS patients from the Office for Health Improvement & Disparities website
* winter support from n Bucks Council’s ‘Helping Hand’ service
* finding a pharmacy that offers free blood pressure checks
* Bucks Mind community navigators
* the new Compassionate Café in Great Missenden
* the Talking Café in Prestwood
* the new dashboard on the surgery website suggested by the patients group containing a quarterly snapshot of some key data
* DNAs: 10% of appointments wasted April-June because patients didn’t show
* self-referral for musculoskeletal (physio) services, social prescribing and health and wellbeing coaching
* wrote an article ‘What happens when you contact the surgery for a GP appointment?’, which was reproduced by the surgery in more than one newsletter
* provided news items for inclusion on surgery website ‘latest news’
* failed to find a fellow patient who would help the practice manager produce the newsletter
* provided support to the surgery on communicating new digital triage arrangements to patients.

Meetings

* the PPG chair is also the chair of the Health and Wellbeing Sub-group of the Missendens Community Board; a member of the Buckinghamshire Engagement Steering Group of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (and successor body); one of two patient members of NHS England’s Primary Care Community Engagement Strategy Group; and attended meetings of the Primary Care Network (PCN) patients group and liaised with the PPG chairs/practice managers for the other four PCN member surgeries. He was a patient representative at the BOB ICB workshop on their primary care strategy.

Feedback

* undertook an annual PPG surveys in 2023 (see appendix 1 for a summary of the findings), made recommendations, and received a written response from the surgery which was included on the surgery website
* queried arrangements for patients who are digitally excluded accessing their online notes
* reviewed the 2023 GP patient survey comparing with previous years and highlighted areas of decline which surgery might want to focus on
* raised the surgery messaging patients to recruit more committee and virtual PPG members (this was stymied by ICB charging policies, which the PPG then took up with the ICB resulting in extensive correspondence and referral to NHSE)
* advised on surgery new application form for online services
* the feedback from the PPG’s patient survey triggered an 8-point response from the surgery on actions taken to improve patient access.

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 a GDPR-compliant and password-protected list of patients who are members of the virtual PPG. Now 400 members
* organised marshals and venue for flu jab clinics
* visited the monthly session (talking café) held by the PCN social prescribers at The Pantry in Prestwood having encouraged relocation from Little Kingshill to Prestwood
* wrote letter of support for the surgery’s application for a minor improvement grant
* contacted local school to try to recruit student member of PPG committee
* continued to write a welcome email to all new patients ticking the box to join the virtual PPG.

Next steps

1. 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.

19/10/2024

Appendix1

**SUMMARY FINDINGS OF 2023 PPG PATIENT SURVEY**

Each autumn, the PPG surveys its ‘virtual’ members to obtain insights into patient opinion.

Our surveys in 2020 and 2021 focused on getting patient views on the new ways of surgery operation since the pandemic began. In 2022 it 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 year we’ve repeated parts of the 2022 survey to monitor any change of opinion and added questions about appointment booking, health inequalities, and the Mid Chiltern Primary Care Network, as well as inviting other feedback. We used SurveyPlanet for the survey for the first time.

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 400 patients who have specifically given the PPG consent to contact them. This is a smaller number than previous years because the PPG’s database was reviewed during the year to remove patients no longer with the surgery or who no longer wished to be on the database.

It was initially sent out by the PPG on 6th November. Unlike last year, it was not possible to send out a reminder by SMS because the surgery is now limited in the number of texts it can send. An email reminder was sent by the PPG on 19th November. All responses received by 2nd December have been analysed for this report.

Responses were received from 126 patients, which was similar to levels in 2021 and before, but significantly higher than the 2022 response rate. As previously, 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 approaching 4,000, 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 2023 GP Patient Survey undertaken by NHS England.

Summary of results (see appendix 4 for graphs)

*Experience of getting through to the surgery by phone*

|  |  |
| --- | --- |
| very easy | 30 |
| easy | 60 |
| OK | 31 |
| difficult |  5 |
| very difficult |  0 |

*Experience of using the surgery website and accessing information on it*

|  |  |
| --- | --- |
| very easy |  9 |
| easy | 32 |
| OK | 27 |
| difficult |  5 |
| very difficult |  0 |
| don’t use it | 53 |

*How far ahead would you like to book an appointment*

|  |  |
| --- | --- |
| 2 weeks | 89 |
| 3 weeks | 20 |
| 4 weeks | 14 |
| longer |  3 |

*What the surgery does well*

* + - * Top comment was the friendliness of the receptionists. 23 respondents specifically added compliments about the reception team, although there were 5 dissenting voices

*What the surgery might improve*

* + - * As last year, the dominant response was a call for more face-to-face (F2F) appointments, plus some call for less of a wait for appointments, including telephone appointments

*Other points made about what is done well and what can improve*

* 5 patients criticised the length of the introductory telephone message. This is something the PPG committee has raised before
* a few patients asked for alerts/reminders of appointments, annual tests, and (in one case) when they were asked to submit a second photo after one month
* several patients complimented the ease and efficiency of the repeat prescription system
* there were several compliments for the nurses and doctors and for the surgery as a whole
* individual respondents said

