

# THE FAKENHAM MEDICAL PRACTICE

## Patient Participation Group Directed Enhanced Service 2013-14 Report

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By John A Fraser Chief Executive Fakenham Medical Practice

January 2014



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## PPG DES 2013 – 14

**1. Introduction.** This is the third year that the practice has participated in the Directed Enhanced Service which has the following 6 steps:-

- Step 1: Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, e.g. a PRG
- Step 2: Agree areas of priority with the PRG
- Step 3: Collate patient views through the use of survey
- Step 4: Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services
- Step 5: Agree action plan with the PRG and seek PRG agreement to implementing changes
- Step 6: Publicise actions taken and subsequent achievement

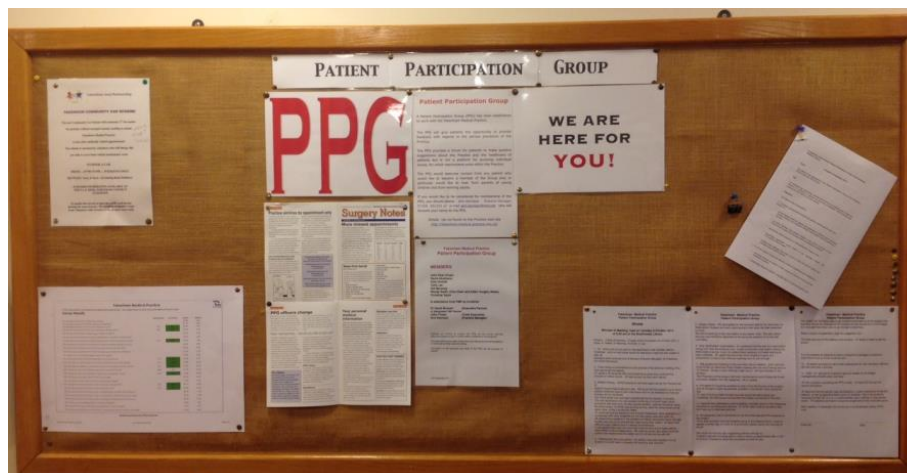
**Steps 1 and 2.** The Fakenham Medical Practice Patient Participation Group was established in the 2008. Notices were put up inviting patients to form and join the group. This met with very limited response so a more direct approach was made by GPs who invited patients, who they thought might be interested, to join the group. This met with more success and at the initial meeting they decided on the purposes of the group which are to:-

- give practice staff and patients the opportunity to discuss topics of mutual interest with regards to the Fakenham Medical Practice.
- provide feedback from patients with regards to the service provisions of the Practice and to explore the changing needs of patients.
- provide the means for patients to make positive suggestions about the Practice and the healthcare of patients.
- provide a vehicle for communicating with patients about health matters.
- encourage health education activities via the Practice.
- act as a representative group that can be called upon to influence the local provision of health and social care

The practice has worked closely throughout the period of the PPG's existence and made several changes in response to concerns and other matters raised by patients through the organization. The number of action points raised as a result of the report are therefore fewer than otherwise might have been the case had this close co-operation not existed.

**2. Constitution.** The purposes and membership of the group were included in their Constitution which they agreed. A copy of the Constitution which was reviewed and adopted in September 2013 is shown at Annex A. In addition to the 10 elected members of the group the group requested that The Practice Lead Executive Partner, Chief Executive, and Practice Manager attend meetings as ex-officio members.

**3. Meetings and Minutes.** The PPG meet regularly on a monthly basis in the practice and publishes an agenda at least a week in advance. The meetings are well attended and minutes are regularly published and displayed on the PPG notice board along with other information such as the patient car service which is situated in the Main Reception Area of the practice.



The PPG has held a number of open evenings and is planning and covered a number of topics including the New Build and Patient Services. The last took place on Tuesday 16th April 2013.

**4. Surgery Notes.** The PPG produces a quarterly newsletter for patients. A sub group of the PPG is responsible for its production. Several thousand copies are distributed widely throughout the practice via parishes, as in insert in the local newspaper (The Fakenham Sun) as well as pick up from the Main and Branch surgeries. The design layout, printing and distribution are done locally and paid for by the practice.

**Surgery Notes**

**Practice services by appointment only**


The Practice is not a drop in or walk-in centre. It provides Routine Medical Care appointments or Same Day Appointments to patients above needs require them to be seen the same day. There are separate procedures for booking these two types of appointments.

The Routine Appointments is just that, you book a future appointment with your GP or another GP either by phone, on the website or directly with the receptionist.

For a Same Day Appointment, you contact the receptionist (either by phone or in person) who will ask you two questions. A brief description of your problem and you think it should be dealt with on the same day. This simple procedure replaces an earlier system based on computer generated questions which caused delays. The receptionist then

**Can I use the dispensary at the Practice to get my medicines?**

Yes, if you are a patient of the Fakenham Branch Surgery OR if you go to the Fakenham Surgery and your closest pharmacy is more than 1.6 km (in a straight line) from your home. Even if you qualify to use the dispensary, you do not have to use it. You can use any pharmacy of your choice.



**Fakenham Medical Practice Reception**  
01328 851321  
Repeat Prescriptions 01328 85024

**Walsingham Branch Surgery and Dispensary**  
01328 820334

**Norfolk County Council Social Services**  
01328 850100

**Fakenham Medical Practice website**  
[www.fmp.nhs.uk](http://www.fmp.nhs.uk)

**FMP Patient Participation Group**  
Email: [fakenham.ppg@nhs.net](mailto:fakenham.ppg@nhs.net)

If you require assistance, e.g. wheelchair, lift, directions when you attend, please make your needs known when you book your appointment.

FAKENHAM MEDICAL PRACTICE PATIENT PARTICIPATION GROUP

# Surgery Notes

NUMBER 16 AUTUMN 2013

**More missed appointments**

The number of patients missing appointments continues to grow, as the table of missed appointments below shows. This adds to patient waiting times and is now causing a serious drain on the Practice's resources. On average, over 15% of GP appointments are missed each month. This is the equivalent of one GP's working week per month or three months of a GP's working year. There may be reasons why a patient misses an appointment. If you cannot keep an appointment please cancel it or reschedule so that another patient may be seen. This would help reduce patient waiting times. In order to help patients keep their

Month	Doctors	Nurses	Total
Jan	115	122	237
Feb	111	98	209
March	136	141	277
April	136	150	286
May	136	136	272
June	148	101	249
July	170	121	291

**Home First Aid kit**  
By Dr Richard Gurd

All Doctors are often asked about First Aid kits. I think all households should have a first aid kit, preferably in an easily identifiable bag or container. It should be stored in an accessible place but out of the reach of children. It should include the following:

1. Tough cut scissors
2. Triangular bandages (slings)
3. Large and medium size dressing pads
4. Crepe rolled bandages
5. Alcohol free-bleeding wipes
6. Tweezers
7. Cream or spray for insect bites or stings
8. Sterile gloves
9. Waterproof gloves of different sizes
10. Safety pins
11. Safety pins
12. Safety tape
13. Antiseptic cream
14. Thermometer

In addition it is useful to have some paracetamol and ibuprofen suitable for the age groups in your family. The above is the basic kit that households should have and is based on the NSC's 'choices' website. Obviously if you are more highly trained or participating in dangerous activities or sports you may need extra equipment. If you require further advice consider contacting a pharmacy or why not join a first aid course?

**Flu Clinics**

It's that time again. The Practice will be operating its usual October Saturday clinics for patients eligible for the flu jab. The dates and locations of the clinics are as follows:

Fakenham: 5 and 12 October, and Walsingham: 26 October. The clinics run from 9am to 11.45am. If you are unsure whether you qualify for a free flu jab, please contact the surgeries before the vaccination season begins.

**Surgery Notes**

**PPG officers change**

Mrs Cella Lee, Chair of the Patient Participation Group, has finished her two-year term as Chair. Mr John Rast was elected Chair and Mrs Wendy Smith as Vice Chair. Mr Ian Proctor who was secretary of the PPG, after having served as its Chair, has resigned from

**Your personal medical information**

There are very strict rules on how the NHS can use your personal information. The Health and Social Care Information Centre (the HSCIC) is responsible for collecting and collating data from your personal confidential medical record. The information it collects can be used to help develop NHS policies and services. It is now asking to pass some of its information on to third parties, such as researchers or certain private parties. Some of the information it holds (which may include your personal information) has been provided by your GP as GP Practices are required to provide the information. They do not need to get your consent before passing on the information. You do have a right to prevent your confidential information from being shared or used for any purpose other than providing your care, except in special circumstances. Starting in October you will leave the Practice so that the GP does not provide your information to the NSIC; and/or

**Donations**

Thank you for your donations in memory of patients who have passed away. In the last 6 months the Practice has received approximately £3,000 which has been used to purchase equipment and to train staff.

**Surgery Notes**

**Shingles vaccine**

Starting this month, there is a new vaccine available at the Practice. It is for people aged 70 and 75 years old to help protect against shingles. The vaccine is being phased in over the next few years. Patients do not need to do anything, as eligible patients will be receiving letters from the Practice.

**Diabetics**

A reminder to drivers who treat their diabetes with insulin, that they must inform the DVLA of their condition. The Agency publishes a guide describing procedures diabetics should take when planning to drive any distance. This guide can be found at [www.dvla.gov.uk/monitoring](http://www.dvla.gov.uk/monitoring)

**GP STAFF CHANGES**

Dr Megan Boppre started at the surgery on Monday 16 September 2013. She is taking over the care of all patients who were previously registered with Dr Kendall who retired in June. Dr Pirk is currently working as a locum to cover maternity leave for Dr Pirk. Dr Hasan will be going to practice on a permanent basis from January 2014.

Practice nurses: Tony Ellender and Helen Grant have left the practice for patients' needs. Nurses Laura Day, Terey Habbard and Victoria Cooper have recently joined the team.

