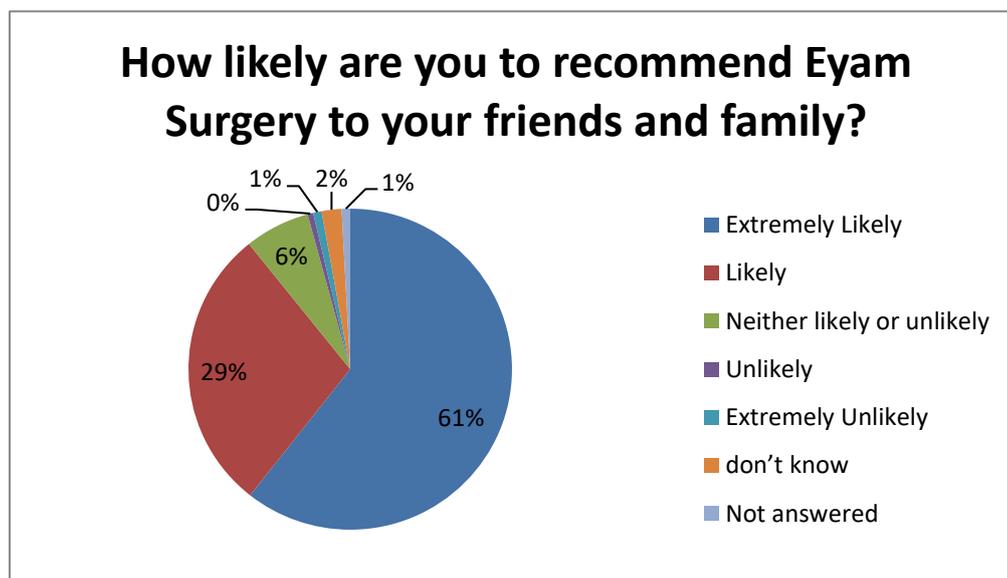


Patient Questionnaire Results 2019



Recommending Eyam Surgery

The first question of this year's survey was about recommending Eyam Surgery to family and friends. As you can see from the pie chart below 90% of our patient population were either 'extremely likely' or 'likely' to recommend Eyam Surgery to family and friends. This is a slight decrease from 95% in last year's survey. The respondents who chose 'neither likely or unlikely' had almost doubled from last year, and the final two expanded comments show that this is due, to some extent, to the impending departure of Dr Pelc.

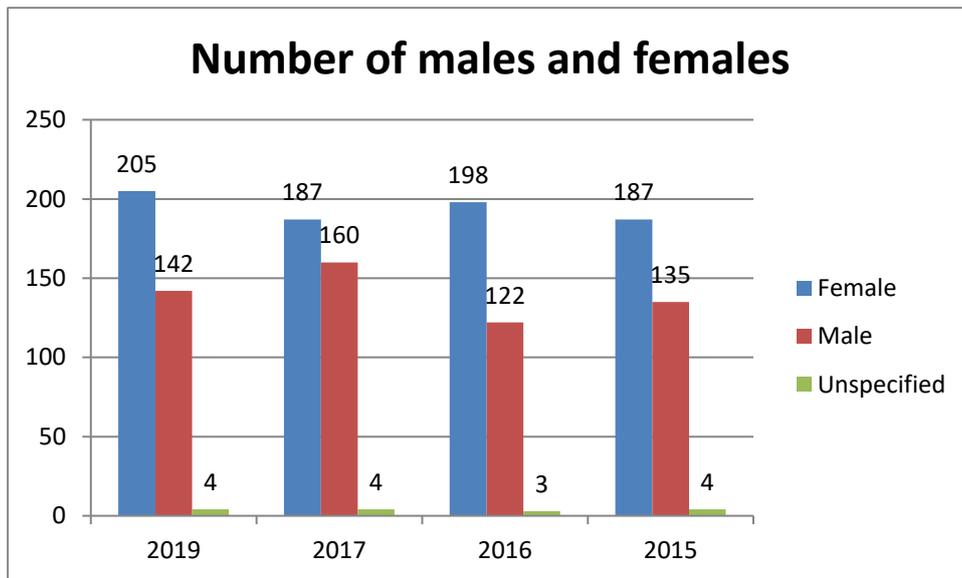


We also asked our patients to expand on recommending Eyam Surgery to family and friends. Please see below for a selection of our feedback-

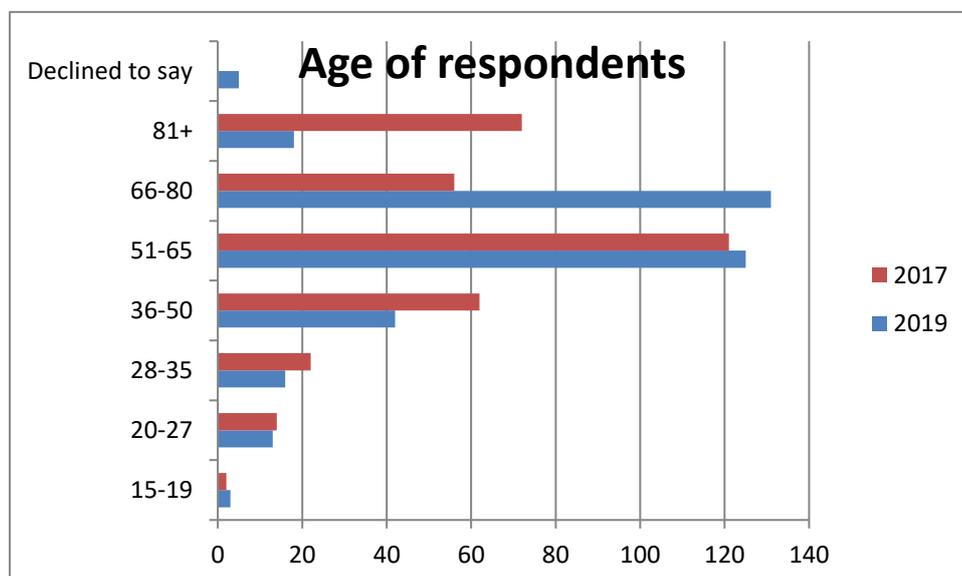
- *With the care we get from you I would always recommend you - a fantastic service from both doctors and staff*
- *My close family are at other surgeries and struggle more to get appointments as quickly. Everyone here is very friendly, kind and helpful. Nothing is too much trouble.*
- *We have had excellent family care over the past 22 years.*
- *I've been a patient of Eyam surgery since 1971 and, although I now live in Bakewell, I've no wish to leave Eyam Surgery until I'm not able to drive myself there anymore as I don't think that I would receive any better care than I do at Eyam.*
- *Really sad that Dr Pelc is leaving. He was great with kids and really helpful.*
- *Too many doctors leaving.*

Populational Findings

The column chart below represents that 205 females, 142 males and 4 unspecified completed the survey. 2 patients chose to skip this question. This in total is 353 participants. In 2017-2018, 351 were completed, in 2016, 323 were completed and in 2015, 326 were completed. We aim to try and get a 10% representation of opinions from our patients, which we did this year of our 3420 registered patients..



We were also interested to look at the ages of our patients completing the survey. The categories are shown in the bar chart below. As you can see, this year we had a significant increase in respondents aged 66-80, with these representing just under a third of patients. We did have a 50% increase in the 15-19 category, and a significant reduction in the 81+ respondents.



Access to Services

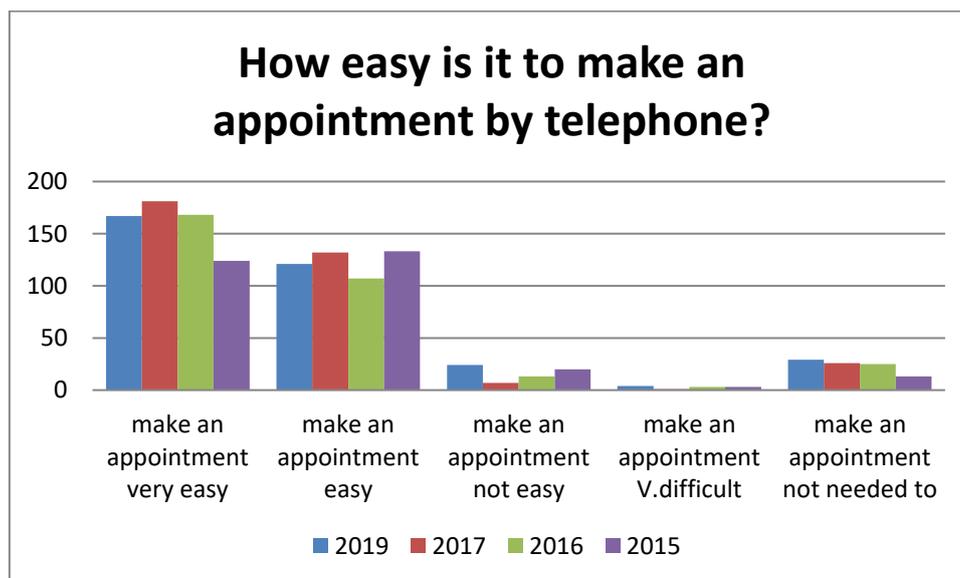
Ease of access to Eyam Surgery's telephone services.

We are always interested in hearing about our patient's experiences of communication with staff at Eyam Surgery. The six ranking questions were as follows:

If you have telephoned Eyam Surgery in the last 12 months how did you find it?

