**Patient Group Report 2012**

**Profile of practice population and PRG**

The practice population is 5500 patients and is centred in the rural village of Tarporley, with small branch surgeries at Kelsall and Ashton.

We have a largely white British population and have the most elderly Practice population in Western Cheshire. Due to the high price of housing in the village of Tarporley we have a gap of low price first time buyer accommodation, and thus our population does not have many young couples or families. As most teenagers go on to University our numbers of 18-22 year olds is also low compared to other practice profiles.

This demographic profile reflects a relatively elderly affluent largely white British population compared to an average practice.

**Practice profile:**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
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<tr>
<td>0-16</td>
<td>437</td>
<td>379</td>
<td>816</td>
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<td>17-30</td>
<td>334 (14.5)</td>
<td>320 (13.1)</td>
<td>654 (13.8)</td>
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<tr>
<td>31-50</td>
<td>624 (27.1)</td>
<td>653 (26.7)</td>
<td>1277 (26.9)</td>
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<tr>
<td>51-70</td>
<td>870 (37.8)</td>
<td>936 (38.2)</td>
<td>1806 (38.0)</td>
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<tr>
<td>71+</td>
<td>472 (20.6)</td>
<td>539 (22.0)</td>
<td>1011 (21.3)</td>
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<td>2300(100)</td>
<td>2448(100)</td>
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To recruit our patient group we put up posters in the Practice waiting rooms (Appendix 1) put information on the website (Appendix 2) and articles in our newsletter (Appendix 3). We had some success in getting a response to the above methods of recruitment (6 out of 9 patients) and we also wrote to patients specifically asking them if they would consider joining the patient group, where we thought were under represented (i.e. elderly who do not have internet access and younger patients).

The group are all white British which are reflective of the Practice population, as we have a very small ethnic population.

Whilst the group does not have adequate representation from the 17-30 age band (we did invite some patients from this band but they were not interested in joining, however some have said they are happy to be included in an e-mail reference group which will be set up as a result of our local survey). In most respect the group we have are a good representation of the ‘users’ of the Health Centre and its facilities.
The profiles of the patients on the group are as follows:

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<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>31-50</td>
<td>0</td>
<td>2</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>51-70</td>
<td>3</td>
<td>1</td>
<td>4 (44%)</td>
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<tr>
<td>71+</td>
<td>2</td>
<td>1</td>
<td>3 (34%)</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>4</td>
<td>9</td>
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</table>

The first patient group meeting took place at the Health centre on the evening of 4th October 2011 (Agenda appendix 4). During the meeting we discussed the national survey and its results and discussed which areas in addition to/or instead of the national survey we wanted to base our local survey on.

**Priorities for the survey and how they were agreed.**
From this we created a list of priority areas that we thought eligible for investigation (Appendix 5). The group then individually ranked the list and we decided that we would base our survey in 2012 on the 4 highest ranked areas. These are shown on Appendix 6.

The group thought that because of the age of the practice population we would use paper survey forms. The practice then created a set of questions/survey which was circulated to/amended by the patient group. The survey was sent out to patients by post at the start of January 2012. Patients were randomly chosen and the total cohort was representative of the practice demographics.

**Survey and results.**
Anonymous results were returned in SAE and analysed, the copy of the questionnaire and results are attached on Appendix 7. Results were received and analysed up to the start of March 2012.

**Resulting action plan.**
A patient group meeting took place on the 8th March 2012 where the results of the questionnaire (circulated in advance of the meeting) were discussed in detail and a resulting action plan was agreed. The action plan was then circulated to the group on 9th March 2012. The action plan is attached as Appendix 8.

All the actions can be addressed by the Practice and do not need PCT approval. Some areas may be difficult to implement (i.e. use of BT substation land for staff car parking) but actions to try and implement all actions will take place (with resulting feedback).

**Opening times.**
As a result of the survey we have not changed our opening times. For information on opening times and contact numbers see the home page of the website http://www.tarporley.doctors.gpsurgery.net or ring the surgery (01829 732401) for details.