Dr Beinfeld, who recently retired, has asked the PPG to convey his most sincere thanks to those many patients who have sent him cards and good wishes for his retirement.

**5. Website.**

The PPG has its own area on the practice website at <http://www.fmp.nhs.uk/patient-participation-group,26780.htm> All PPG documentation is shown on the practice website at <http://www.fmp.nhs.uk/patient-participation-group-documents,29336.htm> Including:-

- Members List
- Voluntary Car Scheme
- Minutes of PPG Meetings
- Q&As of Open Meetings

**Step 3 Collate Patient Views Through the Use of Survey.**

**6. How the Patient Survey Was Carried Out.**

PPG was asked at one of their regular monthly meetings in the Autumn of 2013 if they agreed to using the GPAQ R (See Appendix 1 to Annex B). Consideration was given to:-

- patients' priorities and issues
- practice priorities and issues including themes from complaints
- planned practice changes
- Care Quality Commission (CQC) related issues – these related to compliance issues at the branch surgery which had already been carried out in March 2013.
- National Patient Survey Issues. (The GPAQ R Survey includes questions from the National Patient Survey and the results of these are used to provide a benchmark of the Practice's own performance in certain key areas.)

The content was of GPAQ R was discussed by members of the PPG and they agreed to the 46 questions listed in it. They additionally wished to add several other questions which were agreed and an additional 12 questions as shown at Appendix 2 to Annex B. The survey was produced and tested on a representative cross section of patients to see if they understood all the questions and ascertain how long it took to complete. Patients at both the main and branch surgeries were asked to fill in the survey shown at Appendix 1 to Annex B. They were given the opportunity to do this whilst they waited for their appointment, immediately following their appointment, or to take it away and complete it in their own time and return it to the surgery within 10 working days. Receptionists were asked to ensure that a

representative cross section by age gender and ethnicity were asked to fill in the survey. The survey was handed out over a period of 6 weeks in November 2013.

## 7. Local Patient Participation Group Report. (See also Annex C.)

Practices must publish a Local Patient Participation Report on their website. As a minimum this must include:

- a. a description of the profile of the members of the PRG:-

Forename	Surname	M/F	Age	Ethnicity	Employment Status	Dispensing.	Usual Method of Transport to Surgery.	Attendance
John	Rest	M	64	White	Self Employed	No	Own Car	Main
Celia	Lee	F	77	White	Retired	Yes	Own Car	Main
Wendy	Smith	F	67	White	Employed	Yes	Own Car	Branch
Chris	Taylor	F	62	White	Retired	No	Own Car	Main.
Kate	Howlett	F	42	White	House person	No	Own Car	Main.
Frances	Le Grove	F	69	White	Self Employed	Yes	Own Car	Main
Rick	Parry	M	61	White	Retired	No	Own Car	Main.
Gill	Moroney	F	60	White	Retired	Yes	Own Car	Main.
David	Abrahams	M	40	White	Employed	No	Own Car	Main.
VACANT								

- b. the steps taken by the contractor to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the contractor took in an attempt to engage that category  
**Para 4 of the PPG Constitution (Copy attached at Annex A) States that Membership shall be by invitation from the existing group, who shall take into account the existing membership of the group to ensure as far as possible fair and balanced representation. Patients registered at the Practice, shall be encouraged to apply to join via a waiting list. The membership is individual and alternates are not permitted.**

- c. details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey.

**PPG was asked at one of their regular monthly meetings in the Autumn of 2013 about using the GPAQ R (See Appendix 1 to Annex B) which is a nationally recognized patient survey. The content was discussed by members of the PPG and they agreed that the 46 questions listed in it were pertinent and relevant to the issues they wished to have surveyed. Additionally it would allow the practice to benchmark itself against other practices who also have completed the same survey. The PPG also added eleven other questions as shown at Appendix 2 to Annex B. The survey was produced and tested on a representative cross section of patients to see if they understood all the questions and ascertain how long it took to complete. Patients at both the main and branch surgeries were asked to fill in the survey shown at Annex B. They were given the opportunity to do this whilst they waited for their appointment or to take it away and complete it in their own time and return it to the surgery within 10 working days.**

- d. the manner in which the contractor sought to obtain the views of its registered patients.

**Patients at both the main and branch surgeries were asked to fill in the survey shown at and Appendix 1 and 2 to Annex B. They were given the opportunity to do this in the surgery or to take it away and complete it in their own time and return it to the surgery within 10 working days. Receptionists were asked to ensure that a representative cross section by age. Gender, health condition, and ethnicity were asked to fill in the survey. The survey was handed**

out over a period of 4 weeks in November. The breakdown of the 390 respondees is summarized in the consolidated results of Qs 42 to 46 shown below.

Q42. Demographics		
Are you male/female?		
Answer	Count	Percentage
Male	110	30.7%
Female	248	69.3%
Did not answer	32	
Total	390	

Q43.		
How old are you?		
Answer	Count	Percentage
Under 16	9	2.5%
16 to 44	127	35.5%
45 to 64	127	35.5%
65 to 74	80	22.3%
75 and over	15	4.2%
Did not answer	32	
Total	390	

Q44.		
Do you have a long-standing health condition?		
Answer	Count	Percentage
Yes	179	54.2%
No	151	45.8%
Don't know / never needed to	17	
Did not answer	43	
Total	390	

Q45.		
What is your ethnic group?		
Answer	Count	Percentage
White	352	98.6%
Black or Black British	0	0.0%
Asian or Asian British	2	0.6%
Mixed	1	0.3%
Chinese	0	0.0%
Other ethnic group	2	0.6%
Did not answer	33	
Total	390	

Q46.		
Which of the following best describes you?		
Answer	Count	Percentage
Employed (full or part time, including self-employed)	192	53.6%
Unemployed / looking for work	7	2.0%
At school or in full time education	14	3.9%
Unable to work due to long term sickness	24	6.7%
Looking after your home/family	22	6.1%
Retired from paid work	91	25.4%
Other	8	2.2%
Did not answer	32	
Total	390	

**Step 4: Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services.**

e.

7.1 Practices should respond to the outputs of the latest local practice survey by providing the PRG with an opportunity to comment on and discuss the findings of the survey, along with other relevant information. Other

relevant information may include themes from complaints received by the practice or CQC feedback if and when available.

7.2 If the local practice survey points to the desire for significant change in a service or services provided, or the way in which services are delivered, the practice must, before it makes the change, seek the agreement of its PRG to any proposals it makes. Where a practice proposes any significant change to a service or services they provide to which the PRG agreement has not been obtained, the practice must obtain the agreement of NHS England (or other appropriate organisation where such functions may have been delegated) to its proposals. Significant change would include a change in opening hours. Changes which impact on contractual arrangements also need to be agreed with NHS England.

**The Chair of the PPG was asked to attend the Practice Away Day where the results of the survey were discussed and action plan proposed by the partners. All members of the PPG were then sent copies of the results of the survey, comments which patients had included in the report, and the proposed action plan four weeks in advance of the PPG meeting on Tuesday 14<sup>th</sup> January 2013. The PPG discussed the results of the survey including the supplementary questions, patients' comments. They also considered the practice's proposed plan of action. The main points arising from the survey were:-**

- Telephone Access – takes too long to get through on the 'phone.
- Patient Triage/ Duty Team Assessment not liked.
- GP Appointments – takes too long to get appointment.
- Some GPs' Manner – Flippant, Rude,
- Some Receptionists' Manner – Rude, Unhelpful.

### **Step 5: Agree action plan with the PRG and seek PRG agreement to implementing changes**

Following the discussions in Component 4, an action plan will be agreed with the PRG. The practice should then seek the agreement of the PRG in implementing the changes and where necessary inform NHS England (or other appropriate organisation where such functions may have been delegated). Components 4 and 5 could take place at the same meeting, at separate meetings via an email group, or a combination of these or other methods.

-----Original Message-----

From: John,rest [mailto:john.rest@btinternet.com]  
Sent: 14 January 2014 20:50  
To: Fraser John (NHS NORTH NORFOLK CCG)  
Subject: PPG\_DES\_Outline\_Report\_1 Jan 14 13.REV 3.doc

PPG reviewed and do not wish to change any of the content.  
Thanks

f. details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented.

**The doctors at the practice discussed the findings of the survey and the proposed action points were put to the members of the PPG as outlined in para 7e above.**

g. a summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey.

**The summary results of the survey are shown at Annex B. Detailed results are shown in Appendix 1 and 2 of Annex B. Where there was an adverse response to the questions raised in the survey the partners commented on this and the action plan discussed with the PPG with a Representative Partner, Chief Executive, and Practice Manager.**

h. details of the action which the contractor, and, if relevant, the NHS England, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local practice survey.

(i) **In response to Q13 and other patient comments difficulties with phone access:-**

Q13. How easy is it to get through to someone at your GP practice on the phone?		
Answer (score in brackets)	Count	Percentage
Very easy (100)	32	9.0%
Fairly easy (66)	130	36.7%
Not very easy (33)	127	35.9%
Not at all easy (0)	65	18.4%
Don't know	5	
Haven't tried	7	
Did not answer	24	
<b>Total</b>	<b>390</b>	

Mean scores for Q13	
Your patients	45.1
GPAQ Mean	59.4

	Easy	Not Easy
GPPS	78.0%	18.0%
GPAQ	45.8%	54.2%

In late November as a result of the practice being aware of difficulties which patients were still experiencing in getting through to the practice the number of lines for patients calling into the practice was increased to 8. On line booking had been phased in from February 2013 and there has been a gradual increase in the number of patients making use of this method of booking appointments with their own GP. However the practice is aware from responses to supplementary questions this year and last that 20% of patients do not have internet access. As a result of this the practice has further investigated the use of telephone booking of appointments using Patient Partner – Voice Connect. This would allow all patients who have access to a telephone with a touch pad to book cancel or amend appointments not only with their own GP but also for nurse led clinics such as Chronic Disease Management.