- a) **to make an appointment?** Very easy / Easy / Not easy / Very difficult / Not needed to
- b) **to speak to the secretary?** Very easy / Easy / Not easy / Very difficult / Not needed to
- c) **to speak to a doctor?** Very easy / Easy / Not easy / Very difficult / Not needed to
- d) **to speak to a nurse?** Very easy / Easy / Not easy / Very difficult / Not needed to
- e) **to obtain test results?** Very easy / Easy / Not easy / Very difficult / Not needed to
- f) **to order a repeat prescription?** Very easy / Easy / Not easy / Very difficult / Not needed to

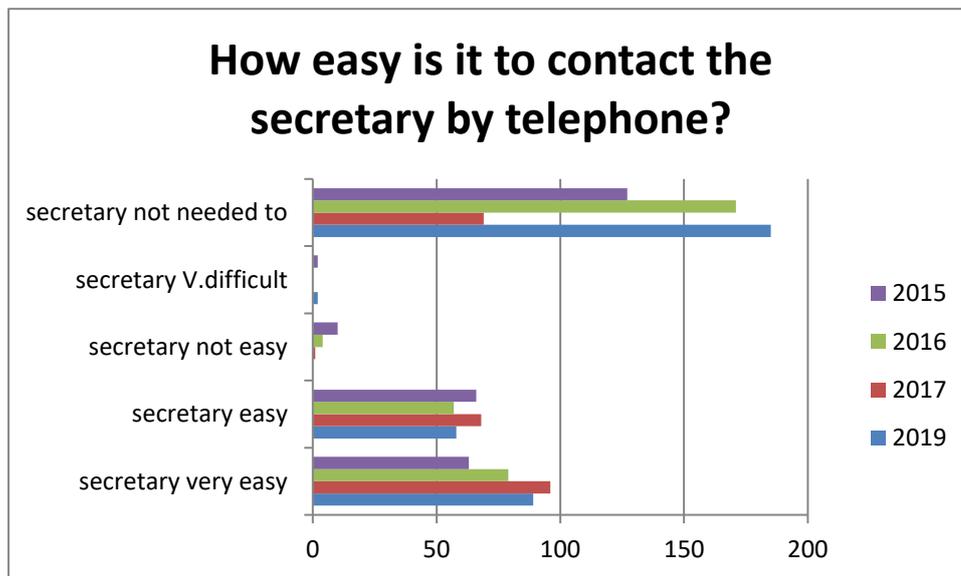
The vertical axis of the chart shows the figures of participants whilst the horizontal axis represents the ratings listed above.



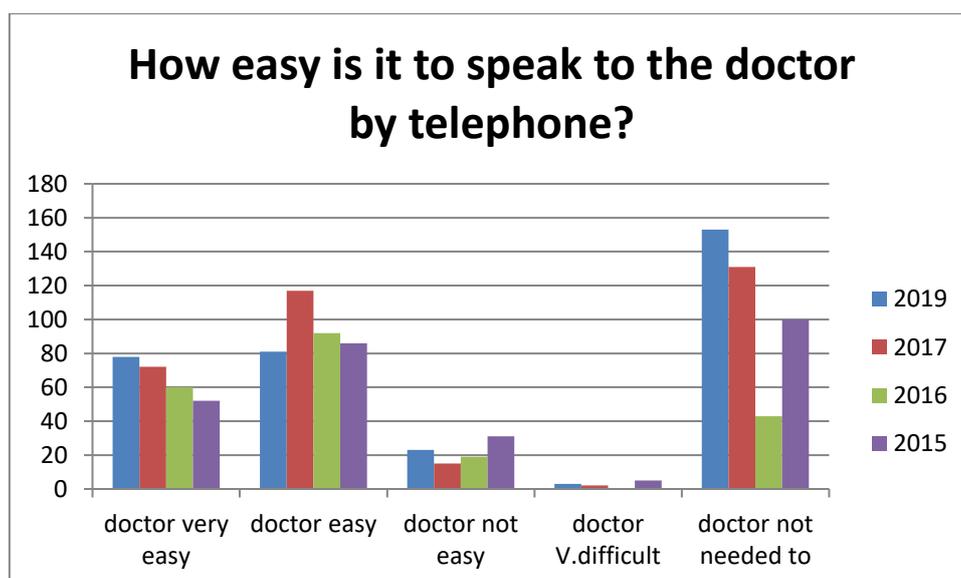
The chart shows that, when comparing figures from the 2017 survey, there has been a slight reduction in patients who have found it 'very easy' and 'easy' to make an appointment, and an increase in those who found it 'not easy' to make an appointment. There was no facility within the questionnaire to expand upon the ratings, so it is not possible to understand exactly why those who chose 'not easy' were struggling. However, from the comments given to question 7d "*Have you had any problems getting an appointment when you wanted one?*", it seems that the difficulty is not necessarily the ease or otherwise of *making* an appointment; rather it is that patients are sometimes having to wait longer than they would like for routine appointments with the GP of their choice. Patients who need an urgent appointment are always given either an emergency, same-day appointment or added to the duty doctor's triage list for a telephone call and appropriate review. The survey

respondents acknowledge that they are always offered an appointment of some kind within 24 hours for urgent needs.

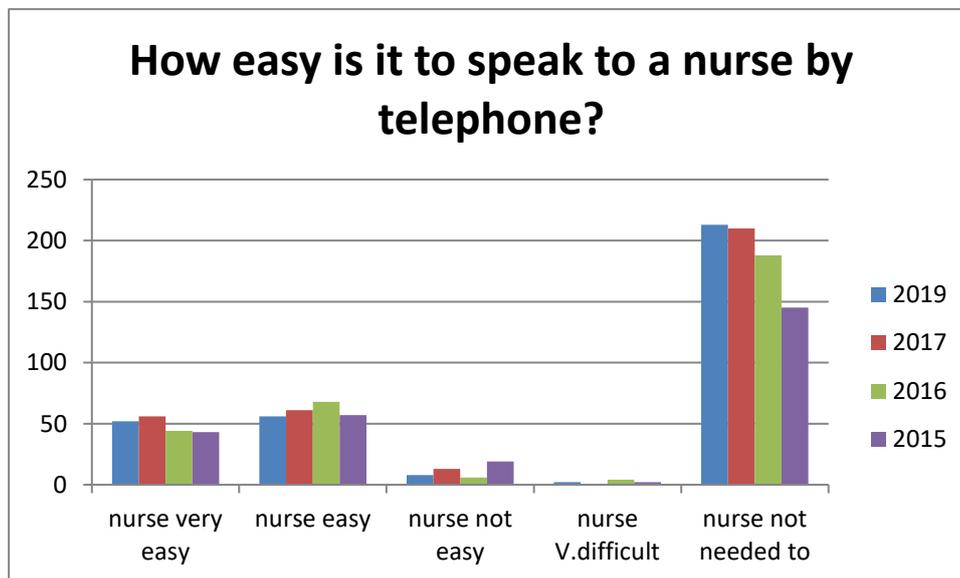
There has also been a slight decrease in patients feeling that contacting the secretary is 'very easy' and 'easy', as seen in the chart below. However, there has been a significant increase in those who said they did not need to contact the secretary.



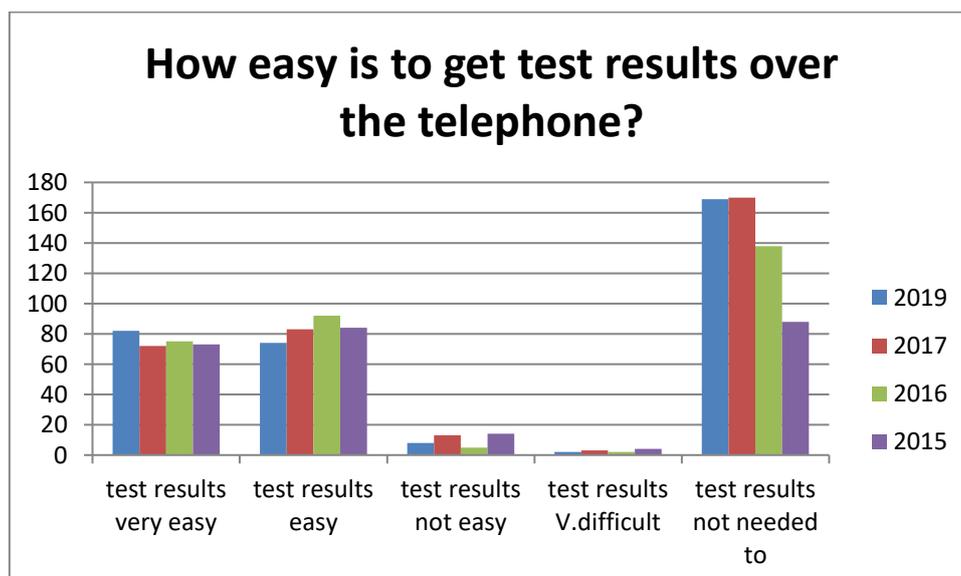
We use telephone calls to both Doctors and Nurses as a way of communication if the patient doesn't feel they need a face to face appointment. The chart shows a continual increase in the numbers finding it 'very easy' to speak to a doctor by telephone, as well as an increase again in those who 'did not need' to speak to one, presumably because they were satisfied with the appointment options available to them.