- time with the doctor always feels rushed

- they had had no contact from the surgery about their blood test results

- waiting 3 weeks for a telephone appointment is too long

- telephone calls are rushed and so much communication is lost

- it’s important to give swift advice and reassurance for parents of newborns

- they felt fortunate being a patient of John Hampden

- they were reluctant to phone the surgery

- blood tests take a very long time

- need for a focus on men’s health

- there was no contact from the surgery about blood test results

- telephone calls are rushed so much communication is lost

*The circumstances where patients think a F2F appointment should be offered*

|  |  |  |
| --- | --- | --- |
| a) when I think my condition could be serious (even if the GP or nurse doesn’t think a F2F appointment is necessary) |  86 | (17%) |
| b) when my condition needs visual examination and I think a photo won’t be good enough (even if the GP or nurse disagrees) |  97 | (19.1%) |
| c) when the GP or nurse thinks it is medically necessary | 104 | (20.5%) |
| d) when I cannot easily find a private space to have a telephone or video consultation |  30 | (5.9%) |
| e) when I don’t feel comfortable talking about a particular condition remotely |  59 | (11.6%) |
| f) when I can’t get a suitable remote appointment: ie it is at a time that works for me and I can be sure it will happen close to that time |  26 | (5.1%) |
| g) when I am nervous about talking about my condition |  37 | (7.3%) |
| h) when I have more than one thing to talk about |  37 | (7.3%) |
| i) any time I want one |  25 | (4.9%) |
| j) other  |  6 |  |

*The success of GP telephone appointments*

|  |  |
| --- | --- |
| very successful | 41 |
| successful | 45 |
| OK | 29 |
| a bit unsatisfactory |  7 |
| very unsatisfactory |  4 |

*Numbers using healthcare professionals working for Mid Chiltern Primary Care Network*

|  |  |
| --- | --- |
| social prescriber |  2 |
| pharmacist | 20 |
| health and wellbeing coach |  1 |
| care coordinator |  1 |
| physio | 10 |
| mental health practitioner |  0 |
| had an appointment with one of these but don't know if they came from Mid Chiltern Primary Care Network | 23 |

*Who knew of the Mid Chiltern Primary Care Network before the survey*

Yes - 42

No - 84

*Age of respondents*

The breakdown of respondent ages (where given) is as follows (with results from the 2022 survey in brackets)

|  |  |
| --- | --- |
| 18-30 |  1 (0) |
| 31-45 | 11 (2) |
| 46-60 | 26 (19) |
| 61-75 | 54 (36) |
| ≥76 | 32( 10) |

It is welcome that we have heard from a few more patients under 46, but getting voices of the <30s remains a challenge

GP Patient Survey 2023

NHS England send surveys to a random group of patients from every surgery in England once a year. The results for John Hampden are shown below, compared with the regional (integrated care system) and national results. The final “overall experience” question shows a significantly better score for John Hampden than for the region and nationally. More information about the survey is at <http://www.gp-patient.co.uk/>

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **JHS** **2019** | **JHS** **2020** | **JHS** **2022** | **JHS** **2023** | **ICS 2022/ 23** | **National 2023** |
| Find it easy to get through to practice by phone | **92**  | **95**  | **92**  | **85**  | 58**/53** | **50** |
| Find receptionists helpful | **92**  | **94**  | **94**  | **89**  | 82**/83** | **82** |
| Satisfied with available appointment times | **74**  | **69**  | **62**  | **56**  | 58**/52** | **53** |
| Usually get to speak to preferred GP when want to | **80**   | **76**  | **52**  | **60**  | 58**/41** | **35** |
| Offered choice of appointment when last tried to make one | **61**  | **69**  | **79**  | **54**  | 58**/59** | **59** |
| Satisfied with type of appointment offered | **78**  | **77**  | **74**  | **65**  | 58**/72** | **72** |
| Took appointment offered | **94**  | **96**  | **98**  | **98**  | 58**/96** | **96** |
| Described experience of making an appointment as good | **78** | **82**  | **71**  | **65**  | 58**/55** | **54** |
| Waited ≤15 minutes after appointment time to be seen | **86**  | **82**  | **-** | **-** | **-** | **-** |
| Were given a time for their last GP appointment | **-** | **-** | **95**  | **94**  | 58**/91** | **91** |
| Healthcare professional saw or spoke to was good at giving enough time during appointment | **99**  | **90**  | **93**  | **91**  | 58**/85** | **84** |
| Healthcare professional was good at listening to them during appointment | **98**  | **98**  | **93**  | **92**  | 58**/87** | **85** |
| Healthcare professional saw or spoke to was good at treating them with care and concern | **99**  | **98**  | **92**  | **94**  | 58**/85** | **84** |
| Were involved as much as they wanted to be in decisions about their care and treatment | **99**  | **98**  | **90**  | **92**  | 58**/92** | **90** |
| Had confidence and trust in healthcare professional saw or spoke to | **99**  | **98**  | **94** | **96**  | 58**/94** | **93** |
| Healthcare professional recognised or understood any mental health needs | **93**  | **94**  | **87**  | **76**  | 58**/83** | **81** |
| Felt their needs were met  | **99**  | **95**  | **92**  | **92**  | 58**/93** | **91** |
| Have had enough support from local services or organisations in the last 12 months | **96**  | **94**  | **68**  | **82**  | 58**/68** | **65** |
| Describe their overall experience of the practice as good | **96**  | **95**  | **88**  | **78**  | 85**/73** | **71** |