(ii) **In response to Q21 How do you rate – how quickly you were seen.**

Q21. How do you rate how quickly you were seen?		
Answer (score in brackets)	Count	Percentage
Excellent (100)	32	9.2%
Very good (80)	59	17.0%
Good (60)	90	25.9%
Satisfactory (40)	98	28.2%
Poor (20)	61	17.6%
Very poor (0)	7	2.0%
Does not apply	15	
Did not answer	28	
<b>Total</b>	<b>390</b>	

Mean scores for Q21	
Your patients	53.2
GPAQ Mean	68.8

Good	Not Good
52.2%	47.8%

The practice was rated at 53% positive against the National Average of nearly 69%. This result only confirmed the results of the previous year's survey (2012 - 57%). The practice continued its search to recruit good quality GPs to replace those who have retired or who are no longer with the practice. Throughout this area of the East of England practices experience difficulty in attracting and retaining suitably qualified and experienced GPs. The practice advertised extensively in the British Medical Journal and produced a background presentation video for potential candidates on the practice which is available on the practice's website. <http://www.fmp.nhs.uk/practice-video-clips,53924.htm>

The practice engaged the services of two locum GPs for the first three months of 2013 to increase the number of GPs appointments until Dr Russell joined the practice on 19<sup>th</sup> February Dr Qureshi joined the practice on 4<sup>th</sup> March 2013. The practice recruited another salaried later in the Autumn of 2013 - Dr Ingun Bjornson The practice has one other salaried GP on maternity leave Dr Alice Pink and her patient list has been looked after by a locum GP, Dr Afshan Hasan. In January 2014 Dr Hasan joined the practice as a full time salaried GP continuing to provide maternity cover for Dr Pink until her



return in mid 2014. Dr Afshan Hasan will then be employed as an additional salaried GP and will take on her own patient list. By mid 2014 the GP manning position of the practice will be considerably enhanced and the number of patients per full time GP will be below 1,500 whereas it is presently around 1,700. A further GP Dr Kelly Powell is to join the practice full time in August 2104 which will reduce the patient to doctor ratio to around 1,400. This will improve the availability of appointments and consequently how quickly patient will be seen by their GP.

(iii) **In response to Q26 Is your GP practice currently open at times that are convenient to you?**

The figure of 88.4% who answered yes was a drop on the previous year's response of 91%

Q26. Opening		
Is your GP practice currently open at times that are convenient to you?		
Answer	Count	Percentage
Yes	298	88.4%
No	39	11.6%
Don't know	14	
Did not answer	39	
Total	390	

Yes	No
88.4%	11.6%

and Q27 Which of the following additional opening hours would make it easier for you to see or speak to someone? There was a drop from 15.2% to 13.7% of those wishing who felt that it would make easier to see or speak to someone.

Q27. Opening		
Which of the following additional opening hours would make it easier for you to see or speak to someone?		
Answer	Count	Percentage
Before 8am	43	13.7%
At lunchtime	24	7.7%
After 6.30pm	83	26.5%
On a Saturday	102	32.6%
On a Sunday	41	13.1%
None of these	20	6.4%
Did not answer	209	
Total	522	

In addition to the extended opening hours shown in sub para j below the practice would like to bring to patients' attention the following:-

- A 111 service available 24 hours a day 7 days a week 365 days a year which triages patients i.e. gives them someone to speak to and if it is necessary to be seen by a clinician or have treatment then they can be referred to the OOH or even A&E

## What is 111?

It's a new NHS telephone number being introduced to help make it easier for you to access local health services. If you live in, or are visiting Norfolk and Waveney you can now call 111 when you need medical help fast, but it's not a 999 emergency. You will be assessed, given advice and directed straightaway to the local service that can help you best. That could be A&E, an out of hours GP, a minor injury unit, community nurse, emergency dentist or a late opening chemist. You can ring the 111 number 24 hours a day, 7 days a week, 365 days a year. Calls from landlines and mobile phones are free.

## When do I use it?

You should use the NHS 111 service if:

- you need medical help fast, but it's not a 999 emergency;
- you think you need to go to A&E or another NHS urgent care service;
- you don't know who to call for medical help or you don't have a GP to call; or
- you require health information or reassurance about what to do next.

For less urgent health needs, you should still contact your GP or local pharmacist in the usual way.  
For immediate, life-threatening emergencies, continue to call 999.

## How does it work?

- 111 will get you through to a team of highly-trained advisers, who are supported by experienced nurses. They will ask you questions to assess your symptoms, and give you the health care advice you need or direct you to the right local service.
- The NHS 111 team will where possible book you an appointment or transfer you directly to the people you need to speak to.
- If NHS 111 advisers think you need an ambulance, one will be sent just as quickly as if you had dialled 999.

- **the Minor Injuries clinic based at Cromer and District Hospital which is open 8a.m. to 8p.m. 7 days a week.**

### Opening Times

<b>Monday</b>	08:00 - 20:00
<b>Tuesday</b>	08:00 - 20:00
<b>Wednesday</b>	08:00 - 20:00
<b>Thursday</b>	08:00 - 20:00
<b>Friday</b>	08:00 - 20:00
<b>Saturday</b>	08:00 - 20:00
<b>Sunday</b>	08:00 - 20:00

### Contact Details

Main Telephone Number: **01603 646200**

**Based at the Cromer and District Hospital, Cromer** 📍

Many local surgeries also carry copies of our guidelines and opening hours. The department sees more than 11,000 patients a year with a heavier workload in the summer months as the local population is added to by tourists.

### What Cromer's MIU can deal with

- Minor head injuries (with no loss of consciousness)
- Simple wounds
- Simple eye conditions, foreign body, corneal abrasions
- Minor burns
- Soft tissue injury
- Bites and stings, with no associated complications, or acute reaction
- Simple fractures
- Fingers that may be broken or dislocated

### What Cromer's MIU cannot deal with

- Children under the age of two
- Pregnancy problems
- Complicated or serious injury
- Fractures that may need manipulation (other than fingers)
- Head injury where there has been loss of consciousness
- Alcohol-related head injuries or illnesses
- Medical conditions in their acute form, asthma, diabetes, allergic reaction
- \*Major illness i.e. Stroke, Heart attack

\*These patients should attend the Accident and Emergency department at NNUH. In an emergency, call 999 for an ambulance.

- **The Timber Hills Health Centre in the Mall Norwich**

The Timber Hill Health Centre in The Mall Norwich is open 7 days-a-week, 365-days-of-the-year including public holidays, from 7am to 9pm. You can walk-in without an appointment to see a member of the medical staff. Patients get one hour free parking.

Contact 0300 0300 333 or visit the website at: [www.timberhillhealthcentre.nhs.uk](http://www.timberhillhealthcentre.nhs.uk)



## (iv) Summary of Patient Comments – See Annex C

**(v) Action Plan Proposed by the Practice (Agreed by PPG 14<sup>th</sup> Jan 14):-**

Item	Points Raised	Action Proposed by Practice.
1	Phone Access. Difficulty in getting through on the phone.	We have been very aware of the difficulties some patients have had in accessing the surgery by phone. The calls monitoring software shows that 70% of unanswered calls occur between 8 and 10:15. With 50% of these within between 8 and 8:30. Although On-line booking has been phased in over the past year it only allows patients to book appointments with their own GP and not with other clinicians. We are looking at ways in which we can address this. Another option being considered includes increasing the manning of phones during that first hour of the day by diverting staff from other tasks. In late November as a result of the practice being aware of difficulties which patients were still experiencing in getting through to the practice the number of lines for patients calling into the practice was increased from 4 to 8. On line booking had been phased in from February 2013 and there has been a gradual increase in the number of patients making use of this method of booking appointments with their own GP. However the practice is aware from responses to supplementary questions this year and last that 20% of patients do not have internet access. As a result of this the practice has further investigated the use of telephone
2	Triage/ Questioning by Reception. Patients do not like answering receptionists questions about their condition when asking for a same day appointment.	The practice had up until 2012 run a walk-in service where patients could turn up and would be seen by a nurse. This became unsustainable as the numbers of patients was regularly exceeding 100 a day and the system was also being abused by some. In close consultation with the Patient Participation Group the practice undertook a trial of a computerised patient triage software for two months in the Summer of 2013 for patients requesting a same day appointment. It was found that it caused congestion with the 'phones and it was not popular with some patients. The results of the trial did benefit many patients in that identified those who were required to be seen immediately and also that some 30% of those stating they required to be seen immediately could either self treat or did not require to be seen that day and were offered appointments on the following day as required. A decision was taken after two months to discontinue receptionist using the software and they simply added patients requesting same day appointments to a triage list. A duty team of nurses trained in triaging and a GP contacted patients and assessed their clinical needs which resulted in a number of options including an appointment that day or the following day or self treatment.
3	Appointments Availability. Appointments are not available.	The practice has continued its drive to recruit high quality doctors to replace and decrease the patient to doctor manning ratio. (See Doctor Availability below.) In early 2013 the ratio was 1,700 patients to one full-time doctor. In mid-summer when a doctor on maternity leave returns to duty the ratio will be approx 1450 patients per GP. Notwithstanding any unexpected decrease to the GP numbers over the next year in early Autumn it is planned that another full time GP will join the practice reducing the GP patient ratio to 1350.
4	Doctors' Attitude. On occasions patients feel that GPs can be flippant and even rude.	We apologise that any patient feels that any of our GPs has been rude or flippant. These comments have been brought to the attention of all GPs in the practice. Should any patient feel that any GP has been flippant or rude they should immediately report the matter to the Practice Manager,.
5	Receptionists' Attitude. Various comments ranging from how extremely helpful to how unhelpful or even rude some receptionists are.	We apologise if patients find receptionists to have been unhelpful or even rude. Occasionally receptionists may appear to be unhelpful and the practice is not complacent and carries out a continuous monitoring of receptionists and comments received from patients - positive as well as negative. We have appointed a reception manager who will take up post in the New Year 2014 and we hope that under her guidance that there will no incidents where receptionists have been rude or unhelpful.
6	Waiting in Surgery. Wait in surgery is too long when Doctors run late.	GPs are expected to keep to appointment times wherever possible and not overrun or keep patients waiting for longer than is necessary. They aim to see 80% of their patients within 5 minutes of their appointment start time and 100% within 15 minutes of the same. The practice appointment system monitors this activity. A balance has to be struck between not rushing through patients appointments and occasionally some may present with serious conditions which require immediate attention which will delay other appointments.
7	Doctors' Availability. GP availability needs to improve.	The practice continues its search to recruit good quality GPs to replace those who have retired or who are no longer with the practice. Throughout this area of the East of England practices experience difficulty in attracting and retaining suitably qualified and experienced GPs. The practice advertised extensively in the British Medical Journal and produced a background presentation video for potential candidates on the practice which is available on the practice's website. <a href="http://www.fmp.nhs.uk/practice-video-clips,53924.htm">http://www.fmp.nhs.uk/practice-video-clips,53924.htm</a> The practice engaged the services of two locum GPs for the first three months of 2013 to increase the number of GPs appointments until Dr Russell joined the practice on 19th February Dr Qureshi joins the practice on 4th March 2013. The practice recruited another salaried later in the Autumn of 2013 - Dr Ingun Bjornson The practice has one other salaried GP on maternity leave Dr Alice Pink and her patient list has been looked after by a locum GP, Dr Afshan Hasan. In January 2014 Dr Hasan will join the practice as a full time salaried GP continuing to provide maternity cover for Dr Pink until her return in mid 2014. Dr Afshan Hasan will then be employed as an additional salaried GP and will take on her own patient list. By mid 2014 the GP manning position of the practice will be considerably enhanced and the number of patients per full time GP will be below 1,500 whereas it is presently around 1,700. A further GP Dr Kelly Powell is to
8	Week end Opening. Saturday and Sunday Opening is desirable.	There is an Out of Hours GP and Nurse available at the surgery on Saturdays from 0900 - 1400 and an OOH service until 9 p.m. and on Sundays 9 a.m. to 9p.m.