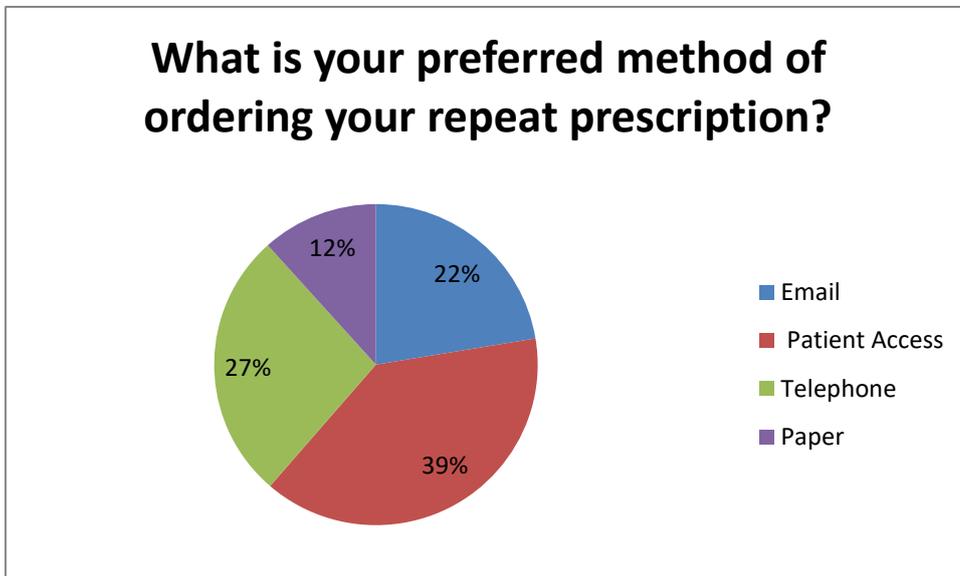
The collective opinion of speaking to a nurse is that it was 'easy' with 'very easy' only slightly behind. The results are fairly consistent with previous years, with a slight increase again in 'not needed to'.



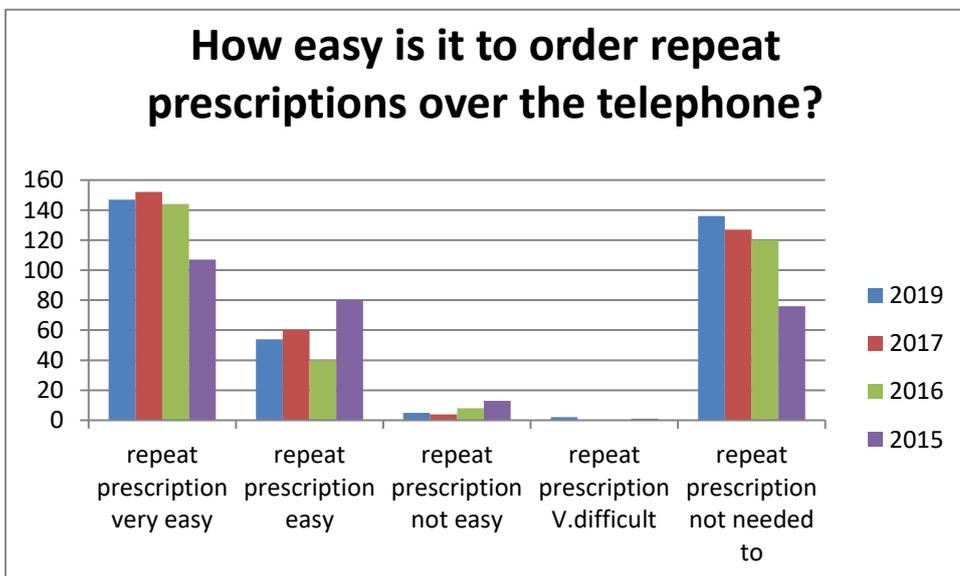
Test results such as blood tests and x-rays are given over the phone when a Doctor has reviewed the results. A slight increase in patients who found it 'very easy' can be seen below. Similar to the 2017 survey, however, is that the majority of patients, 50% in fact, have 'not needed to' obtain test results over the telephone, which suggests that they have had follow up appointments with the doctor or nurse, or viewed results on Patient Access.



Repeat prescriptions can be ordered over the phone Monday- Friday 10am-12pm and 2pm-4pm, online via Patient Access, by email, and by dropping a request directly into the Surgery. As you can see in the pie chart below, 39% of patients are using Patient Access, 22% are ordering by email, and 27% are ordering via telephone.



For those who are choosing to order by telephone, the majority, 95% find it 'very easy' or 'easy' to do so, as seen below.



Facebook

Over the past year we have tried to promote our patients to follow our Facebook page.

www.facebook.com/eyamsurgery

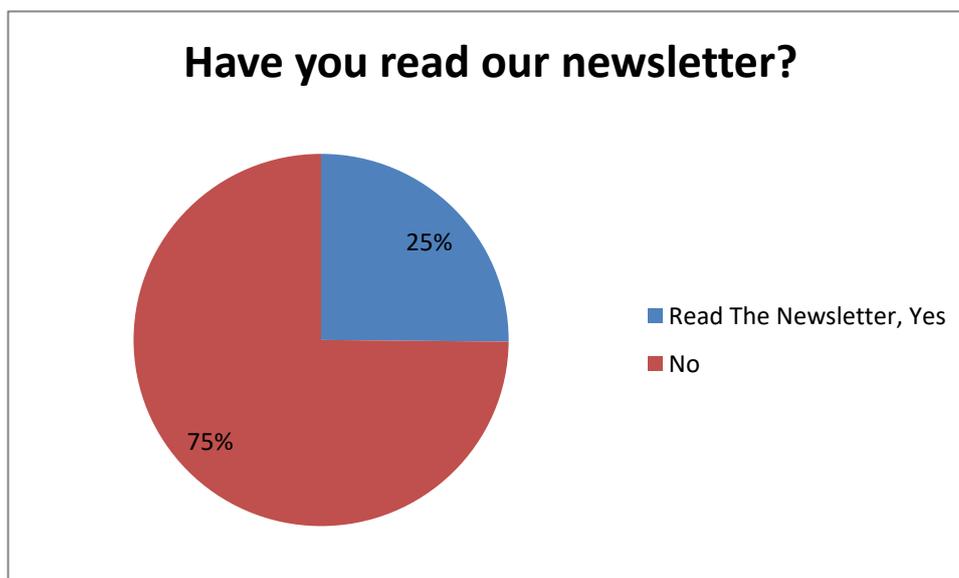


Our Facebook users have slowly increased and we now have nearly 130 followers. The use of Facebook in our survey population does not appear to be high but we will continue to post regular updates on training closures, charity fundraisers, health campaign promotions and newsletter updates.

This year we have tried to increase membership of our Patient Participation Group to encourage more patients to contribute their views and suggestions for the benefit of the surgery. To this end, we set up a 'Virtual Patient Participation Group' on Facebook, which currently has 13 members. These members are encouraged to make suggestions and constructive comments to improve the surgery, and, if they are unable to attend the PPG meetings in person, they are provided with live updates throughout. Whilst only 8% of respondents were aware of the Virtual PPG on Facebook, this is not surprising given that only 11% of them are aware of our Facebook page in the first instance. This merely reflects our patient demographic.

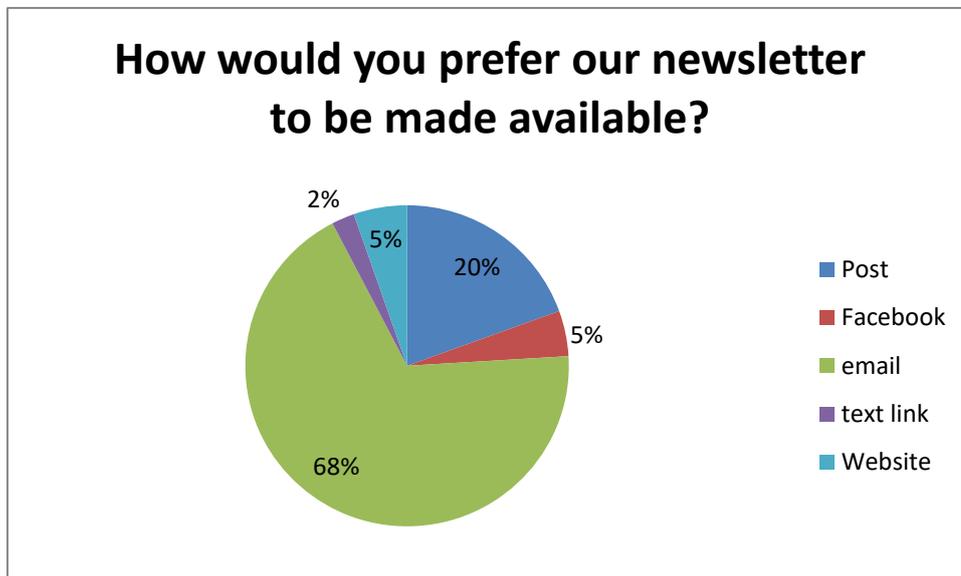
Newsletters

Over the past year we have been producing a quarterly newsletter available as a hard copy from Eyam or Bradwell Surgery and links available on our website and Facebook page. This is to keep our patients up to date with vaccinations (such as flu, pneumonia, shingles and travel), closures and posts from some of our staff members.



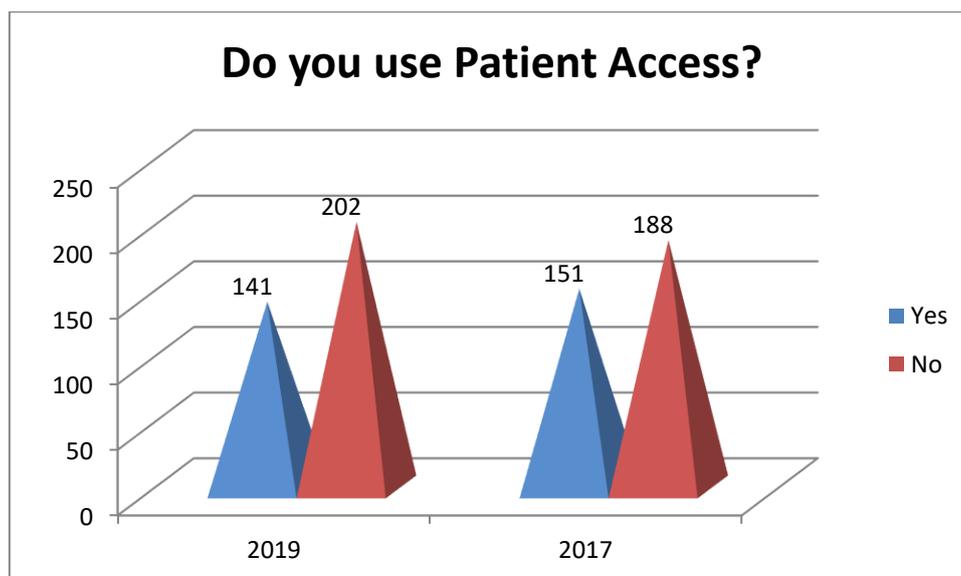
As you can see from the pie chart above only a quarter of our survey population have read our newsletter. Knowing that this was likely to be the result we asked how people would prefer to receive or access the newsletter. As can be seen below, nearly 70% would prefer to receive it by email. We are working on improving our email communication to patients, but our surgery software does not currently make that as easy as it could be. Communicating news and information via email is certainly something we are hoping to be doing more consistently over the next 12

months. In terms of the other preferences, although 20% chose 'post' as their preferred option, this is clearly not possible due to the costs involved. For the 10% who wanted to access it via the surgery's website or Facebook, this is already possible, as the newsletter is published in both those places.