MJG
17.03.12
Patient Participation Group

As part of the changes to a GP’s role in the NHS and the desire to involve patients more in what services are provided locally, we are looking for patients to volunteer to join our patient participation group.

The involvement will not be onerous, and hopefully you will find the participation enjoyable and worthwhile.

If you would like to find out more of what is involved, please:

1. Ask at reception for an information sheet
2. E-mail the practice “wc-pct.TarporleyDoctors@nhs.net” requesting an information sheet
3. Please visit our website www.tarporley.doctors.gpsurgery.net for further information
Patient Participation Group

The group is to consist of a representative group of patients (of the Practice population) that will meet/correspond (can be face to face, via the internet etc) on an ‘as needs basis’ - likely to be a minimum of twice per year.

The purpose of the group is to consider how the Practice is run, and what services are available nationally and locally to its patients. The group will consider with the Practice what it considers to be the priority areas for Practice development and in conjunction with the Practice, design a Practice level questionnaire that will be issued to a representative part of the Practice population to gain their views on the specific areas recognised.

Following the return and analysis of the survey, the Practice and the patient group will:

- Summarise the findings
- Discuss what initiatives/changes can be implemented to develop the practice.
- Agree a programme of work for the Practice to take forward the findings
- These may be in-house initiatives that can implemented at a local level
- They may be area wide initiatives that involve other practices, that go up to local area level for discussion with other practices
- They may involve other services (i.e community services/hospitals/Social Services) which will need to be co-ordinated at an area wide level
- Inform the whole practice population of the findings/plans/timetable.

The Group will not replicate in its questionnaire the information collected for the Practice population via the Ipsos Mori National Questionnaires that are sent out quarterly (but we will use this information as part of its initial considerations). The task of the group is to identify more specific issues that relate to the individual practice/patient population that do not get covered in the national survey.

The group will also be used as a sounding board for changes that are being planned at a local and national level as part of the reforms that are going on within the NHS and that will affect the services the Practice provides.

If you are interested in joining the group please let the Practice Manager, Mike Guest know either:

- verbally via reception
- telephone 01829 732401 – please select option 3
- E-mail – wc-pct.TarporleyDoctors@nhs.net

Thank you.
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If you would like to find out more about what is involved, please:

- Ask at reception for an information sheet/sign up sheet
- See our website for further details at www.tarporley.doctors.gpsurgery.net
- E-mail the practice for an information/sign up sheet at wc-pct.TarporleyDoctors@nhs.net

New Telephone System

As most of our patients will now know we have a new telephone system when contacting the surgery. You will now be presented with 3 options when you ring:

- **Option 1 – Reception**
  To make an appointment, enquire about a test result, to speak to a Doctor or Nurse, or if you have a general enquiry please press 1.

- **Option 2 – Secretary**
  For enquiries about a referral or to speak to a secretary please press 2.

- **Option 3 – Practice Manager**
  If you wish to speak to the Practice Manager please press 3.

For any other enquiry please press 1 to speak to reception. If you know which option you require prior to ringing, you do not need to listen to the whole message. Using your telephone keypad press the option number you require as soon as the message starts and your call will be transferred. We hope this system provides our patients with a smoother, more efficient service.
Appendix 4

Agenda

Patient Group

Tuesday 4\textsuperscript{th} October
6pm at Health Centre

1. Introductions
2. Objectives of meeting
3. Ground rules
4. What is primary care-how does a GP practice operate.
5. Background to patient group formation/previous group
6. Aims/objectives/outputs:
   - National survey areas
   - Communications
   - Inclusive local network
   - Environment (rooms/building/car park)
   - Community services
   - Secondary services
   - Prescribing
   - DNA's
   - Chronic disease
   - Healthier lifestyle
   - Emergency and unplanned care

