

## Summary of Responses to Open Ended Questions

Thank you for your patience in waiting for this rather long response. It covers a summary of all the open ended responses and is to be read alongside the original results which were published.

At the time of finishing this, the second survey results have already been sent out and some acted on so please take some of the responses below in a slightly retrospective manner.

The questions below correspond to the original question numbers and in brackets it is shown the number of open ended responses to each question.

### **2. How do you find out information about your GP practice? (8 responses)**

Most open ended responses were options already available in the survey.

### **3. Does this information meet your needs? (2 responses)**

One person did not know we had a website ([www.rooleylanemedicalcentre.co.uk](http://www.rooleylanemedicalcentre.co.uk)). The other asked if we could alter the recorded message when the phones were off to say the opening times. Unfortunately because this needs to put people directly through to the out of hours emergency team we cannot alter this.

### **4. Are there any other services you think we could offer? (13 responses)**

The responses covered ideas of – more surgeries outside normal working hours, online appointment booking, the lunchtime telephone switch off being altered and quicker return of results. Specific services such as chiropody and weight management were also offered. These latter two are already provided locally, although not in surgery, so should you have need of them then it shouldn't be too far to travel.

The telephones are switched over at lunchtime (12.30 to 1330) to enable a safe and effective handover and transition from our morning staff to our afternoon staff. It is not so people can go on lunch breaks. It also offers the opportunity to have staff meetings if needed. The surgery remains open all through the day and does not close over this period.

There are two different telephone messages for when the surgery lines are closed. One for when the surgery is shut which informs you that you will be put through to the out of hours Doctors. The other is over lunchtime which says that the telephone lines will reopen at 1330. We could look at how this might be more informative. It is difficult to have an ever changing message as this would require a lot of staff time to keep doing this and can lead to errors such as the wrong message being left by accident. Also if someone is in need of urgent help by the out of hours Doctors then the message shouldn't be too long as it might delay appropriate treatment.

Online booking of appointments is possible through our new computer system but at present due to the massive change with migrating from one service to another we feel we should put this on hold for now. It is certainly something we will be looking at over the next year, especially as we might need to integrate this with the new NHS 111 service which will be coming online within the next year or two.

We already offer 4 surgeries a week outside of normal working hours between the hours of 0700 and 0800 and currently do not have the capacity to extend this further. Should the opportunity arise in the future then we would be happy to reconsider this decision.

Results are a difficult one to deal with. Blood tests usually take between 24 hours and a week to come back, but some can take up to a month. Each one has to be seen and commented on by a Doctor.. This is usually done within 24 hours of receiving it. The receptionist can then give the result out when a patient phones. The problem comes that if not all the results are back then the receptionist will not be aware of this. She can only relay result of tests that are back. This can lead to patients being falsely reassured, when they phone, that all the tests are normal if an abnormal result has not yet returned. We therefore ask all patients to contact us one week after having a blood test to cut down the chance of this error happening. If an alarming result comes back that needs acting on immediately then we will usually directly contact the patient. Xray, scan results and clinic letters are beyond our control as to when we receive them but we normally have them into a patient's note on the day they are received.

**6. Please tell us how long you would be prepared to wait for an appointment before you would want an explanation for the delay? (36 responses)**

This averaged to about 20 minutes. We could consider a new call board in the surgery so that if a Doctor was running very late we could add a message to the call board to let patients know how long they might expect to wait.

**7. Please tell us what you think we could do other than offer more appointments to make it easier to for patients to get an appointment. (27 Responses)**

The responses again covered a variety of ideas which were:

Text message reminder service: This is a functionality already built in to our new computer service. There are issues about consent and also having the correct mobile telephone number for people as often people forget to inform us when they changed their number. Also many people don't realise that if you inform one NHS Organisation of a change of details that all other organisation do not get that information passed on to them. This would require some work to make sure we have the correct consents and that the data quality (for example, having the correct telephone numbers) is good.

Online booking of appointments: Again this is something that can be activated within the new computer system. It would also require a lot of work to make sure the right

safeguards are in place so appointments get booked properly, that staff have the time to get the correct training and to get the balance right of appointments available to online booking.

More phone consultations: Each Doctor usually has 2 telephone consultation slots after each morning surgery and there are also some at the end of afternoon surgery. If something is urgent then a patient can book into the emergency clinic as a phone appointment.

Open access surgery: This is a difficult one. We currently offer an emergency clinic every afternoon which is effectively unlimited. We feel we don't currently have the capacity to offer an open access "walk-in" clinic each morning. Should patient numbers increase significantly in future years requiring extra Doctors to be taken on then this might be something that is looked at again in the future.

On the day booking: Some surgeries offer on the day booking only. This can mean a big free for all each morning meaning those who are "fastest finger first" get appointments and those who call too late have to wait. The current system is that most appointments are bookable up to 7 days in advance with some being kept back for 3 days in advance. Most of the time you can get a routine appointment within 48 hrs providing you are happy to see any Doctor. For specific Doctors you may have to wait up to 7 days. Again it is worth mentioning that all urgent/emergency needs are guaranteed to be seen on the day in the emergency clinic if you feel you need to see or speak to a Doctor that day.

### **9. Do you consider yourself disabled? (2 responses)**

More disabled parking: This is something we will look into.

### **12. Is there anything about your GP practice premises that could be improved? (22 Responses)**

Updated Décor: Quite a few people commented that the décor in surgery is rather outdated and could do with a revamp.

Information screens: This ranged from a new callboard "plasma TV type" to directional signs to let people know which Doctor/Nurse is in which room and where to go. We could look at getting some signs up in surgery to show which way to go to find the right Doctor.