Patient Access

Patient Access allows patients to be able to view their immunisation history, recent consultation history, lab reports, order repeat prescriptions and book appointments: it can also be downloaded as an application on smartphones. Of those who took the survey, there has been a slight decrease in the numbers who use Patient Access compared to last year. This may simply be due to the different sample of patients who took the survey rather than that patients are *stopping* using it.



What was striking from the comments, however, was that at least 10% of those who answered that they did not use it, explained that they were not aware of it, but would

now register, having been made aware through the answering of the survey! This is encouraging that the survey itself has been an educational tool for the benefit of patients. For most who answered that they did not use it, however, they mentioned that 'Instruction leaflets' would encourage them to use it. These have always been available at Reception.

Those who do use it commented that:

- *Easy to order repeat prescription when I think of it, whatever time and whatever day*
- *Very useful for making appointments & requesting repeat prescriptions.*
- *Excellent for making appointments, ordering prescriptions.*
- *It is excellent for ordering repeat prescriptions and for making appointments.*

The only suggestion for improvement was:

- *Brilliant but would be even better if we could make appointments to see the nurse & HCAs*

Unfortunately, we are unable to offer nurse or HCA appointments online because they require different lengths depending on what they are for.

We were trying to discover how much our patients were aware that they could view many things via Patient Access (major/minor problems, medications, consultations, documents, test results), and the overarching picture was that patients were, on the whole, unaware of what Patient Access would enable them to do.

It is clear that the Practice can do more to publicise Patient Access, identifying the benefits and capabilities of the service to patients and encourage them through the simple registration process.

Appointments

We asked if patients got to see their preferred doctor. All of our Doctors are permanent doctors, with Dr Fairclough and Dr Fenton being our chosen Locums for patient continuity. We are very sad that Dr Pelc is leaving at the end of May, and many patients have commented on this in the survey.

We currently have the following doctors working as below:

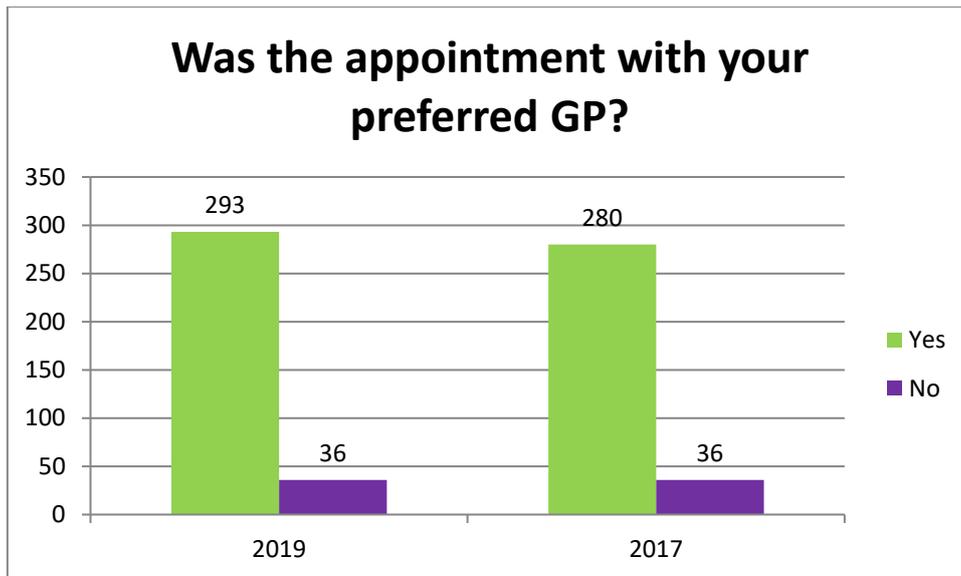
Dr Goodwin- Monday, Wednesday- Friday

Dr Evans- Monday- Wednesday, Friday (from 31st May)

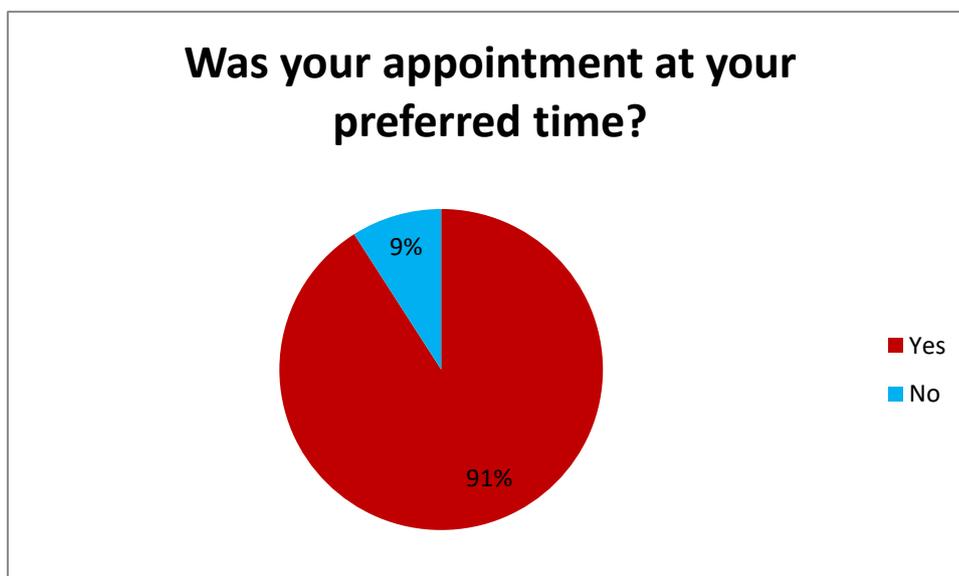
Dr Checkland- Wednesday only

(Dr Pelc- Friday) – until 24th May.

(Session times correct at 14/5/2019)

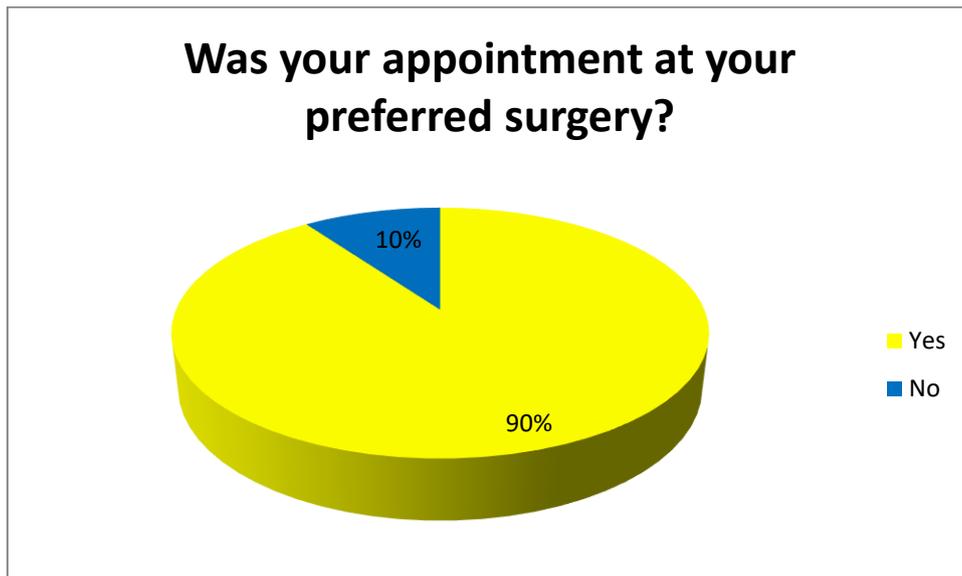


90% of our patient population got to see their preferred GP, compared to 86% last year. However, of the 10% who said they didn't, the comments reflect that actually 30% of those had 'no preference' of doctor or nurse. The survey question didn't given patients the option to choose 'No Preference', so those with no preferred Doctor or nurse chose 'No' in the majority of cases. When analysed, this means that, of the 36 respondents who chose 'No', only 26 actually meant 'No', and 10 would have chosen 'No preference'. The accurate result, therefore, is that 92% were satisfied that they either had an appointment with their preferred GP or had no preference. We have adapted the questionnaire for next year to ensure that patients have a 'No preference' option.