i. the opening hours of the practice premises and the method of obtaining access to services throughout the core hours

**Appointments can be made by telephoning the surgery on 01328 850321**

**The practice's opening hours at the Main Surgery in Fakenham are:-**

- **Monday 08:00 to 19:00**
- **Tuesday 08:00 to 18:30**
- **Wednesday 08:00 to 18:30**
- **Thursday 08:00 to 18:30**
- **Friday 08:00 to 18:30**

**Opening Hours at the Branch Surgery at Walsingham are:-**

- **Monday 08:00 – 14:00**
- **Tuesday 08:00 – 12:30**
- **Wednesday 08:00 – 14:00**
- **Thursday CLOSED**
- **Friday 08:00 – 14:00**

j. where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.

**Extended Hours Opening is available at the Fakenham Surgery at the following times:-**

- **Monday 0730- 0800 and 18:30 - 1900**
- **Tuesday 0700 – 0800**

- Friday 0700 – 0800.

Appointments can be made by telephoning the surgery on 01328 850321

## **Step 6: Publicise actions taken – and subsequent Achievement**

9.1 Practices must publish a Local Patient Participation Report on their website (where a practice does not already have a website, one must be set up). As a minimum this must include:

- a. a description of the profile of the members of the PRG
- b. the steps taken by the contractor to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the contractor took in an attempt to engage that category etc

The practice has published this report which includes the actions taken and being taken, and the Summary of the Patient Survey as shown at Annex B, on the practice website <http://www.fmp.nhs.uk/patient-survey-report-des-2013.51148.htm>

It has also displayed the Summary of the Survey on the Practice's notice board both at its main and branch surgery. Copies of this report have also been placed in all patient waiting rooms.

### **Annexures:-**

- A. Fakenham Medical Practice Patient Participation Group – Constitution.
- B. Summary of Survey Results. Patient Survey GPAQ V4
  - Appendix 1. GPAQV4 Questionnaire and Patient Responses.
  - Appendix 2. Supplementary Questions
- C. Patient Comments and Practice Response

## **Fakenham Medical Practice Patient Participation Group**

### **CONSTITUTION**

#### **Constitution of the Practice Patient Participation Group of the Fakenham Medical Practice**

**(Adopted 10 September 2013)**

#### **Name**

The name of the organisation is the Patient Participation Group of the Fakenham Medical Practice (“the Group”).

#### **Aim**

To strengthen the relationship between the Practice & its patients and to assist the Practice in continuing to improve its provision of healthcare whilst ensuring that patients are at the heart of decision making.

#### **Objectives**

The Objects of the Group shall be:

1. To enhance communication between the patients, partners and all staff of the Practice by

- giving Practice staff and patients the opportunity to discuss topics of mutual interest relating to the Fakenham Medical Practice and its delivery/selection of services.
- providing feedback from patients relating to the service provisions of the Practice and to explore the changing needs or perceptions of patients.
- ensuring the creation and delivery of the publication “Surgery Notes”.
- maintaining appropriate notice boards at the Fakenham Surgery and Walsingham Branch Surgery.
- holding Open Meetings from time to time to which all Practice patients and interested parties shall be invited.

2. To act as a signpost towards the Practice’s system of suggestions and complaints by

- providing channels for patients to make suggestions about the Practice and the healthcare of patients.
- distinguishing between a patient’s complaint about an individual Practice staff member and a patients’ complaint which is general or generic and applies to several patients. In the case of the former, if a member receives such a complaint he or she shall advise the complainant to directly and immediately contact the Practice Manager. In the case of the latter, the complaint should be brought to the Groups attention for information and appropriate consideration.
- directing patients to the appropriate complaint recipient when the complaint is about a provider other than the Practice.

3. To promote awareness on topics of interest and value to the patients by encouraging health education activities via the Practice.
4. To act as a representative group to promote the interest of the patients of Fakenham Medical Practice in the planning and commissioning of local health care by:
- commenting on consultation papers/proposals
  - engaging with local representatives of government (County and or Town Council)
  - attending various local conferences particularly relating to:-
    - commissioning
    - provision of health and social care.
5. To promote, after discussion with the partners, any other matter deemed to be in the interest of the patients and the Practice.

## **Membership**

### General

- Membership shall be limited to 10 individuals who are registered patients of the Fakenham Medical Practice.
- In addition, the Practice Chief Executive, Practice Manager and a partner of the Practice shall not be members of the Group but whose attendance at meetings shall be by invitation of the Group.
- Membership should reflect as far as possible, a fair and balanced representation in relation to the local community.
- Members will be elected for each Office and/ or Term by the Group.
- Members shall be expected to attend a minimum of 75% of the Groups meetings each calendar year unless there are exceptional circumstances.
- Apologies for absence should be notified to the Secretary or Chair in advance of any meeting.

### Officers

- The Officers shall be the Chair, Vice Chair and Secretary.
- In addition to being responsible for the meetings, the Chair shall be responsible for all dealings with the media following consultation with the Practice. The Vice Chair shall chair the meetings in the absence of the Chair as well as undertake any task assigned by the Chair. The Secretary shall take the minutes of the meetings and perform other secretarial functions as required.

### Term

- Membership shall be a three year term.
- Officers' terms shall be 3 years except for the Chair which shall be 2 years.
- Members and Officers may at the end of their term stand for re-election with the exception of the Chair who may not stand for re-election as Chair.
- No Member may serve more 2 consecutive terms
- For Officers, the term shall run from the date of election at the Annual Election Meeting. The latter being one of the 10 Group meetings.
- For Members, their term shall run from the date of their election. If during their membership term they become an Officer of the Group, their term may be extended to include the full Officer term.
- The Secretary shall keep a record of Members' terms.
- When a Member or Officer resigns before their term expires they shall give written notice to the Chair.
- Any Member or Officer whose term began prior to 10<sup>th</sup> September 2013 shall include that time in the calculation of the term under this constitution.

### New Members

- When a membership vacancy occurs, it shall be publicised- as a minimum in the 2 surgeries, Surgery Notes and local notice boards.
- Patients at the Practice shall be encouraged to apply to join the Group by writing to the Chair giving details of their interest in the Group and their background experience.
- An applicant shall be interviewed if possible by at least 3 Members of the Group including one Officer. As a minimum, they shall consider the applicant's background, experience, and use of the Practice. They shall then report their findings to the Group who will accept or reject their recommendation.
- If there is no vacancy and a patient has expressed an interest in becoming a Member, the applicant's name shall be put on a waiting list of interested parties until a vacancy occurs when the above procedure will be applied.

## Meetings

### Group Meetings

- The Group shall hold a minimum of 10 meetings a calendar year; these will normally be held on the second Tuesday of the month at the Fakenham Surgery.
- At one of the meetings, possibly the September meeting, Officer elections shall be held if an Officer's term has expired.
- Ideally the meetings shall be held each month except December.
- Up to 5 of the meetings shall be without the attendance of the Practice representatives. These meetings may conduct Group business; but the purpose of such meetings is to provide an opportunity for discussion of relevant patient matters that might not otherwise be heard. Speakers may be invited to these meetings.
- Other Practice partners or clinicians may be invited to attend meetings as the needs arise.

### Open Meeting

- Ideally shall be held every 12 to 14 months.
- The purpose of the meeting shall be to inform patients of developments and provide an open forum for patients, guests and Group Members to discuss relevant topics of interest.
- Notice of the day, time and place shall be given via local press, notice boards, website, and the surgery computer display and Surgery Notes.