Privacy in reception: It was mentioned that there is a lack of privacy in the waiting rooms. Some suggested music and others mentioned a private room. We do already have a private room on offer for those patients who wish for more privacy. It is accessed via the entrance foyer and patients need to ask at main reception first. We could look at a better way to advertise or use this.

New reading material: We do try to update our reading material where possible and usually our receptionists bring in recent magazines. If any patients would rather pass on magazines rather than bin or recycle them then they are greatly welcomed.

The Queue: It is hoped the new self check in screen will improve the queue. It is simple to use and our staff will be happy to demonstrate how to use it if you have any problems. It will either ask you to take a seat or if there is a problem (which can be due to being late or pressing the wrong buttons by mistake) then it will ask you to present to reception. A new feature is that it will also tell you how many people are waiting ahead of you.

Late night surgery: As mentioned above we already offer early morning surgeries for those that work and currently do not have the capacity to increase this to late evening opening.

**16. Would you recommend your GP practice to someone who has just moved to your local area? (18 responses)**

We were happy to see that 89.2% of respondents would definitely or might recommend us to someone new to the area. Areas to improve on were as follows.

Dated décor: Please see the responses in Q12.

Behind the times: no online booking, no additional services like auxiliary services, décor. We are looking to address the online booking in later 2012. The ability to have auxiliary services on site such as podiatry are often dictated by local need, space, and the PCTs ability to fund them. We are currently nearly at maximum capacity for rooms and have some slightly tricky days each month because of this. Also we would likely need to significantly redevelop the building to accommodate such a service and so would need to secure funds to do so. These type of services are also not exclusively for the practice's patients and need to be open to all Bradford residents. We currently feel that this is not an area we can expand into in the near future. The decorating is due to start in January 2012 and will have been done by the time you read this.

**17. Is there any way your general experience of your GP practice could be improved? (22 responses)**

Music: We have in the past had gentle music playing in the background but this stopped due to the system breaking down and has not been replaced. Restarting this may give an extra level of privacy to those enquiring at the desk.

Waiting room: self check in, music, information screens, décor, play area for children, tea room, too hot. Some of these have been addressed above already. Some surgeries do have children's play areas. There are some health and safety laws that can apply to this but it may be possible to look at a fixed activity play block in the waiting room. The heating is hard to get right at times but we do try our best. We feel a tearoom is not practical with the current layout of the surgery.

Appointments: please see Q7 above. Also there was some misunderstanding as to when appointments can be booked. The phone lines are open from 0800 and close at 1800 with an additional 1 hour closure of the phone lines (not the Surgery itself) from 1230 to 1330 (please see Q4 for the reasoning for this). Also once a month, on the third Wednesday, we shut the surgery from 1200 until 1530 for Staff and Doctor training. The phones are off for the whole afternoon but only for that day and not for the other Wednesday afternoons each month. The training afternoon is common throughout the whole of Bradford and a lot of the country.

The Entrance doors: We do keep one of the entrance doors closed, this is mainly due to problems with the wind. Automatic doors have been looked at before, but there have been health and safety concerns raised about small children being able to run out nearly straight on to the busy road. We could look at this again in future.

Text Message Reminders: see Q7 above.

**18. How would you prefer to be told about changes to local health services, for example, opening times of your GP practice, hospital services, treatment in the community etc? (6 responses)**

The majority of people would want to find out via the patient group (55.6%) or were not interested in this information (38.95). Open responses included leaflets in reception, the news letter and text messaging. The first two of these we already do and the latter is currently not available and would likely be more for the local health authority. Some Practices do have social media pages such as on Facebook or use services such as Twitter for announcements. This is something we could look at in the future but we currently have no plans to use such services.

**19. How would you like to be involved in planning changes to local health services, for example, new services, hospital services? (2 responses)**

One person worked for the NHS and felt their place of work gave all the opportunity they needed for this. The other person would like more use of questionnaires.

Most people were happy to work through the Patient Group.

**20. Please use the space below to tell us about anything you feel that is important that we may have missed. (11 responses)**

Receptionists: One person thought our receptionists could be more helpful. In another part of the survey some people thought our receptionists had improved greatly over the last year or so. This is a tricky one as our receptionists are the front line and first point of access to our service and do a difficult job. They are asked to stick to practice policies by the Doctors and Management Team and so are mainly operating within these guidelines. They are human and so sometimes, like all of us, may not offer as good a service as they normally do. They do try their very best to be flexible and help patients where possible. This has been a particularly stressful year for them, adapting to a new computer system

which not only means learning how to do everything on the system, but it has also necessitated a change in a number of procedures. They have coped admirably and we are very grateful to them for all their hard work. We also give them training throughout the year, and have recently slightly changed our training schedule to offer dedicated time each month for this.

Prescriptions: someone felt that if a patient asks for medications (that are already on repeat) that they should be given them and then if there are any issues the Doctor wants to see them about then they can come in at a later date, rather than being declined the medication. This is what we normally do for the first time (after a review date has passed) but unfortunately it is often the case that as long as the medication is being given then patients may not attend for review. We try to be flexible and for some medications that if they were not given then harm would occur we still issue them.

Parking: We are currently unable to expand the size of the car park. It is jointly shared by us and Bowling Hall Practice.

More Notices: as mentioned above we could look at providing “how to Guides” and services offered leaflets. We already have a comprehensive Practice leaflet so please ask for one to see what’s on it.

Telephone consultations: please see Q7.

Thank you again for your patience in awaiting this long response. The Doctors at Rooley Lane look forward to working further with you over the next year.

For and on behalf of all the Doctors,

Dr. Manby