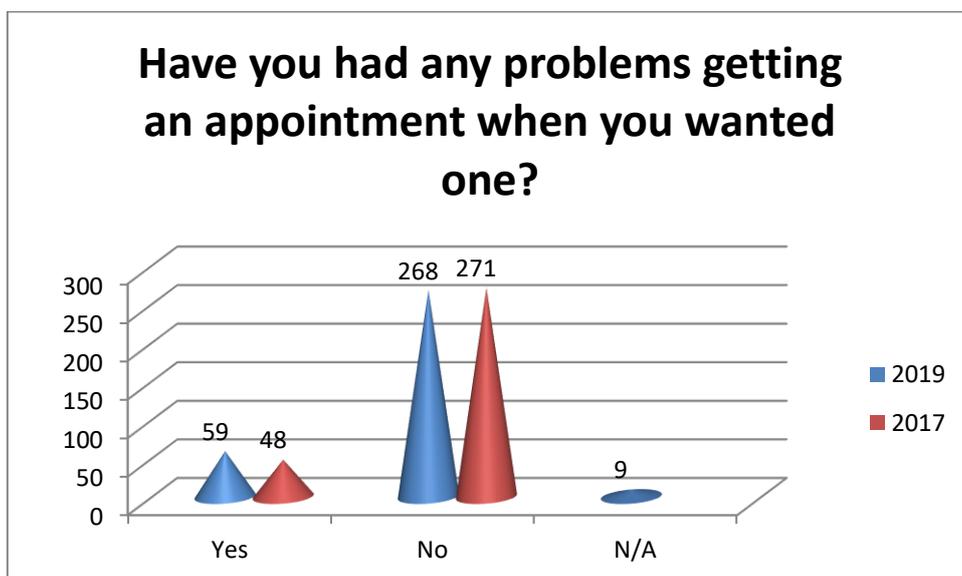


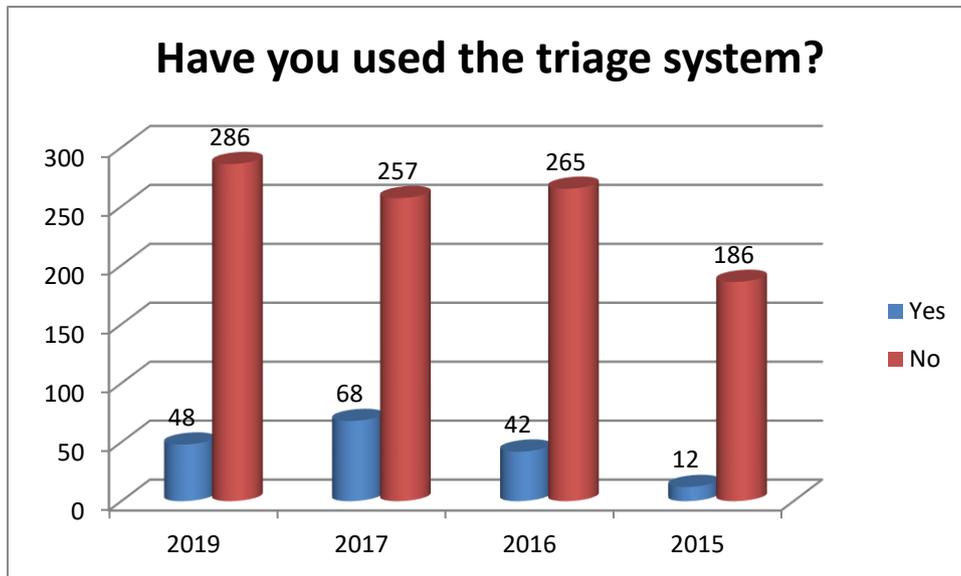
91% of our survey population got an appointment at their preferred time. This was a marginal reduction from last year's 93%, but, again, we didn't have a 'No preference' option for respondents to choose, and, of the 9% who chose 'No', 10% of those stated they had no preference of time in the comments. A couple of patients mention

the difficulty of getting an appointment when they are working shifts, or the difficulty of getting an appointment at their preferred time *with* their preferred doctor. Given that Dr Pelc and Dr Checkland only work one day a week, patients with a specific time slot request for these doctors may find themselves having to wait 2 or more weeks for an appointment. Patients are always offered appointments with other doctors if their preferred doctor has no available slots, and most are happy to see an alternative doctor if they cannot wait for one at their preferred time with their preferred GP. We do offer early morning and late night appointments to help cater for our working population.



We also asked patients if they were seen at their preferred surgery. The pie chart above shows that 90% of our survey population were seen at their preferred surgery. Patients have the choice of being seen at Eyam, Bradwell or Litton. Again, due to the lack of a 'No preference of surgery' option for respondents, some of those who chose 'No' actually had no preference.



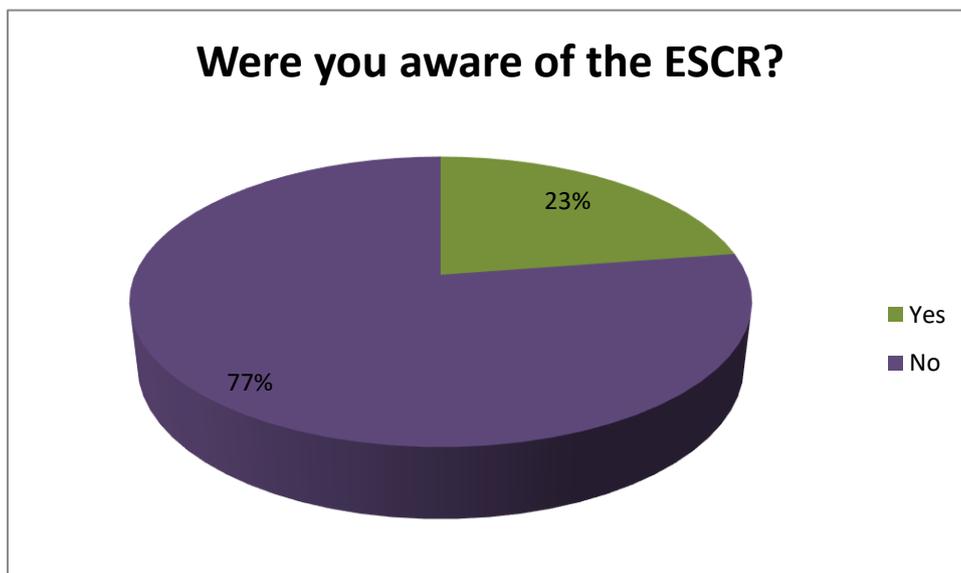


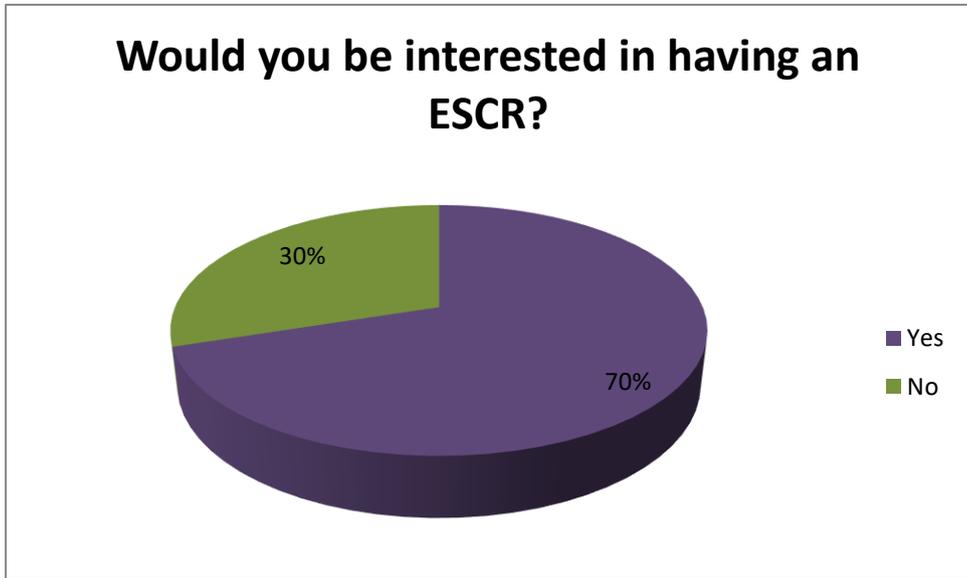
The cylinder chart above shows a surprising dip in the number of respondents who use our triage system this year. This year 14% of our survey population had used our triage system; in 2017 21% had used it. This may be because patients are more able to get an appointment in the normal way without needing to use the triage system. Of those who do use it, however, 80% found it useful, with some of the comments below:

- ❖ *Given an appointment the same day if needed*
- ❖ *Really helpful*
- ❖ *For my husband, not me. A great relief that he could be seen same day following the doctor's phone call.*
- ❖ *I was in a lot of pain and I got a really quick appointment. It was such a relief!*

Enriched Summary Care Record

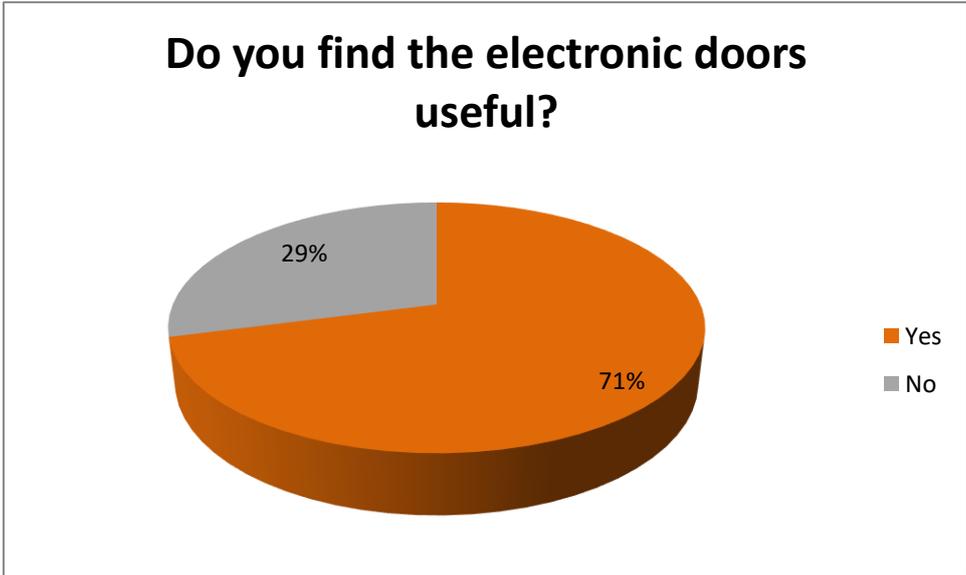
We are offering an **Enriched Summary Care Record** to patients this year and wanted to find out patient's awareness of this and desire for this. The charts below show that we could work at publicising this, as many patients who weren't aware of it were keen to have this enhanced record, with 70% interested in having one. Whilst we have initially been focussing on patients with more complex medical histories, this summary care record is open to all patients who request it.