### Voting

- Normally decisions at Group meetings shall be made by consensus but if that is not possible, a vote may need to be taken.
- In the event of a vote each member shall have one vote and it can only be exercised by that member present at that meeting.
- If a vote is tied then the Chair or in his or her absence the Vice Chair of the meeting, shall have an additional vote.

### Sub- group Meetings

- The Group may establish sub-groups to undertake assigned tasks on behalf of the Group.
- These may co-opt individuals who may not necessarily be members of the Group.
- They shall from time to time report to the Group.
- At the moment there is one such sub- group, being the Surgery Notes Sub-Group whose purpose is to produce the publication.

## PATIENT SURVEY GPAQ V4

## Summary of Survey Results.

<b>Fakenham Medical Practice</b>			
In 2013 this practice commissioned an independent patient survey. The results show our score versus the National Practice mean.			
<b>Survey Results</b>			
	National Mean	Our Patients	
			Positive Negative
Q1. How good was the GP at putting you at ease?			92.5% 7.5%
Q2. How good was the GP at being polite and considerate?			97.0% 3.0%
Q3. How good was the last GP you saw at listening to you?	83.5	92.8	96.0% 4.0%
Q4. How good was the last GP you saw at giving you enough time?	80.0	89.7	93.5% 6.5%
Q5. How good was the GP at assessing your medical condition?			91.1% 8.9%
Q6. How good was the last GP you saw at explaining your condition and treatment?			91.9% 8.1%
Q7. How good was the last GP you saw at involving you in decisions about your care?	81.4	88.0	91.5% 8.5%
Q8. How good was the last GP you saw at providing or arranging treatment for you?			92.2% 7.8%
Q9. Did you have confidence that the GP you saw is honest and trustworthy?			99.0% 1.0%
Q10. Did you have confidence that the GP will keep your information confidential?			99.5% 0.5%
Q11. Would you be completely happy to see this GP again?			98.2% 1.8%
Q12. How helpful do you find the receptionists at your GP practice?	77.2	82.5	93.0% 7.0%
Q13. How easy is it to get through to someone at your GP practice on the phone?	59.4	46.0	47.0% 53.0%
Q14. How easy is it to speak to your doctor or nurse on the phone at your GP practice?	60.6	56.8	65.1% 34.9%
Q21. How do you rate - how quickly you get to see a particular doctor?	68.8	53.3	52.2% 47.8%
Q25. How do you rate - how long did you wait for your consultation to start?	56.9	63.2	65.3% 34.7%
Q29. How often do you see or speak to the GP you prefer?			62.8% 37.2%
Q30. How good was the nurse you last saw at putting you at ease?			91.0% 9.0%
Q31. How good was the last Nurse you saw at giving you enough time?	78.0	87.7	89.1% 10.9%
Q32. How good was the last Nurse you saw at listening to you?	81.0	87.6	90.6% 9.4%
Q33. How good was the last Nurse you saw at explaining your condition and treatment?			88.5% 11.5%
Q34. How good was the last Nurse you saw at involving you in decisions about your care?			87.3% 12.7%
Q35. How good was the last Nurse you saw at providing or arranging treatment for you?			88.9% 11.1%
Q36. Would you be completely happy to see this nurse again?			96.3% 3.7%
Q40. Overall, how would you describe your experience of your GP surgery?			82.4% 17.6%
Q41. Would you recommend your GP surgery to someone who has just moved to your area?			91.9% 8.1%

Analysis performed by InTime Data Ltd



## Walsingham Branch



In 2013 this practice commissioned an independent patient survey. The results show our score versus the National Practice mean.

### Survey Results

	National Mean	Our Patients	Positive	Negative
Q1. How good was the GP at putting you at ease?			100.0%	0.0%
Q2. How good was the GP at being polite and considerate?			100.0%	0.0%
Q3. How good was the last GP you saw at listening to you?	83.5	100.0	100.0%	0.0%
Q4. How good was the last GP you saw at giving you enough time?	80.0	93.2	100.0%	0.0%
Q5. How good was the GP at assessing your medical condition?			100.0%	0.0%
Q6. How good was the last GP you saw at explaining your condition and treatment?			90.9%	9.1%
Q7. How good was the last GP you saw at involving you in decisions about your care?	81.4	92.5	100.0%	0.0%
Q8. How good was the last GP you saw at providing or arranging treatment for you?			90.0%	10.0%
Q9. Did you have confidence that the GP you saw is honest and trustworthy?			100.0%	0.0%
Q10. Did you have confidence that the GP will keep your information confidential?			100.0%	0.0%
Q11. Would you be completely happy to see this GP again?			100.0%	0.0%
Q12. How helpful do you find the receptionists at your GP practice?	77.2	96.6	100.0%	0.0%
Q13. How easy is it to get through to someone at your GP practice on the phone?	59.4	76.4	90.0%	10.0%
Q14. How easy is it to speak to your doctor or nurse on the phone at your GP practice?	60.6	58.0	62.5%	37.5%
Q21. How do you rate - how quickly you get to see a particular doctor?	68.8	57.8	55.6%	44.4%
Q25. How do you rate - how long did you wait for your consultation to start?	56.9	58.2	63.8%	36.4%
Q29. How often do you see or speak to the GP you prefer?			81.8%	18.2%
Q30. How good was the nurse you last saw at putting you at ease?			100.0%	0.0%
Q31. How good was the last Nurse you saw at giving you enough time?	78.0	91.7	100.0%	0.0%
Q32. How good was the last Nurse you saw at listening to you?	81.0	87.5	100.0%	0.0%
Q33. How good was the last Nurse you saw at explaining your condition and treatment?			83.3%	16.7%
Q34. How good was the last Nurse you saw at involving you in decisions about your care?			100.0%	0.0%
Q35. How good was the last Nurse you saw at providing or arranging treatment for you?			100.0%	0.0%
Q36. Would you be completely happy to see this nurse again?			100.0%	0.0%
Q40. Overall, how would you describe your experience of your GP surgery?			100.0%	0.0%
Q41. Would you recommend your GP surgery to someone who has just moved to your area?			100.0%	0.0%

Analysis performed by InTime Data Ltd



## Appendix

1. GPAQ R Questionnaire and Responses Consolidated Fakenham & Walsingham Results.
2. Supplementary Questions and Responses.

**Q1. About Your Visit to the GP Today**  
How good was the GP at: Putting you at ease?

Answer (score in brackets)	Count	Percentage
Very good (100)	267	67.1%
Good (75)	101	25.4%
Satisfactory (50)	24	6.0%
Poor (25)	5	1.3%
Very poor (0)	1	0.3%
Does not apply	0	
Did not answer	3	
<b>Total</b>	<b>401</b>	

Good	Not Good
92.5%	7.5%

**Q2.**  
Being polite and considerate?

Answer (score in brackets)	Count	Percentage
Very good (100)	314	78.7%
Good (75)	73	18.3%
Satisfactory (50)	9	2.3%
Poor (25)	1	0.3%
Very poor (0)	2	0.5%
Does not apply	0	
Did not answer	2	
<b>Total</b>	<b>401</b>	

Good	Not Good
97.0%	3.0%

**Q3.**  
Listening to you?

Answer (score in brackets)	Count	Percentage
Very good (100)	306	76.9%
Good (75)	76	19.1%
Satisfactory (50)	11	2.8%
Poor (25)	4	1.0%
Very poor (0)	1	0.3%
Does not apply	0	
Did not answer	3	
<b>Total</b>	<b>401</b>	

Mean scores for Q3	
Your patients	92.8
GPAQ Mean	83.5

	Good	Not Good
GPPs	88.0%	11.0%
GPAQ	96.0%	4.0%

**Q4.**  
Giving you enough time?

Answer (score in brackets)	Count	Percentage
Very good (100)	266	66.7%
Good (75)	107	26.8%
Satisfactory (50)	21	5.3%
Poor (25)	4	1.0%
Very poor (0)	1	0.3%
Does not apply	0	
Did not answer	2	
<b>Total</b>	<b>401</b>	

Mean scores for Q4	
Your patients	89.7
GPAQ Mean	80.0

	Good	Not Good
GPPs	86.0%	12.0%
GPAQ	93.5%	6.5%

**Q5.**  
Assessing your medical condition?

Answer (score in brackets)	Count	Percentage
Very good (100)	257	65.2%
Good (75)	102	25.9%
Satisfactory (50)	28	7.1%
Poor (25)	6	1.5%
Very poor (0)	1	0.3%
Does not apply	3	
Did not answer	4	
<b>Total</b>	<b>401</b>	

Good	Not Good
91.1%	8.9%

**Q6.**  
Explaining your condition and treatment?

Answer (score in brackets)	Count	Percentage
Very good (100)	253	63.1%
Good (75)	101	25.2%
Satisfactory (50)	21	5.3%
Poor (25)	8	2.1%
Very poor (0)	2	0.5%
Does not apply	10	
Did not answer	6	
<b>Total</b>	<b>401</b>	

Good	Not Good
91.9%	8.1%

**Q7.**  
Involving you in decisions about your care?

Answer (score in brackets)	Count	Percentage
Very good (100)	237	59.1%
Good (75)	107	26.7%
Satisfactory (50)	25	6.2%
Poor (25)	5	1.3%
Very poor (0)	2	0.5%
Does not apply	22	
Did not answer	3	
<b>Total</b>	<b>401</b>	

Mean scores for Q7	
Your patients	88.0
GPAQ Mean	81.4

	Good	Not Good
GPPS	76.0%	16.0%
GPAQ	91.5%	8.5%

**Q8.**  
Providing or arranging treatment for you?

Answer (score in brackets)	Count	Percentage
Very good (100)	244	60.9%
Good (75)	86	21.5%
Satisfactory (50)	21	5.2%
Poor (25)	5	1.2%
Very poor (0)	2	0.5%
Does not apply	36	
Did not answer	7	
<b>Total</b>	<b>401</b>	

Good	Not Good
92.2%	7.8%

**Q9.**  
Did you have confidence that the GP is honest and trustworthy?

Answer (score in brackets)	Count	Percentage
Yes, definitely (100)	368	91.8%
Yes, to some extent (50)	22	5.5%
No, not at all (0)	4	1.0%
Don't know / can't say	4	
Did not answer	3	
<b>Total</b>	<b>401</b>	

	Yes	No
GPPS	93.0%	4.0%
GPAQ	99.0%	1.0%

**Q10.**  
Did you have confidence that the doctor will keep your information confidential?

Answer (score in brackets)	Count	Percentage
Yes, definitely (100)	371	92.5%
Yes, to some extent (50)	19	4.7%
No, not at all (0)	2	0.5%
Don't know / can't say	7	
Did not answer	2	
<b>Total</b>	<b>401</b>	

Yes	No
99.5%	0.5%

**Q11.**  
Would you be completely happy to see this GP again?

Answer (score in brackets)	Count	Percentage
Yes (100)	386	96.3%
No (0)	7	1.7%
Did not answer	8	
<b>Total</b>	<b>401</b>	

Yes	No
98.2%	1.8%

**Q12. About Your Receptionists and Appointments**

How helpful do you find the receptionists at your GP practice?

