**GP PATIENT SURVEY REPORT – NOVEMBER 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **Practice name and ODS code: RUDGWICK MEDICAL CENTRE (H82027)** | | | |
| **Your local GP services** | | | |
|  | **RMC** | **ICS** | **National** |
| % of patients who said it was easy to get through by phone | 62% | 47% | 50% |
| % of patients who found the receptionists helpful | 86% | 85% | 82% |
| % of patients who are satisfied with appointment times available | 47% | 50% | 53% |
| % of patients who usually get to see or speak to their preferred GP when they would like to | 28% | 37% | 35% |
| **Reflection:** Patients’ first impressions are good. They can get through to the RMC on the telephone and find the receptionists helpful. However, they are not satisfied with appointment times and are unhappy that they cannot see their preferred GP when they would like to. We believe the last two points are related to the fact that we are a small practice with only one GP partner. Patients either want to see Dr Mckenzie (the named doctor for all RMC patients) or else see a locum they have seen before. Owing to workload and the fact that all other doctors are locums, Dr Mckenzie is almost always required to triage, meaning that he has limited capacity for face to face appointments. As locums attend intermittently rather than regularly, a patient will not necessarily be able to see the same locum they saw previously. We intend to recruit another permanent GP to assist with this and are in the process of recruiting. | | | |
| **Making an appointment** | | | |
|  | **RMC** | **ICS** | **National** |
| % of patients who were offered a choice of appointment when they last tried to make one | 46% | 56% | 59% |
| % of patients who were satisfied with the appointment they were offered | 76% | 72% | 72% |
| % of patients who took the appointment they were offered | 98% | 96% | 96% |
| % of patients who described their experience of making an appointment as good | 44% | 54% | 54% |
| **Reflection:** The question regarding choice of appointment shows that 54% of our patients do not believe they were given any choice of appointment. Of those that believe they were offered any choice, only 1% said they were offered a choice of healthcare professional (7% for ICS and National) and only 11% said they were given a choice of the type of appointment (19% for ICS, 20% for National). Our understanding of our low scores here are that most patients want a doctor’s appointment (ideally face to face) and do not want to be signposted elsewhere, for example to a pharmacist, MSK or another health care hub, despite the fact that RMC is following NHS guidelines in doing so. It is possible that other GPs are still able to follow a more traditional role of using a GP as a first point of call for many of these issues, but RMC, having only one permanent GP, is not able to do so. Of the patients who are offered appointments, the vast majority were satisfied with the appointment they were offered and accepted it.  Only 44% of our patients describe their experience of making an appointment good. As before, we suspect that this is related to the way in which RMC works given high demand and only one permanent GP who is required to triage incoming requests. Patients may access our services by sending us eConsults or by telephoning and speaking to our trained Care Navigators. Many patients understand our way of working, but a number of patients are unhappy that they have speak to Care Navigators or be triaged or else signposted away from a doctor’s appointment. We intend to recruit another permanent GP and are in the process of recruiting, which should help with the heavy GP workload that we are experiencing at present. | | | |
| **Your last appointment** | | | |
|  | **RMC** | **ICS** | **National** |
| % of patients who were given a time for their last appointment | 88% | 91% | 91% |
| % of patients who say the healthcare professional they saw/spoke to was good at giving them enough time during their last appointment | 82% | 85% | 86% |
| % of patients who say the healthcare professional they saw/spoke to was good at listening to them during their last appointment | 86% | 86% | 85% |
| % of patients who say the healthcare professional they saw/spoke to was good at treating them with care and concern during their last appointment | 79% | 85% | 84% |
| % of patients who felt the healthcare professional recognised or understood any mental health needs during their last appointment | 70% | 83% | 81% |
| % of patients who were involved as much as they wanted to be in decisions about their care and treatment during their last appointment | 94% | 92% | 90% |
| % of patients who had confidence and trust in the healthcare professional they saw/spoke to during their last appointment | 100% | 94% | 93% |
| % of patients who felt their needs were met during their last appointment | 100% | 92% | 91% |
| **Reflection:** Since RMC works on an appointments basis, it is unclear why anyone was not given a time for their last appointment, unless they were seen straight away as an urgent case (e.g. tick bite or urgent referral from local pharmacist). The vast majority of patients believe that we gave them enough time, listened to them and treated them with care and concern, although our figures are a lower in some of these categories than the ICS and National figures. We believe that another permanent GP would assist with continuity of care and this may improve these figures in the future.  **One area that we need to look closely at is the percentage of patients who felt that the healthcare professional recognised or understood any mental health needs during their last appointment. Whilst 70% is still high, we trail behind ICS and National scores. 30% of our patients who perceived themselves as having mental health needs responded “No, not at all” to this question (compared with 17% for ICS and 19% for National). Whilst recruiting a new permanent GP will help with continuity of care, it is not the whole answer and this area will need further review to ensure a plan can be put in place to improve our performance in this area.**  Our results as regards patients being involved as much as they want to be in decisions, having confidence in their healthcare professional and the extent to which their needs were met during their last appointment are outstanding and a testament to our excellent healthcare professionals. They are also a sign that despite a heavy workload, the triage system used in RMC works, enabling our healthcare professionals to make a difference in their patients’ lives and ensuring patients who need our services are always able to access them. | | | |
| **Your health** | | | |
|  | **RMC** | **ICS** | **National** |
| % of patients who say they have had enough support from local services or organisations in the last 12 months to help manage their long term condition(s) | 89% | 66% | 65% |
| **Reflection:** Whilst this question asks about local services and organisations, we would point out that our Care Coordinator has worked hard to ensure that our patients are made aware of and aided in accessing local services and organisations and that at least some of the credit of the high score in this area should go to her. | | | |
| **Overall experience** | | | |
|  | **RMC** | **ICS** | **National** |
| % of patients who describe their overall experience of this GP practice as good | 62% | 73% | 71% |
| **Reflection:** Whilst our final score is still high, we lag behind those of ICS and National. We suspect that this is for the reasons highlighted earlier (high demand with only one permanent GP and of necessity a triage system and signposting to other healthcare hubs replacing the traditional phone-and-book-an-appointment system). We believe that the recruitment of another permanent GP will aid us in improving our scores in many areas, including this one. However, triage is and will remain an important part of our practice. It ensures that instead of patients battling one another to secure appointments at 8am on Monday morning, all patients who need to be seen are seen promptly, whilst still providing appointments for patients with less urgent matters to take place in a slightly longer timeframe. | | | |