7. Priorities
8. Other matters
9. Next steps
## Patient Group – Priorities

| National Survey – in house clinical issues | Priority 1 - 5 |
| Communications – improvement re “knowing what’s going on” at your surgery | |
| Environment – improvement in “facilities” at Health Centre (waiting room, car park, consulting rooms) | |
| Prescribing – procedure i.e prescribing | |
| Long Term Conditions – management of | |
| Healthier Lifestyle – smoking / alcohol / eating etc | |
| Age Related – elderly, children carers, access etc | |
| Community Services – Health Visitors / District Nurses / Community Matron | |
| **Secondary Services:**  
  - Access to clinics / provision  
  - Access to hospitals – Choose & Book  
  - Provision within hospitals | |
| **Discharge and follow-ups** – post hospital care | |
| **Emergency Services:**  
  - minor injuries  
  - Tarporley Community Hospital  
  - 999 Service  
  - Use of A&E  
  Emergency admissions – carers, 24 service, community matrons etc | |
| **Patient Management** – DNA’s, assertive aggressive behaviour | |
## Patient Group priorities

### Patient Group Members

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### Priorities: for 2012

- Communications
- Secondary services
- Environment
- Age related
- Community Services.
Communications

1. Would you like to know more about the services we provide / developments that are occurring at the Health Centre, such as appointments, clinic types, prescriptions, test results, health reviews, referrals, recent and approaching developments including on-line appointments and repeat prescriptions together with electronic prescribing?
   - Yes [61%]
   - No [39%]
   - No Answer [0%]

   Comments: mixture of comments including all of the above
   - All of the above and screening
   - More about health reviews
   - Any improvement in on-line services will be welcome
   - Changes re clinic types, referral system, health checks. More info on on-line services especially around risk and confidentiality issues
   - Would like to know more about the flow of information between GP and hospital including computing links and about the organisation and content of health reviews
   - Suggest a newsletter with 3 or 4 important changes every quarter-available in reception-i.e new registrar details
   - Something written down in surgery-a leaflet which we could pick up on health reviews and clinic types would be good

2. Do you use the internet?
   - Yes [68%]
   - No [29%]
   - No Answer [3%]
   - Have you seen the Practice website www.tarporley.doctors.gpsurgery.net?
   - If not can you have a look and tell us what you think below:

   Comments:
   - An excellent site giving a lot of useful information-layout and contents good-nothing else needed
   - Very useful for general information and looking at latest newsletter-easy to use with good information
   - Excellent, very informative, can't fault it. Newsletter good for new information
   - Looked at for first time to complete form - very comprehensive and has now read newsletter!
   - Improved in recent months, in general good and informative, sometimes navigation is a bit obscure
   - Bright and cheerful, easy to see tabs and links, comprehensive and informative
   - Very good-much better than last time I looked at it-appropriate for the services you provide-good!
   - Lots of information, but a bit sterile-no friendly photos of Doctors etc.
   - The challenge is to keep the given information up to date.
   - Photos of the team
   - A link for more information on an illness would be useful but not essential
   - Links to profiles of consultants you refer to for different conditions (eg knee and back specialities)
   - Statistics about patient numbers, GP appointments (including missed ones)
   - Would like to read "a day in the life of a GP"

   - If yes - what are your thoughts of its layout and content?

   Comments:
   - See above
• Is there anything extra you would like to see on the website?

Comments:

See previous

We feel we do not communicate with our patients widely enough.

Do you agree with this?: Yes [37%] No [39%] No Answer [24%]

Do you have an email and would you allow the surgery to send you messages regarding services / developments / newsletters Yes [61%] No [26%] No Answer [13%]

6. Do you look at:

- Posters at the surgery Yes [89%] No [8%] No Answer [3%]
- Public noticeboards Yes [47%] No [42%] No Answer [11%]
- Schools / library noticeboards Yes [21%] No [71%] No Answer [8%]
- Surgery newsletter Yes [47%] No [45%] No Answer [8%]
- Local publications Yes [50%] No [39%] No Answer [11%]
- Tarporley talk Yes [62%] No [31%] No Answer [8%]

7. Any other suggestions to help us to keep you informed.

- When using a particular service eg referral - information provided outlining process with a rough guide of time line
- Send an email to patients when major changes are made to the practice website
- An annual newsletter from the surgery posted to all patients, with surgeries on, latest clinics, contact numbers, staff changes
- Never seen a surgery newsletter-Tarporley Talk would be an excellent way of keeping patients informed
- Newsletter available in waiting area-If there is one already, I haven't seen it.
- Can you flag up by email when a new newsletter is included on the website
- For Kelsall and Ashton no tarporley Talk-local 'Around Ashton' and Kelsall equivalent
- I think you run the surgery well. Compared to what I have heard from others, I have always been able to book an appointment and always seen someone urgently if needed which is my priority. Well done.
- Would appreciate notification of new staff and type of appointment (i.e temp or otherwise)
Environment

Because we share the building and site with another Practice and community services we are limited as to what changes we can make, however we would like to gauge your views on the facilities we have.