Answer (score in brackets)	Count	Percentage
Very helpful (100)	211	56.4%
Fairly helpful (66)	137	36.6%
Not very helpful (33)	22	5.9%
Not at all helpful (0)	4	1.1%
Don't know	0	
Did not answer	27	
Total	401	:

Mean scores for Q12	
Your patients	82.5
GPAG Mean	77.2

	Helpful	Not Helpful
GPPS	89.0%	9.0%
GPAG	93.0%	7.0%

**Q13.**

How easy is it to get through to someone at your GP practice on the phone?

Answer (score in brackets)	Count	Percentage
Very easy (100)	37	10.2%
Fairly easy (66)	134	36.8%
Not very easy (33)	127	34.9%
Not at all easy (0)	66	18.1%
Don't know	5	
Haven't tried	7	
Did not answer	25	
Total	401	:

Mean scores for Q13	
Your patients	46.0
GPAG Mean	59.4

	Easy	Not Easy
GPPS	78.0%	18.0%
GPAG	47.0%	53.0%

**Q14.**

How easy is it to speak to your doctor or nurse on the phone at your GP practice?

Answer (score in brackets)	Count	Percentage
Very easy (100)	42	15.1%
Fairly easy (66)	139	50.0%
Not very easy (33)	73	26.3%
Not at all easy (0)	24	8.6%
Don't know	17	
Haven't tried	80	
Did not answer	26	
Total	401	:

Mean scores for Q14	
Your patients	56.8
GPAG Mean	60.6

Easy	Not Easy
65.1%	34.9%

**Q15.**

If you need to see a GP urgently, can you normally get seen the same day?

Answer	Count	Percentage
Yes	152	56.1%
No	119	43.9%
Don't know / never needed to	100	
Did not answer	30	
Total	401	:

**Q16.**

How important is it to you to be able to book appointments ahead of time in your practice?

Answer	Count	Percentage
Important	328	87.9%
Not important	45	12.1%
Did not answer	28	
Total	401	:

**Q17.**  
How easy is it to book ahead in your practice?

Answer (score in brackets)	Count	Percentage
Very easy (100)	65	18.4%
Fairly easy (66)	201	56.9%
Not very easy (33)	68	19.3%
Not at all easy (0)	19	5.4%
Don't know	10	
Haven't tried	10	
Did not answer	28	
<b>Total</b>	<b>401</b>	

	Easy	Not Easy
GPPS	79.0%	21.0%
GPAG	75.4%	24.6%

**Q18.**  
How do you normally book your appointments at your practice?

Answer	Count	Percentage
In person	136	29.7%
By phone	315	68.8%
Online	5	1.1%
Doesn't apply	2	0.4%
Did not answer	25	
<b>Total</b>	<b>483</b>	

**Q19.**  
Which of the following methods would you prefer to use to book appointments at your practice?

Answer	Count	Percentage
In person	130	25.2%
By phone	310	60.2%
Online	72	14.0%
Doesn't apply	3	0.6%
Did not answer	27	
<b>Total</b>	<b>542</b>	

**Q20. Thinking of times when you want to see a particular doctor:**  
How quickly do you usually get seen?

Answer	Count	Percentage
Same day or next day	19	5.1%
2-4 days	83	22.4%
5 days or more	220	59.3%
I don't usually need to be seen quickly	28	7.5%
Don't know, never tried	21	5.7%
Did not answer	30	
<b>Total</b>	<b>401</b>	

**Q21.**  
How do you rate how quickly you were seen?

Answer (score in brackets)	Count	Percentage
Excellent (100)	32	9.0%
Very good (80)	63	17.7%
Good (60)	91	25.6%
Satisfactory (40)	101	28.4%
Poor (20)	62	17.4%
Very poor (0)	7	2.0%
Does not apply	15	
Did not answer	30	
<b>Total</b>	<b>401</b>	

Mean scores for Q21	
Your patients	53.3
GPAG Mean	68.8

Good	Not Good
52.2%	47.8%

**Q22. Thinking of times when you are willing to see any doctor?**  
How quickly do you usually get seen?

Answer	Count	Percentage
Same day or next day	105	28.2%
2-4 days	132	35.4%
5 days or more	81	21.7%
I don't usually need to be seen quickly	24	6.4%
Don't know, never tried	31	8.3%
Did not answer	28	
<b>Total</b>	<b>401</b>	<b>:</b>

**Q23.**  
How do you rate how quickly you were seen?

Answer (score in brackets)	Count	Percentage
Excellent (100)	45	13.1%
Very good (80)	66	19.2%
Good (60)	90	26.2%
Satisfactory (40)	92	26.7%
Poor (20)	45	13.1%
Very poor (0)	6	1.7%
Does not apply	25	
Did not answer	32	
<b>Total</b>	<b>401</b>	<b>:</b>

Good	Not Good
58.4%	41.6%

**Q24. Thinking of your most recent consultation with a doctor or nurse**  
How long did you wait for your consultation to start?

Answer	Count	Percentage
Less than 5 minutes	82	23.6%
5 - 10 minutes	146	42.1%
11 - 20 minutes	71	20.5%
21 - 30 minutes	31	8.9%
More than 30 minutes	16	4.6%
There was no set time for my consultation	1	0.3%
Did not answer	54	
<b>Total</b>	<b>401</b>	<b>:</b>

**Q25.**  
How do you rate how long you waited?

Answer (score in brackets)	Count	Percentage
Excellent (100)	66	19.1%
Very good (80)	82	23.7%
Good (60)	78	22.5%
Satisfactory (40)	88	25.4%
Poor (20)	25	7.2%
Very poor (0)	7	2.0%
Does not apply	1	
Did not answer	54	
<b>Total</b>	<b>401</b>	<b>:</b>

Mean scores for Q25	
Your patients	63.2
GPAG Mean	56.9

Good	Not Good
65.3%	34.7%

**Q26. Opening**  
Is your GP practice currently open at times that are convenient to you?

Answer	Count	Percentage
Yes	309	88.8%
No	39	11.2%
Don't know	14	
Did not answer	39	
<b>Total</b>	<b>401</b>	<b>:</b>

Yes	No
88.8%	11.2%

**Q27. Opening**

Which of the following additional opening hours would make it easier for you to see or speak to someone?

Answer	Count	Percentage
Before 8am	44	13.8%
At lunchtime	24	7.5%
After 6.30pm	85	26.7%
On a Saturday	103	32.4%
On a Sunday	41	12.9%
None of these	21	6.6%
Did not answer	216	
<b>Total</b>	<b>594</b>	

**Q28. Choice**

Is there a particular GP you usually prefer to see or speak to?

Answer	Count	Percentage
Yes	226	62.1%
No	138	37.9%
There is usually only one doctor in my surgery	1	
Did not answer	36	
<b>Total</b>	<b>401</b>	

Yes	No
62.1%	37.9%

**Q29.**

How often do you see or speak to the GP you prefer?

Answer (score in brackets)	Count	Percentage
Always or almost always (100)	82	33.9%
A lot of the time (66)	70	28.9%
Some of the time (33)	67	27.7%
Never or almost never (0)	23	9.5%
Not tried at this GP practice	18	
Did not answer	141	
<b>Total</b>	<b>401</b>	

	Often	Not Often
GPPS	65.0%	34.0%
GPAG	62.8%	37.2%

**Q30. How good was the Nurse you last saw at:  
Putting you at ease?**

Answer (score in brackets)	Count	Percentage
Very good (100)	216	69.7%
Good (75)	66	21.3%
Satisfactory (50)	25	8.1%
Poor (25)	1	0.3%
Very poor (0)	2	0.6%
Does not apply	8	
Did not answer	83	
<b>Total</b>	<b>401</b>	

Good	Not Good
91.0%	9.0%

**Q31.**

Giving you enough time?