Electronic doors

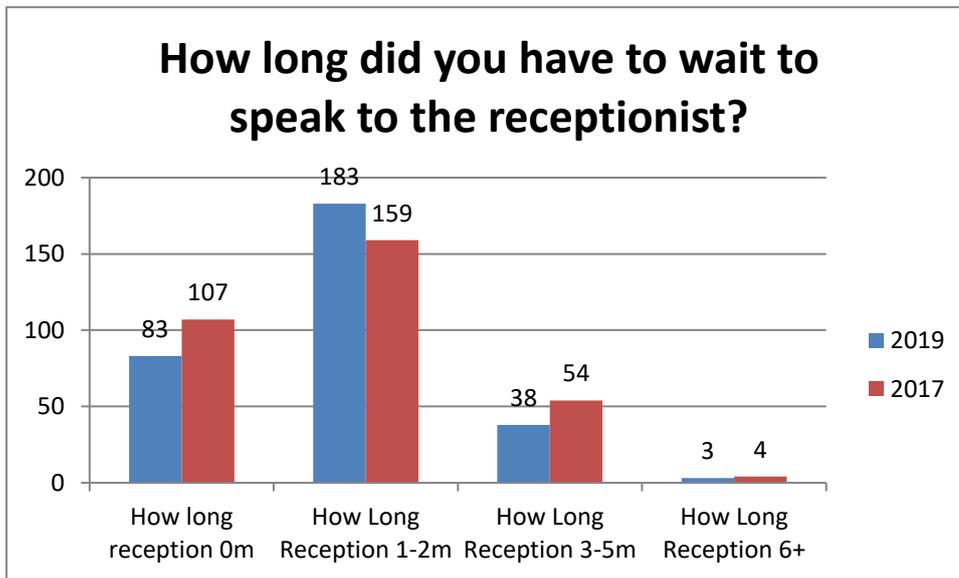
Following on from suggestions received in last year’s patient questionnaire for electronic doors, we have had these fitted to the surgeries at Eyam and Bradwell this year. We wanted to ask patients if these were beneficial to them. The chart below shows that, overwhelmingly, patients appreciated these, if not for themselves, on behalf of patients with limited mobility or parents with prams and young children.



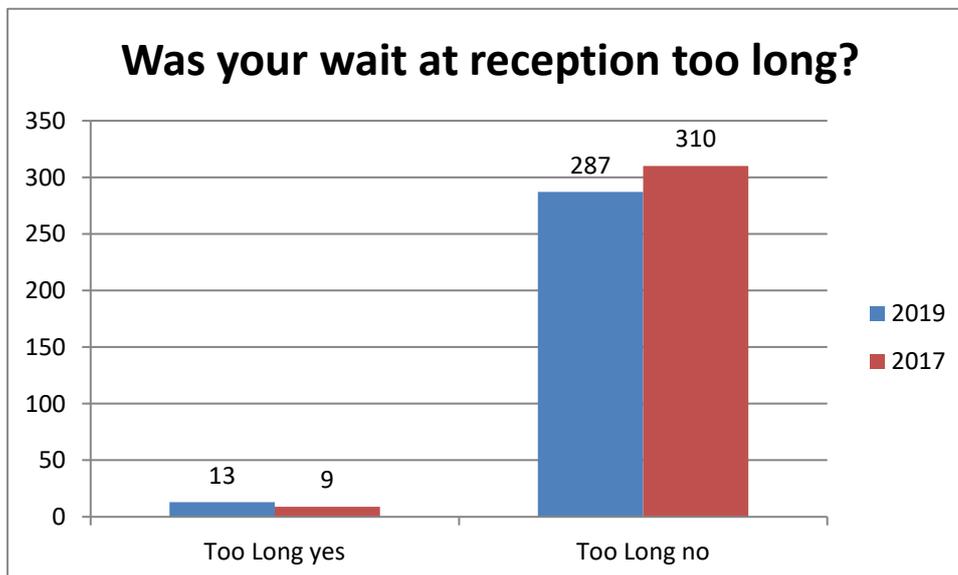
Waiting Times

The pie chart below offers an insight in to how long patients have had to wait to speak to a receptionist. As you can see below, 27% of our patients had no wait at all, and 59% of our patients waited for 1-2 minutes. 13% of patients stated that they waited 3-5 minutes, which is an encouraging reduction from the 17% who felt this in the 2017 survey. Lastly, less than 1% of our patients had to wait 6 minutes of more,

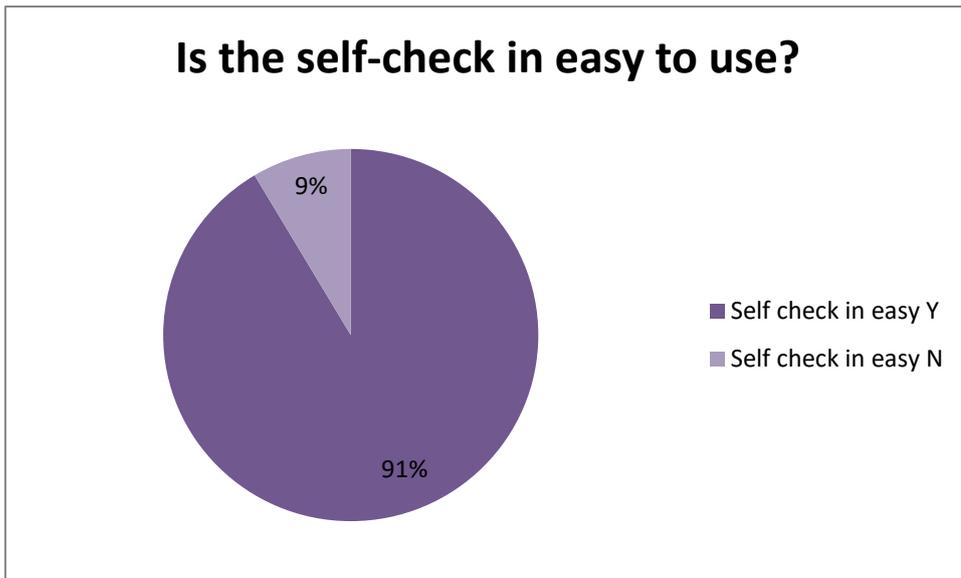
when comparing to 2015 figures 5% stated that they had waited over 6 minutes. This shows a very encouraging improvement for the patient experience in the reception waiting area.



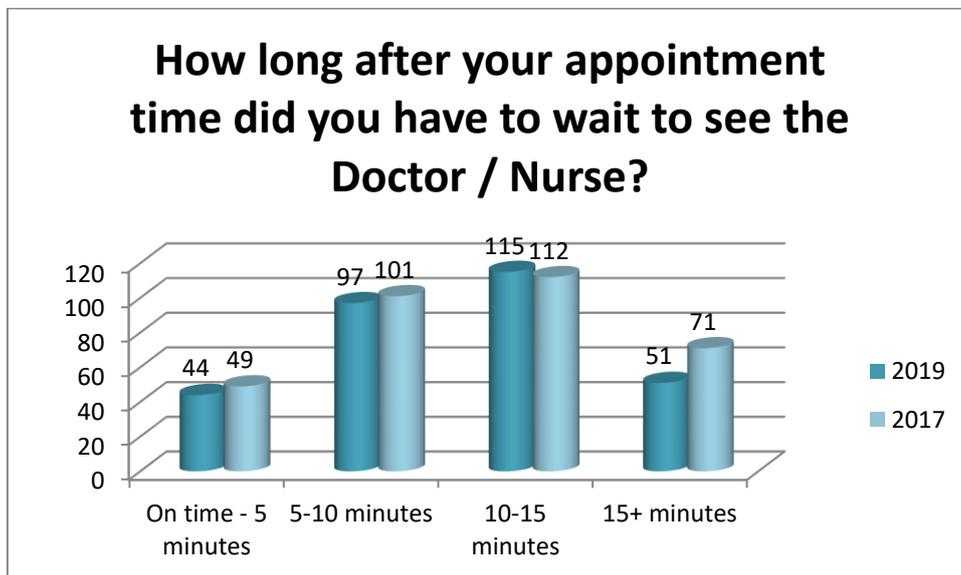
Similarly to the last two years, only 4% felt that their waiting time was too long. In 2015, this number stood at 9%. The majority of patients explained that the reason for the wait was that the receptionist was on the telephone.



We were interested in whether patients booked themselves in using the check-in screen at Eyam, and whether they found this useful to avoid having to wait for a receptionist to be available to help them on arrival. The graph below shows that, of the 245 patients who have used it (77% of respondents said they used this to check in), 91% consider it to be easy to use and beneficial to their checking in and waiting experience.



We were also interested to see how long patients were waiting to be seen by a clinician after the given appointment time. Patients are given a 10 minute slot with Doctors but regularly need longer than this. According NHS England the average GP appointment lasts around 12 minutes and if a patient has multiple health conditions this will add further time on to the appointment. The pie chart below represents the waiting times reported by our patients. Whilst the first three options are fairly similar to last year, there has been a marked reduction in the number of patients waiting more than 15 minutes to see a clinician, which is encouraging.