Car park

The size of the car park is limited and at many times of the day inadequate to accommodate patients cars. We would welcome any suggestions to improve this situation and ensure the existing facilities are used to the maximum benefit of patients.

Comments/suggestions:
- Don't attempt to park in car park any more
- Car parking problem throughout tarporley. People lazy and refuse to walk far. Use telephone exchange for staff parking
- Encourage able bodied pts to park away from the surgery and walk
- I always walk!!
- Car park is adequate, the larger you make it the quicker it will fill up
- Efficient scheduling of appointments will reduce the number of cars
- Improving appointment time keeping would help and speed up short appointments
- Bus patients from another car park
- Use the dry pond area for additional parking
- Remove all trees and grass verges, and fill in the hole
- Staff could park elsewhere
- No long term parking - remove staff cars
- Rent some space from the telephone exchange?
- Never experienced this as an issue
- It is a problem but no easy solution!!

Waiting room and reception

Whilst it is difficult to change the physical dimensions of this area we would like you to comment on the following:

1. Is the current seating layout and condition, suitable for purpose?
   Yes [95%] No [0%] No Answer [5%]

   Comments:
   - Is suitable for purpose
   - Need all seating to be able to view appointment call board
   - Needs redecorating - looks shabby
   - Replacement of the table for magazines, newsletter

2. Would you like to have a radio or TV on in the waiting room?
   Yes [16%] No [79%] No Answer [5%]

   Comments:
   - Definitely no to TV / radio - a wide range of magazines is enough
   - Good to have peace and quiet - an opportunity to look at notice boards, magazines etc
   - As tastes so diverse leave patients in peace
   - Radio Manchester - great programmes or Smooth radio
   - Nice to have peace and quiet when you feel ill. People should talk more
   - Waste of money
   - No! No! No! Patients need time to cover main points before going to see Docto
   - No radio or TV!
   - Radio 2 or CD playing easy listening music
   - I would sooner have a few daily papers - I don't like noise/music everywhere
   - Definitely not! Think pipe music is an abomination. Don't come to the surgery to be 'entertained'
   - Radio with relaxing calm music
3. Has the check-in screen reduced waits at reception and are you satisfied with how it works?
   Yes [95%]  No [0%]  No Answer [5%]

   Comments:
   - Excellent
   - It has reduced waiting times
   - Very useful to be informed of any delays
   - Very good simple to use. Elderly get help from other people in the waiting room
   - Presumably this allows the receptionists to spend more time doing other things
   - Works well but always concerned I will miss 'name' flashing on screen.
   - Sadly mechanical but I recognise the practicality
   - Works well and ditto
   - Excellent development
   - Its good-unless your sitting underneath it

4. Does the “call through” screen work well?  Yes [92%]  No [0%]  No Answer [8%]

   Comments:
   See above

5. Do you think the reception window and receptionists gives the
right image of the Practice?  Yes [87%]  No [5%]  No Answer [8%]

   If no, bearing in mind the need for reception to be able to carry out confidential phone calls / conversations out of
hearing from waiting patients, how do you feel we can improve this area?

   Comments:
   - Adequate
   - A large reception desk with a kiosk for a computer terminal and a phone for confidential calls
   - Embarrassed to ask for specimen bottle at reception window
   - Receptionists do an excellent job
   - Firstly the receptionists in my experience are lovely and helpful. Huge change from years ago. Thank you.
   - Sometimes you ring the bell and it takes ages for someone to come-perhaps this is unavoidable.
   - Works well for the patient and is professional
   - Very old fashioned and projects the wrong image-of supplicants waiting to be heard by someone shut away in
their box, also not private.
   - I feel embarrassed to ring the bell when there's no one in the office-seems very demanding!