Answer (score in brackets)	Count	Percentage
Very good (100)	196	63.0%
Good (75)	81	26.0%
Fair (50)	31	10.0%
Poor (25)	2	0.6%
Very poor (0)	1	0.3%
Does not apply	6	
Did not answer	84	
<b>Total</b>	<b>401</b>	

Mean scores for Q31	
Your patients	87.7
GPAG Mean	78.0

	Good	Not Good
GPPS	81.0%	6.0%
GPAG	89.1%	10.9%

**Q32.**  
Listening to you?

Answer (score in brackets)	Count	Percentage
Very good (100)	190	47.6%
Good (75)	90	22.4%
Fair (50)	25	6.2%
Poor (25)	3	0.7%
Very poor (0)	1	0.2%
Does not apply	8	2.0%
Did not answer	84	20.9%
<b>Total</b>	<b>401</b>	<b>-</b>

Mean scores for Q32

Your patients	87.6
GPAG Mean	81.0

	Good	Not Good
GPPS	80.0%	7.0%
GPAG	90.6%	9.4%

**Q33.**  
Explaining your condition and treatment?

Answer (score in brackets)	Count	Percentage
Very good (100)	174	43.4%
Good (75)	95	23.7%
Fair (50)	29	7.2%
Poor (25)	5	1.2%
Very poor (0)	1	0.2%
Does not apply	13	3.2%
Did not answer	84	20.9%
<b>Total</b>	<b>401</b>	<b>-</b>

	Good	Not Good
GPPS	78.0%	8.0%
GPAG	86.5%	11.5%

**Q34.**  
Involving you in decisions about your care?

Answer (score in brackets)	Count	Percentage
Very good (100)	155	38.7%
Good (75)	92	22.9%
Fair (50)	29	7.2%
Poor (25)	6	1.5%
Very poor (0)	1	0.2%
Does not apply	32	8.0%
Did not answer	85	21.2%
<b>Total</b>	<b>401</b>	<b>-</b>

Mean scores for Q34

Your patients	84.8
GPAG Mean	59.4

	Good	Not Good
GPPS	68.0%	11.0%
GPAG	87.3%	12.7%

**Q35.**  
Providing or arranging treatment for you?

Answer (score in brackets)	Count	Percentage
Very good (100)	172	42.9%
Good (75)	83	20.7%
Fair (50)	26	6.5%
Poor (25)	5	1.2%
Very poor (0)	1	0.2%
Does not apply	30	7.5%
Did not answer	84	20.9%
<b>Total</b>	<b>401</b>	<b>-</b>

Good	Not Good
88.9%	11.1%

**Q36.**  
Would you be completely happy to see this nurse again?

Answer (score in brackets)	Count	Percentage
Yes (100)	289	72.1%
No (0)	11	2.7%
Did not answer	101	25.2%
<b>Total</b>	<b>401</b>	<b>-</b>

Yes	No
96.3%	3.7%



**Q37. Thinking about the care you get from your doctors and nurses overall, how well does the practice help you to: Understand your health problems?**

Answer (score in brackets)	Count	Percentage
Very well (100)	266	76.0%
Unsure (50)	70	20.0%
Not very well (0)	14	4.0%
Does not apply	19	
Did not answer	32	
<b>Total</b>	<b>401</b>	<b>:</b>

Mean scores for Q37	
Your patients	85.0
GPAG Mean	69.1

**Q38. Cope with your health problems?**

Answer (score in brackets)	Count	Percentage
Very well (100)	252	74.1%
Unsure (50)	69	20.3%
Not very well (0)	19	5.6%
Does not apply	25	
Did not answer	36	
<b>Total</b>	<b>401</b>	<b>:</b>

Mean scores for Q38	
Your patients	84.3
GPAG Mean	65.5

**Q39. Keep yourself healthy?**

Answer (score in brackets)	Count	Percentage
Very well (100)	228	69.1%
Unsure (50)	90	27.3%
Not very well (0)	12	3.6%
Does not apply	32	
Did not answer	39	
<b>Total</b>	<b>401</b>	<b>:</b>

Mean scores for Q39	
Your patients	82.7
GPAG Mean	61.7

**Q40. Satisfaction**  
Overall, how would you describe your experience of your GP surgery?

Answer (score in brackets)	Count	Percentage
Excellent (100)	93	25.6%
Very good (80)	123	33.9%
Good (60)	83	22.9%
Fair (40)	51	14.0%
Poor (20)	13	3.6%
Very poor (0)	0	0.0%
Did not answer	38	
<b>Total</b>	<b>401</b>	<b>:</b>

	Good	Not Good
GPPS	88.0%	4.0%
GPAG	82.4%	17.6%

**Q41. Would you recommend your GP surgery to someone who has just moved to your area?**

Answer (score in brackets)	Count	Percentage
Yes, definitely (100)	172	49.7%
Yes, probably (66)	146	42.2%
No, probably not (33)	21	6.1%
No, definitely not (0)	7	2.0%
Don't know	15	
Did not answer	40	
<b>Total</b>	<b>401</b>	<b>:</b>

	Yes	No
GPPS	82.0%	6.00%
GPAG	91.9%	8.1%

**Q42. Demographics**

Are you male/female?

Answer	Count	Percentage
Male	116	31.4%
Female	253	68.6%
Did not answer	32	
<b>Total</b>	<b>401</b>	<b>:</b>

**Q43.**

How old are you?

Answer	Count	Percentage
Under 16	9	2.4%
16 to 44	128	34.7%
45 to 64	130	35.2%
65 to 74	85	23.0%
75 and over	17	4.6%
Did not answer	32	
<b>Total</b>	<b>401</b>	<b>:</b>

**Q44.**

Do you have a long-standing health condition?

Answer	Count	Percentage
Yes	183	54.0%
No	156	46.0%
Don't know / never needed to	19	
Did not answer	43	
<b>Total</b>	<b>401</b>	<b>:</b>

**Q45.**

What is your ethnic group?

Answer	Count	Percentage
White	362	98.4%
Black or Black British	0	0.0%
Asian or Asian British	2	0.5%
Mixed	2	0.5%
Chinese	0	0.0%
Other ethnic group	2	0.5%
Did not answer	33	
<b>Total</b>	<b>401</b>	<b>:</b>

**Q46.**

Which of the following best describes you?

Answer	Count	Percentage
Employed (full or part time, including self-employed)	196	53.1%
Unemployed / looking for work	7	1.9%
At school or in full time education	14	3.8%
Unable to work due to long term sickness	24	6.5%
Looking after your home/family	22	6.0%
Retired from paid work	98	26.6%
Other	8	2.2%
Did not answer	32	
<b>Total</b>	<b>401</b>	<b>:</b>

## Supplementary Questions (SQs) and Responses. (70 Fewer Patients Responded to the SQs than the GPAQ R Survey)

### Fakenham Medical Practice

Supplementary Questions Report 2013/14



#### Carers

SQ1 Are you a carer?

Yes	No	Did not answer	Total
13	29	42	84
15%	35%	50%	

SQ2 If you are a carer have you informed the doctors' surgery so that they can record this fact and the person for whom you care on the clinical system?

Yes	No	Did not answer	Total
16	15	300	331
5%	5%	91%	

#### Appointments

SQ3

Have you missed an appointment with a GP or a Nurse in the past year?

Yes	No	I can't remember	Did not answer	Total
35	252	5	39	331
11%	76%	2%	12%	

SQ4

Would you please indicate the reason you missed an appointment?

I simply forgot	I was too ill to attend	I felt better	Another reason	Did not answer	Total
19	11	2	8	291	331
7%	4%	1%	3%		

#### Other reasons

Child was ill, forgot to cancel.  
 Smear tests missed/cancelled due to periods appearing  
 Unable to have smear due to period and unable to get through to cancel the appointment.  
 Misheard the time of appointment and was too late.  
 Arrived late.  
 I had to stay at work - it was a blood test.  
 I was 5 minutes late!  
 Bus broke down.

SQ5 Would you like to receive text messages on your mobile phone from the practice reminding you of your appointment with a GP or Nurse?

Yes	No	Don't have a mobile	Did not answer	Total
158	112	18	45	331
48%	34%	5%	14%	

**SO6 Do you use the appointments automated check in?**

Yes	No	Did not answer	Total
230	53	48	331
69%	16%	15%	

**SO7 Was the reason you did not use the appointments automated check-in because you:-**

Prefer to speak to a receptionist	Don't know how to use it	Found it did not show your appointment when you did use it	Did not answer	Total
40	4	24	263	331
12%	1%	7%	79%	

### Additional Services

**SO8 Additional services, inc. consultant led clinics, AA screening, Midwifery, day surgery etc.**

Have these services provided at the practice	Travel to hospital to have additional services	I am not bothered I will go wherever is necessary to get the treatment I need	Did not answer	Total
158	7	111	55	331
48%	2%	34%	17%	

**What other services would you like to see supplied?**

It would be nice if needed to have a local doctor on call at weekends.

Physiotherapy

Not sure

ENT, eyes

Ultrasound scans

Obesity clinic, menopause clinic, both for advice and support

Harder painkillers allowed to be prescribed

A&E out of hours

Drop-in centre for emergencies open 24 hours in view of no A&E services for 25 miles. Much the same as continental system

Colonoscopy

Minor fracture clinic

Not sure

More general health check clinics, i.e. bloods/blood pressure

Minor injuries A&E type facility

Scans

Physiotherapy when able to attend, so not to disrupt work, i.e. after 5pm.

Minor injuries out of hours service - very important. Being able to book 2 weeks ahead. Facilities for mental health workers.

Bio-mechanics

Out of hours doctors back. Too far to travel to Lynn/Norwich for emergency.