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

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

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. We particularly commend the reception team for all the positive comments they have received. The Care Quality Commission’s interim assessment last year maintained the surgery’s ‘outstanding’ classification and we congratulate the surgery for this, not least given all the pressures on primary care that are nowadays often reported in the media.

Throughout the country there have been declining levels of satisfaction with primary care and particular concerns about appointments. However, the results from the latest national patients survey shows that satisfaction levels remain generally higher for JHS patients compared with those nationally and more locally.

On the other hand, there is a clear message from this survey that many patients still remain uncomfortable or unhappy with the current appointment system, in terms of the time taken to get an appointment and the perceived shortage of F2F appointments. The same message came from the 2022 survey.

In our last report, the PPG committee commented that there was scope to further improve the way patients are informed of what services are available, when and why, in order to improve the ability of patients to understand what they can realistically expect and to navigate the system. However there must always be a clear understanding as to what can realistically be expected both from patients and the surgery and, largely repeating what we said last year, our suggestion is that this involves the following:

|  |
| --- |
| **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](https://www.johnhampdensurgery.co.uk/suggestions--complaints) )
* 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.

**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.
 |

Since that report, the surgery website has been revamped and anecdotal evidence is that patients find it easier to navigate. However, this year’s survey report shows that many patients don’t use the website. The PPG is also aware that, as a result of action from the Integrated Care Board, the surgery now has only enough funds to use SMS texts for essential clinical communications.

The PPG is aware that there are initiatives at national, NHS England level, and by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, aimed at improving primary care, with a significant focus on appointments and what is termed “access”. We have to hope that these will either provide further help to our surgery to deliver the appointment service patients are ideally looking for, or will help inform patients of the service they can reasonably expect, such as the alternative options of the additional roles, eg social prescribers, physios, mental health practitioners, care coordinators, etc.

In the meantime, **we would urge the surgery to continue to look for ways of making all patients aware, or reminding them, of what levels of service they can expect and why**. This might include clear and widely promoted statements of the normal timescales to wait for an appointment and the circumstances when an appointment will be F2F or not. It could also include publication on the website and in the newsletter of monthly data about numbers of appointments of different types.

In this context, it is worth noting that 25 out of the 126 patients responding to the survey said they would like a F2F appointment any time they want one. However, taking a broad perspective, the PPG recognises there is a continuing upward demand for appointments and understands the importance of the clinical staff exercising their professional judgement about whether a F2F is needed, so that the finite number of F2F appointment slots can be used to see patients who have a clear clinical need to be physically present.

Lastly, we would also ask the surgery to study the individual comments made by patients, contained in appendix 2. In particular, we would remind the surgery that it is frustrating to patients who are in regular contact with the surgery to have to negotiate a long recorded message each time (including at 1-2pm when it precedes the lunchtime message), and any such aggravation could potentially have knock-on effects when they get to speak to the reception team. We would also be interested in the surgery’s views on the potential for providing more reminders to patients in the sort of situations described in the comments.

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 usure 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.

Appendix 2

**PPG tabulation of results of the national GP Patient Survey**

**GP Patient Survey 2019-24: JHS comparison** [GP Patient Survey (gp-patient.co.uk](https://gp-patient.co.uk/)

This is a comparison of just the questions which were continued in 2024 after a significant revision of the survey, or where the questions were slightly amended in 2024 the new wording is in [green]. Small numbers are breakdown of red number (eg very easy🡪 very difficult)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | JHS 2019 | JHS 2020 | JHS 2022 | JHS 2023 | JHS 2024 | ICS 2023/ 2024 | National 2024 |
| 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 | **88** 40/49/5/7/0 | 53/**53** | **50** |
| 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 | **54** 31/23/43/4 | 41/**46** | **35** |
| Offered choice of appointment [time/day] 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 | **57** 57/3/41 | 59/**53** | **59** |
| 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 | **96** 72/24/3/1/0 | 87/88 | **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 | **98** 74/24/2/0/0 | 85/**87** | **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 | **99**  65/34/1 | 92/**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 | **100** 72/28/0 | 94/**93** | **93** |
| Felt their needs were met  | **99** 79/20/1 | **95** 72/23/5 | **92** 65/27/8 | **92** 63/28/8 | **95** 65/30/5 | 93/**91** | **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 | **71** 34/36/29 | 68/**70** | **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** 543/34/14/4/4 | **90** 59/31/8/1/0 | 73/**75** | **71** |

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