Consulting Rooms

Are there any environment improvements we can make within the
consulting rooms to improve the patient experience?  Yes [3%]  No [79%]  No Answer [18%]

   If yes, please comment:
   - Adequate
   - Air conditioning-it always feels too warm in the rooms
   - The consulting rooms are generally very satisfactory
   - Appear old fashioned but serve their purpose
Summary
Please make any other comments you wish to make regarding the health centre environment at Tarporley, Kelsall or Ashton.

- Good current system
- Everyone is friendly and helpful
- Tarporley Surgery - it is practical and fit for purpose
- More patients should use the hand sanitizer
- I can honestly say I have had nothing but pleasant, friendly experiences at the Health Centre. The Doctors and staff are excellent
- They are all helpful, friendly and will to explain things when asked in surgery. Being a carer it is so important to have good contact with GP's and reception staff as needing urgent prescriptions is sometimes the case. The surgery is comfortable, warm, and waiting times are at a minimum. A good and pleasant environment
- Thankful that I rarely need the inconvenience of having to visit Ashton or Kelsall
- Change the wall cartoons in Tarporley!
- Music at Kelsall and Ashton as well as Tarporley
- Only use Tarporley on regular basis-Kelsall very small but suitable for back up ditto Ashton
- I do not visit the surgery very often but find it efficient on the occasions I do
- Would like a surgery once a week in Tarvin
- Call through system at Kelsall and Ashton?
- Compared with other surgeries I find yours to be very good, especially in terms of getting appointments at short notice if required. On line repeat prescription service is excellent. Good use of nurse when appropriate. Good service and information for the elderly
- I don’t really want fancy waiting rooms etc-most important is access to Doctors/nurse when wanted
- I appreciate the clinic in Ashton
Secondary Care (Hospitals / Outside Clinics)

1. Have you been referred to/used secondary care in the last 3 years?
   Yes [58%]  No [34%]  No Answer [8%]

2. Did the Doctor explain the referral process to you with expected timescales?
   Yes [47%]  No [5%]  No Answer [47%]

3. Did you receive your referral details in a timely manner and when expected?
   Yes [53%]  No [3%]  No Answer [45%]

4. Did you use the Choose and Book process?  Yes [21%]  No [32%]  No Answer [47%]
   If yes how did you find the process and ability to make your appointment?
   Comments:
   - Process good, no problems. Compare waiting times between hospitals and make selection
   - Straight forward - but was delayed as transferred to NHS
   - Easy
   - I found it OK-but when my mother had to do it she found it difficult and I had to do it for her.
   - Very efficient-but only for the first appointment-subsequent were sent by hospital
   - System booked when choose and book kicked in-sorted eventually
   - Excellent
   - Don't know-I don't want a lot of choice, just an efficient service

5. Please comment on your hospital appointments/experience, and let us have any points you wish to raise?
   Comments
   - All good to date
   - COCH - all gone well. Radiology sometimes a long wait. Rheumatology - efficient and prompt. Cardiology - first appointment prompt but an 8 week wait for test results
   - Oswestry - excellent care
   - Fine except for cancellations the have to make further appointments
   - COCH breast unit very good, jubilee very good - but last time seen there was a delay and was not told
   - Would be pleased to have some idea of the length of time before appointment, especially when in pain.
   - No problem with appointments-blood samples do not seem to get the right department
   - Appointment experience very good keep it up.
   - Cancelled hysteroscopy after I had waited from 8.00am until 1pm in my gown and stockings
   - Cancelled hysterectomy while I was waiting to be called for surgery-traumatic
   - No problem all handled satisfactory
   - Prompt efficient service
   - The process went well
   - COCH Gynae clinic and jubilee ward-no faults journey and after care good
   - For me the care I have received at the COCH has been excellent
Are you satisfied with how your secondary care was concluded and any follow up handled?