Ultra scans

Ear syringes and hearing audiology

Podiatry

Audiology

IV antibiotics

Orthotics - splinting/supports etc. and insoles

Ultrasound scans

**Same Day Appointments**

**SQ9 Have you had a same day appointment in the past 3 months?**

Yes	No	Did not answer	Total
110	173	48	331
33%	52%	15%	

**SQ10 Do you feel that the Duty Team assessment system is a fair way of dealing with the 80-100 requests for same day appointments?**

Yes	No	Don't know	Did not answer	Total
98	28	29	176	331
30%	8%	9%	53%	

**Communication**

**SQ11 Do you use the Practice Website?**

Frequently	Occasionally	Very Rarely	Not at All	I do not have access to the internet	Did not answer	Total
11	21	44	163	87	25	331
3%	6%	13%	49%	20%	8%	

**SQ12 Thinking about how you get information on the practice which of the following do you use?**

Practice Website	Practice Booklet	NHS Choices on the internet	Surgery Notes	Telephone the Practice	Total
53	81	5	102	128	367
18%	24%	2%	31%	38%	

## Comments from GPAQ V4 2013. Fakenham Medical Practice (PPG No Comments 14 Feb 14) .

Serial	Patient Comment	Colour	Practice Response.	PPG Comment.
2				
3	2		Has not stated what is complex about the system. Trying to give patients options on booking - Telephone, Internet, walk-in.	
4	4		Assume that the patient means quicker to having call answered. The average call response is 6 - 11 seconds. Also increased the number of telephone lines and appointed a Reception Manager in the New Year. She will be tasked with reviewing the manning of reception at peak times. Will look at additional ways of booking including Voice Connect.	
5	8		Noted and appointment of a dedicated Reception Manager and a Deputy will we hope eliminate this happening.	
6	9		Noted see above comment Serials 4 and 8.	
7	10		GP Manning has improved to the point that we have 1 x GP per 1600 patients which is below the National Average. Request for appointment may coincide with preferred GP being on holiday.	
8	11		Serial 4 above	
9	19		Not certain if this refers to request for same day appointment and the Duty Team and what patient wishes to be sorted. Appreciate waiting or coming back two hours later may be inconvenient especially when patient has children but we endeavour to see patients as soon as we can on the basis of clinical need.	
10	21		Noted See Serial 4.	
11	26		Do have extended hours 7:30 - 8 a.m. and 6:30 - 8 p.m. and on Mondays 7 - 8 a.m. on Tuesdays and Fridays.	
12	28		Deleted Patient Complaint about clinical condition naming specific GPs	
13	30		This is unavoidable but GPs are expected to keep to appointment times wherever possible and not overrun or keep patients waiting for longer than is necessary. Doctors aim to see 80% of your patients within 5 minutes of their appointment start time and 100% within 15 minutes of the same.	
14	31		This appears to be a patient who has been assessed by the Duty Team and the assessment was that they did not need to be seen on that day. Patients are told by the Duty Team that if their condition worsens that they are to contact the surgery again.	
15	34		Apologise that patient felt that they were being "ushered off" and that felt rushed. It is a fact of life that different clinicians, GPs and Nurses, will have different opinions about any given set of symptoms.	
16	35		We endeavour to see all patients as quickly as possible. Duty Team will assess patient who requests to be seen on the on the day. Waiting times vary depending on GP availability endeavour to see patients as quickly as possible.	
17	23 a		Nurses are competent clinicians and if unable to treat patients condition will refer to Duty Doctor on the day as required. If GP is rude please make a formal complaint to the Practice Manager - preferably in writing.	
18	32 a		See Serials 35. There are 10 GPs employed by the practice and full time GP has approx 1,600 patients on their list which is below the National Average of 1,800.	
19	33 b		We agree that health of our patients is our primary concern. See Also Serial 10	
20	37 a		Receptionist should have stated at the time of booking the appointment the GP as well as the date and time. Apologise that patient had to try so often to get through to Surgery. Appointments can additionally be cancelled on line and email can also be sent from Practice Website cancelling appointment. See also Serial 4.	
21	38 b		See Serials 4 and 10.	

22	40 b	However, I do feel these hard working and dedicated people are, at times, sadly let down by some receptionist staff and some dispensing staff. Being pleasant goes a long way.	See Serial 8.
23	7b	You have some who care little about punctuality (running 20 minutes late and see them chatting with a coffee in hand!).	We apologise that you were kept waiting. See Serial 30. Will bring this to the attention of GPs.
24	7c	Getting appointments can be difficult, particularly when phoning and getting a response is impossible or you get hung up on after being on hold!	Noted and we appreciate that we need to do better. See Serial 4
25	45	Ability to book nurses appointments online. Telephoning for appointments requires frequent attempts.	Apologise that the clinical system does not allow nurses appointments to be booked on line. We have already brought the matter to the Clinical System providers but their response is that we change the way we make nurses appointments. On frequent calls to make an appointment we apologise and are taking steps to improve this - see Serials 4.
26	43 a	It would be useful to be able to make appointments/get advice between close of play on Fridays and Mondays (which are then too busy on the phone, it's easier/quicker) to come in person to make appointment]. It might be helpful, too, if reception staff had a medical background or knowledge (they work well considering this).	For advice outside surgery hours please ring 111 or see your local pharmacist. If you ring the surgery number outside working hours you will automatically be put through to 111 service. You may also go to the NHS Choices website <a href="http://www.nhs.uk/">http://www.nhs.uk/</a> if you have internet access. (We are aware that 20% of our patients do not.)
27	1	Have only been a couple of times in 5 years so hard to provide much information.	Noted.
28	13	Given the distance and lack of public transport I would like the practice to provide 'walk-in' facilities from 0700-2200 7 days per week. Reinstate the 'duty nurse' on a wait to see basis.	We would like to meet all our patients requests. See Serial 26 on extended hours. Opening 7 days a week from 0700 - 2200 would require extra funding and extra GPs Nursing and reception staff. Walk-in Duty Nurse System became unsustainable because of excessive numbers and many did not require immediate or urgent treatment. Hence the introduction of a Duty Team of Nurse and GP to assess patients who request appointment on the day.
29	14	Working bad hours makes it hard to get time off for 0900-1800 appointments.	See Serial 13 and 26 above.
30	15	Complaint about clinical treatment for an individual patient.	
31	16	It is very difficult to see 'my own' doctor in a reasonable time. I believe it is much better that (except for emergencies) each patient has a particular doctor.	Noted. See Serial 4 and 10. Every patient does have their own particular doctor.
32	17	I can't really fault much, other than trying to get an appointment is near enough impossible if you want it soon. Generally the soonest one I am able to get is a week away and as I work full time I'm limited to what times I can make proving to be difficult to see a doctor when sick or needed.	Noted. See Serial 4 and 10.
33	18	The confusion and (illegible) unhelpful situation having a pharmacy on the premises which does not supply prescriptions and meds to patients after 6.30pm.	There is a Pharmacy which is located in the same building which is open from 7 to 2200 during the week and also a Dispensary which is open 8 a.m. to 6 p.m.
34	22	Filling this form takes longer than an actual doctor's appointment.	We are grateful to and thank all those patients who were kind enough to complete the survey. We did not design the GPAQR questionnaire and are not able to shorten it as it is used nationally and results used to make benchmarks for other surgeries to view their performance.
35	25	Could be easier to book online.	Can book on line to see own GP. Register at reception for password and instructions on how to do this.
36	27	It has become clear, over several years, that certain GPs in the practice have specialist areas. It would be useful to give patients this info so we can book with the right doctor rather than find out by trial and error. (In my case I am thinking of obesity and menopause problems, i.e. 2 separate issues).	Some GPs do specialise but their title is General Practitioner and therefore will see all patients to assess their clinical need and then refer appropriately.
37	39	Should be open 7 days a week. You have enough doctors for a rota system.	See serial 26 and 13. This would still mean GPs working 50 - 60 hours per week and this might just compromise patient safety!
38	41	I have no negative comments regarding the surgery except from the length of time you have to wait to get an appointment - this can be a little frustrating.	See Serials 4, 10, 25.
39	7a	The practice's doctors and nurses are generally excellent. some who can be quite flippant to your concerns.	Noted. Apologise that some appear to be flippant.
40	3	Very pleased with the practice. Do not have any complaints with all the doctors I have seen and same goes with the nurses.	Noted - Thank-you.
41	5	For a small town like Fakenham this practice is an excellent facility. In the times I have had to visit, all the doctors, nurses, pharmacists and all other members of staff have been kind, professional and helpful - a credit to the NHS.	Noted - Thank-you.

42	6	Overall excellent - very happy (so far!)		Noted - Thank-you.	
43	12	Dr (Name Deleted) I cannot fault. Nurse (Name Deleted) is excellent. (Names Deleted) on reception always very helpful and caring.		Noted - Thank-you.	
44	20	Wonderful doctor!		Noted - Thank-you.	
45	24	Personally I think many of these questions are unnecessary. Would it be better to give more staff in hospitals etc. rather than waste all this paper.		Noted - Thank-you.	
46	29	The practice has helped me a great deal in the past and more recently. I have always been able to get the help that I needed. The doctors and nurses are friendly, efficient and professional and I am grateful for the way they treat my elderly father in particular, with kindness and respect. The weight management clinic has helped me considerably over recent months and the associated facilities continue to help me change my lifestyle. Thank you.		Noted - Thank-you.	
47	36	The seats are comfortable. It's clean and tidy.		Noted and will pass comments on to our domestic team.	
48	42	Very satisfied with level of care and treatment.		Noted - Thank-you.	
49	44	Fakenham should be proud to have such a surgery available.		We are very proud of the facility we have here and think that our patients should have the best!	
50	23 b	The girls on the front desk are really good though.		Noted and will pass comments on to our reception team.	
51	32 b	Good facilities.		See Serial 44	
52	33 a	In the main I am very happy with my GP surgery and feel lucky to have such facilities and professional doctors.		See Serial 45	
53	37 b	Both doctor and nurse (TH) were excellent. Thank you.		Noted - Thank-you.	
54	38 a	I find the doctors and nurses excellent.		Noted - Thank-you.	
55	40 a	I have received the most wonderful treatment from some of the doctors and nurses in the practice.		Noted - Thank-you.	
56	43 b	All doctors I have encountered have been fully professional and reassuring in their experience and		Noted - Thank-you.	
57	7c	My experience has shown that your female doctors are the best you have.		Noted - Thank-you.	
	8a	The greeting and general help from reception staff is excellent. Doctor care varies. However Dr (Name deleted ) is Polite and more than competent, always giving time		Noted - Thank-you.	