We also asked if this wait was too long. When comparing to last year there has again been a reduction in patients stating that it was too long to wait. This year only 12% said it was too long, compared to 15% in 2017 and a significantly larger 31% in 2016. When asked whether it was a particular clinician who kept them waiting, people mentioned all of the doctors, with none appearing more than others. Most

people mentioned that the nurses were usually on time. Some of the comments reported by patients are listed below:

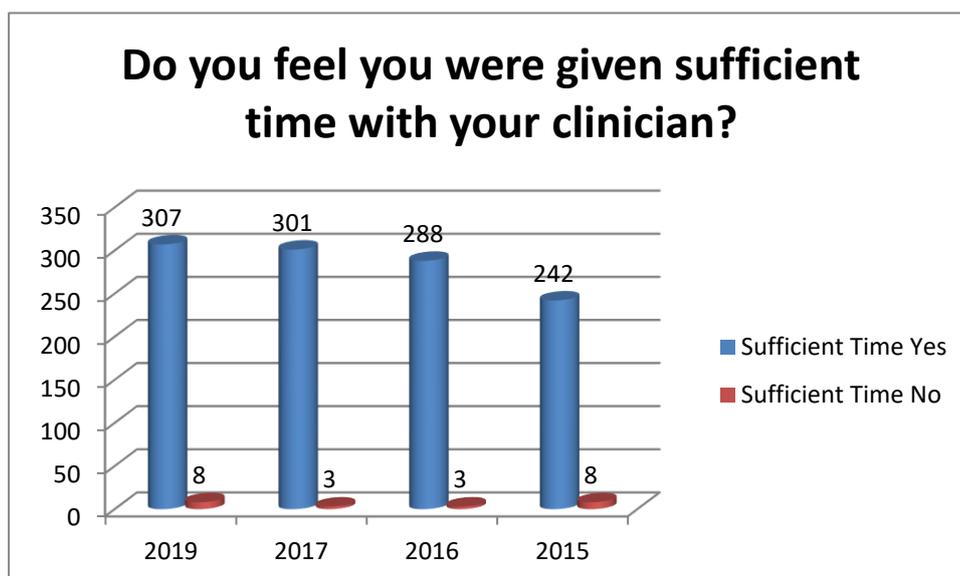
- ❖ *I am aware other people have greater problems than myself so am happy to await my turn as it could be me needing extra time in the future*
- ❖ *I have no problem with waiting. Some patients need more time.*
- ❖ *GP's are not sitting in their rooms twiddling their thumbs!!!*
- ❖ *It would be helpful to know the delay when checking in*

Please see the chart below for a visual representation of the results compared to 2017 and 2016.



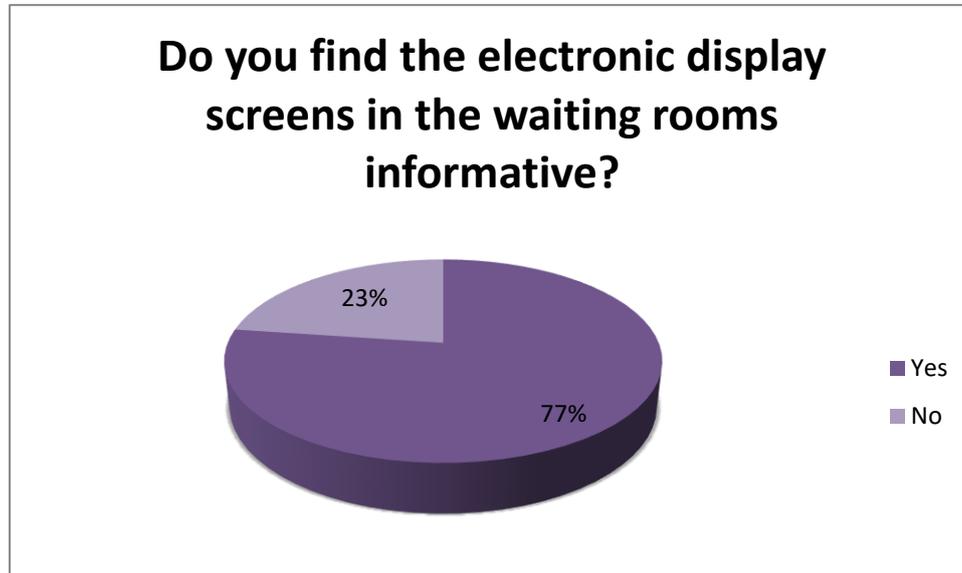
Some patients mentioned that they were happy to wait if it meant that the clinician was dealing with a difficult case or a patient who needed more time, as it reassured them that they would, in turn, be given the same level of care, attention and 'extra' time if they needed it at some point.

The column chart below denotes the amount of patients satisfied with their clinician time (blue) alongside not enough clinician time (red). We have asked this question over the last 3 years and for the last 3 years less than 3% of our patient population do not feel that they were given sufficient time with their chosen clinician.



Electronic display screens

We introduced this question this year to see whether patients appreciated the electronic display screens in the waiting rooms at Eyam, whether they found them informative and if they had any suggestions as to what could be included on them.

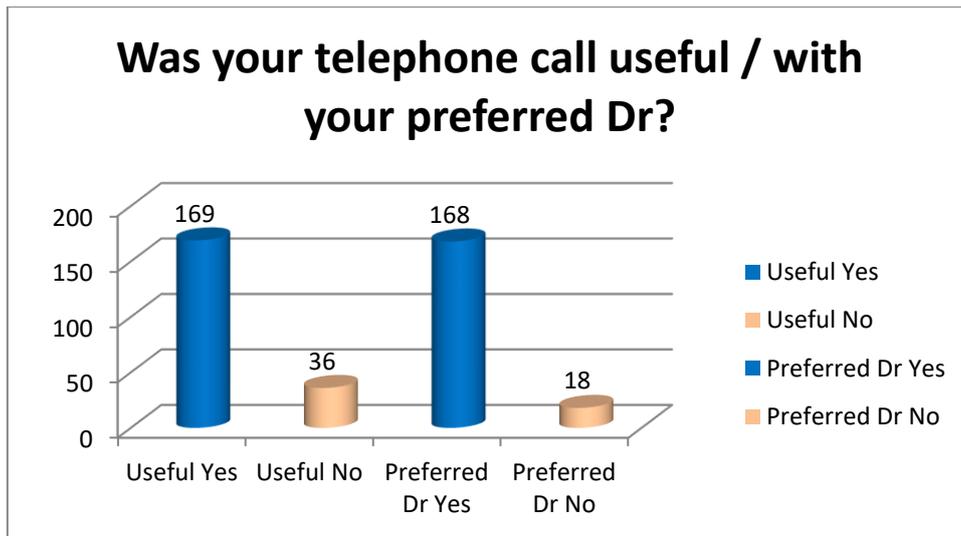


A couple of suggestions for inclusion on the screens were:

- *Any information that relates to keeping healthy/ knowing warning signs for different conditions welcomed*
- *Where you are in the queue to see the doctor*
- *Pictures of landscapes*
- *There's altogether too much information on display in the waiting rooms. It makes it hard for see what applies to me.*
- *The BBC news*
- *Waiting times / Doctor attendance days*
- *Info about our surgery facilities, e.g. Physio*

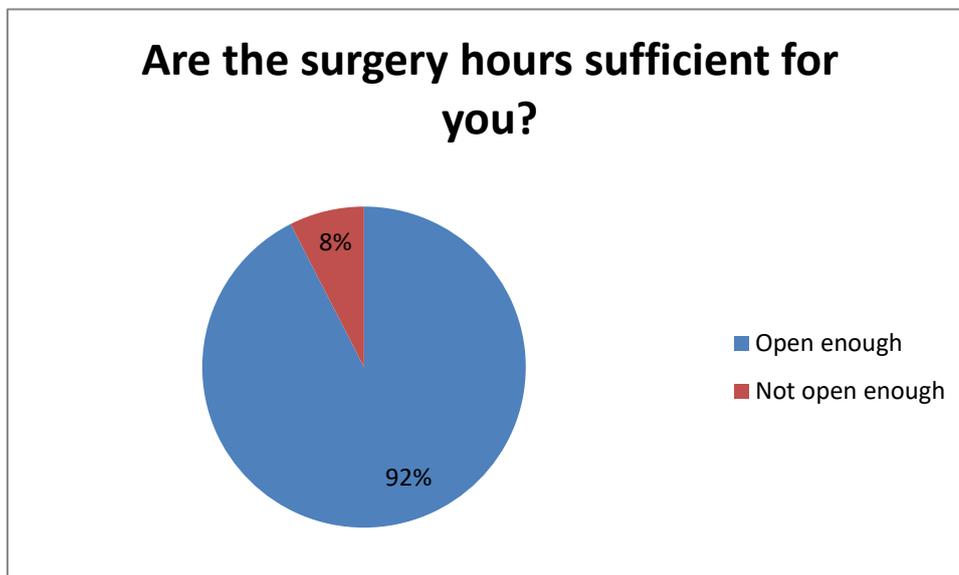
Telephone consultations

Telephone calls are available daily with the Doctor and Nurse. Routine care can be provided by telephone and calls may be initiated by the patient, for example, in wanting to find out and discuss the results of investigations, or by the clinicians, such as in the follow-up of a long-term condition. Thanks to the practically universal ownership of home or mobile telephones, this medium of communication is justifiable and effective. 82% of our patient population found their telephone consultation useful, and 95% had it with their preferred GP as can be seen below.