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<td>• Communication inadequate and slow</td>
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<td>• District Nurses not informed when discharged from hospital</td>
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<td>• Hospital reports delayed or go to wrong Doctor</td>
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<tr>
<td>• Very satisfied</td>
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<td>• Fairly straightforward</td>
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<tr>
<td>• Concerned about initial procedure subsequently being told not required</td>
<td></td>
</tr>
<tr>
<td>• Hospital appointment system was a nightmare when trying to rearrange hysterectomy—I have never been so stressed</td>
<td></td>
</tr>
<tr>
<td>• Excellent</td>
<td></td>
</tr>
<tr>
<td>• Generally yes, but after a day care operation perhaps there should be one follow up appointment useful for 'questions'</td>
<td></td>
</tr>
</tbody>
</table>

Do you feel there is anything the Practice can do to improve your secondary care experience?

<table>
<thead>
<tr>
<th>Comments:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communication gaps between hospital and GP, which could be serious</td>
<td></td>
</tr>
<tr>
<td>• Reports received by surgery but given to wrong Doctor</td>
<td></td>
</tr>
<tr>
<td>• Hospital takes too long to report</td>
<td></td>
</tr>
<tr>
<td>• If patients do not chase up reports/letters is there a back-up with the GP that would investigate omission?</td>
<td></td>
</tr>
<tr>
<td>• Make sure the patient knows how transfers from private to NHS can take place more smoothly</td>
<td></td>
</tr>
<tr>
<td>• No, always has referrals dealt with very quickly</td>
<td></td>
</tr>
<tr>
<td>• Bypass Chester and refer directly to Cardiac Unit in Liverpool</td>
<td></td>
</tr>
<tr>
<td>• No (3)</td>
<td></td>
</tr>
<tr>
<td>• Advice on 'special clinical interests' a consultant might have within their area of expertise—so might help in choice of who to see.</td>
<td></td>
</tr>
<tr>
<td>• Not really—the Countess of Chester has its own procedures and GP interference was not welcome</td>
<td></td>
</tr>
<tr>
<td>• Never had to be referred so can't comment</td>
<td></td>
</tr>
<tr>
<td>• Not from my experience</td>
<td></td>
</tr>
</tbody>
</table>
Elderly Care Questionnaire

Tarporley and its surrounding rural area, has an elderly population. Can we do more to improve their health service provision?

We would welcome your comments as to how we can improve our services to this group of patients. Do you think these are areas we should be concentrating on?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification and provision of carers for the elderly:</td>
<td>53%</td>
<td>0%</td>
<td>47%</td>
</tr>
<tr>
<td>Awareness of free local transport provision to and from the surgery:</td>
<td>53%</td>
<td>5%</td>
<td>42%</td>
</tr>
<tr>
<td>Rapid access for appointments for the elderly:</td>
<td>53%</td>
<td>0%</td>
<td>47%</td>
</tr>
<tr>
<td>Ability to phone Doctors:</td>
<td>58%</td>
<td>3%</td>
<td>39%</td>
</tr>
<tr>
<td>Identification of and special services for “frail” patients:</td>
<td>53%</td>
<td>0%</td>
<td>47%</td>
</tr>
<tr>
<td>Preventative services for elderly patients at risk:</td>
<td>50%</td>
<td>3%</td>
<td>47%</td>
</tr>
</tbody>
</table>

Comments:

Please make any comments on the above or on any other areas you think we should address regarding care for the elderly?

- Newsletter informing carers for the elderly what is available
- Transport - people would offer to do this on a voluntary basis
- Rapid appointments - restricted to day time hours
- Frail patients able to ring and discuss a problem
- Raise awareness of special services for frail patients
- Can only make appointments when the Tarporley Shuttle Bus operates - finishes at 2.30 pm
- How do housebound and old people manage to order repeat prescriptions as they can't ring to re-order?
- Regular phone checks on the elderly with carers (particularly frail and vulnerable patients or those completely alone)
- Links between Age UK, Carers centre, crossroads etc as it so difficult to know what is out there.
- Volunteer service to check on elderly in their area and report any problems to GP’s.
- Would you need help regarding free local transport? If so I would be pleased to offer my help
- Don't know enough about how the surgery handles care for the elderly so can't comment
- Yes to all of the above, but really as part of general care levels expected
- All important, but particularly ‘ability to phone Doctors’ should be considered as very important for elderly patients
<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Responsibility</th>
<th>Timescale</th>
<th>Resources/ Funding</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve patient feedback at health reviews (for chronic conditions)/ health check ups/ screening visits</td>
<td>Design new diagnosis and annual check up care plans that include condition information/test results and targets for future reviews</td>
<td>Practice-to be led by Practice manager</td>
<td>Review 30.09.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newsletter - to ensure the newsletter is produced in a regular/timely manner and is available to patients in surgery and on website</td>
<td>Have an agreed newsletter timetable and responsible person to ensure copies always available to patients</td>
<td>Secretary who produces newsletter</td>
<td>30.04.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emails - to set up patients on email circulation list to notify them of relevant matters. i.e. new newsletter on website, flu campaign, health review due etc</td>
<td>To set up circulation list and increase emails on patients records</td>
<td>Secretary/IT lead in practice</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice leaflet To ensure leaflet up to date and available for patients</td>
<td>Carry out objective</td>
<td>Secretary</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website - increase awareness of site</td>
<td>Notice in waiting rooms/newsletter/ Tarporley talk</td>
<td>Practice Manager</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website - review ease of navigation and ensure links to patient information / hospitals etc easy to find</td>
<td>Review website set up and ensure as content increases, ease of navigation is paramount</td>
<td>Practice Manager</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Action</td>
<td>Responsible Party</td>
<td>Date</td>
<td></td>
<td></td>
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<td>----------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Website - include staff photos</td>
<td>Take pictures and upload on site</td>
<td>Practice Manager / Secretary</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website - include a ‘day in the life of a GP’</td>
<td>GP to produce article (to go in newsletter as well)</td>
<td>GP</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website - look at the possibility of including Practice statistics</td>
<td>To discuss in practice as to what may go into this section on website</td>
<td>All practice staff</td>
<td>30.09.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e. DNA’s) on site-also links to national survey results</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Waiting room posters - ensure current and accessible but not cluttered</td>
<td>To look at which posters we put up, where they are (can they easily be read)-the management of posters/ notice boards in the surgery is important.</td>
<td>Reception</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting room layout</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Local newspapers - to get more Practice information into this media</td>
<td>To contact Tarporley Talk and Kelsall / Ashton equivalents with the objective of getting regular news into these publication</td>
<td>Practice Manager</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car parking- to ease congestion in the car park</td>
<td>Look at: staff parking, number of disability spaces available. Use of Manweb substation area for staff parking Encourage people who can walk to surgery (or can walk from other car parks in the village) to do so</td>
<td>Practice staff</td>
<td>30.09.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting room layout</td>
<td>Look at seating so all patients can see call through message board</td>
<td>Practice Manager</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception window - improve image of reception/wait at window</td>
<td>To look at current window that needs renewing to see if more ‘friendly’ options available. To reinforce reception training surrounding patients waiting at window if reception on phone. Specific instructions to patients regarding ringing of bell and repeating it if no one comes</td>
<td>Practice Manager / Reception</td>
<td>30.06.12</td>
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<td></td>
</tr>
<tr>
<td>Secondary care - to highlight to hospitals concerns from patient groups regarding poor communications</td>
<td>Ensure Datix done in all instances. Encourage patients to report secondary issues</td>
<td>Practice staff</td>
<td>30.09.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary care - emergency ambulance service - to clarify how ambulance service decide which A&amp;E patient is taken to - do they have choice between Leighton and Chester</td>
<td>Practice to contact NWAS to find out how system operates and communicate outcome to patients</td>
<td>Practice Manager</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elderly care - to ensure patients understand role and competence of nurse practitioner</td>
<td>To look at communication regarding this role - would another title be more appropriate??</td>
<td>Practice</td>
<td>30.06.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elderly care - to look at how frail patients are identified and treated within the practice</td>
<td>To review services available to frail patients and seek to raise their profile and standards of care within the practice</td>
<td>Primary Health Care Team</td>
<td>30.09.12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>