Opening Hours at Eyam

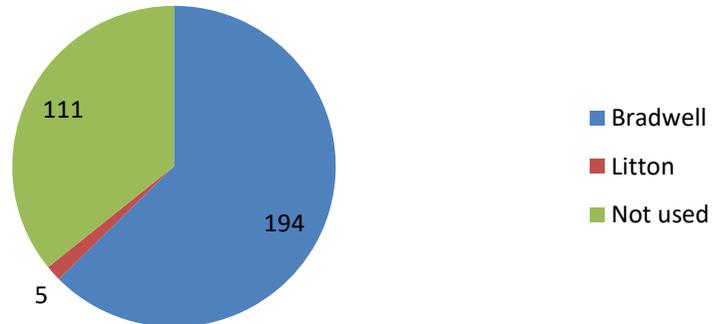
We are aware, from comments received from previous questionnaires, that some patients would prefer us to have longer or alternative opening hours at Eyam to accommodate those who have odd working patterns or long commutes. We therefore asked if our surgery opening hours are sufficient. The graph below shows that 92% are happy with the hours offered, and only 8% would like additional hours available, with the main suggestion being a Saturday morning or a later evening up to 8pm.



Branch Surgeries

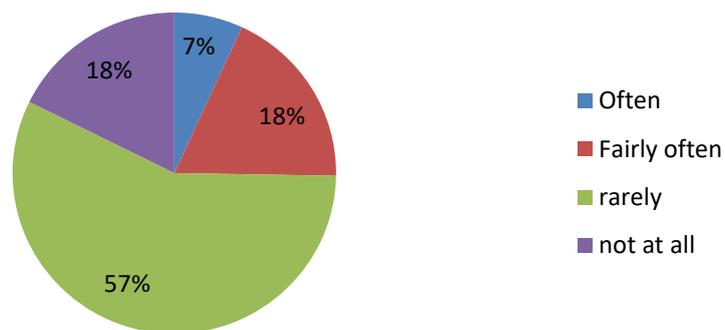
Our current branch surgeries are Bradwell and Litton. As you can see from the chart on the next page, Bradwell is the most widely-used branch surgery. Litton Surgery is only open for one hour on a Wednesday afternoon and therefore will only be used by a small amount of patients.

Which of our branch surgeries, if any, do you use?



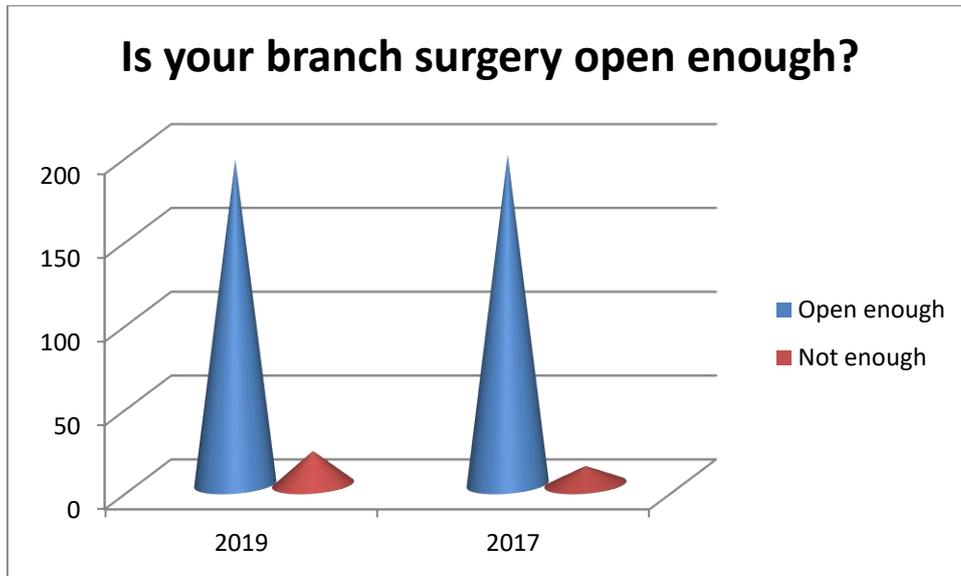
We also asked how often our patients use our branch surgeries. Similar to last year, our figures from this year's survey participants are much higher at Eyam and therefore do not give a good representation of Bradwell's use. Our clinics down at Bradwell are always fully booked and used regularly by a large amount of the patient population. Therefore the chart below does not accurately present the use of Bradwell Surgery.

How often do you use our branch surgeries?



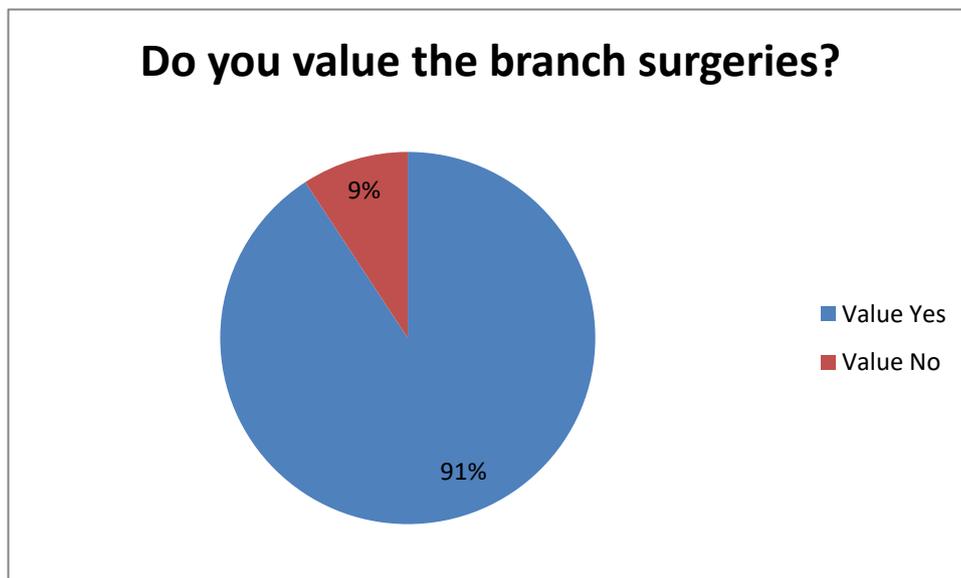
We asked patients if they had any suggestions for services they would like to have at their preferred branch surgeries. Only 21 patients responded, with some of the comments below:

- *Longer opening hours for medication collection*
- *A weekly baby clinic for weighing etc.*
- *Would like it to be open for prescriptions every afternoon.*
- *Water machine*



The chart above demonstrates that 90% of our survey population this year felt that Bradwell and Litton Surgeries are open enough. Only 20 patients felt that it was not open enough, compared to 41 patients in 2015.

The pie chart below also shows that 91% of our patients value our Branch Surgeries. This is a similar figure to 2015 and 2017.



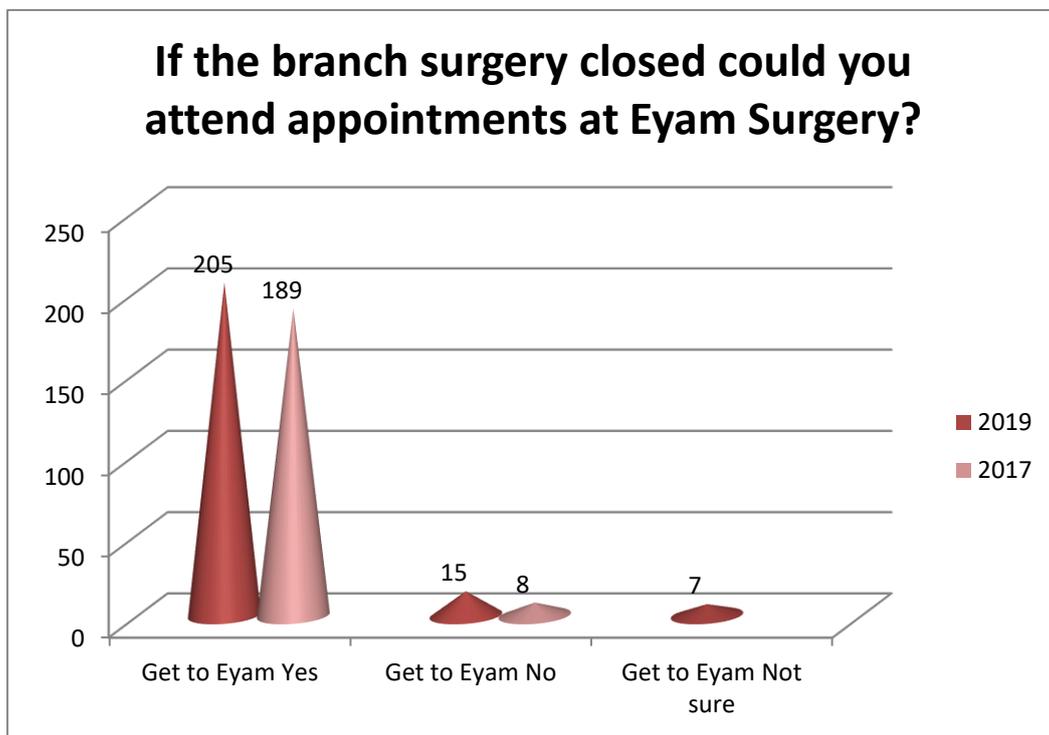
We asked for suggestions for improvements at the branch surgeries. 6 patients responded, with the following suggestions:

- *Please clean up the entrance to Bradwell*
- *Longer hours*
- *Bigger waiting rooms and sound-proof rooms*
- *Regular full-time staff*

- *A greater level of privacy in reception*
- *Water dispenser*
- *At Bradwell, the outside access often looks quite scruffy and not welcoming.*

It is worth noting that we are already in the process of getting building work done to the Bradwell Surgery, including work on the outside front entrance to improve its appearance.

Finally in this section, we asked our patients if the Branch Surgeries closed would you be able to get to Eyam and would you stay as our patient. As you can see a large percentage can get to Eyam and 92% said they would remain as a patient.



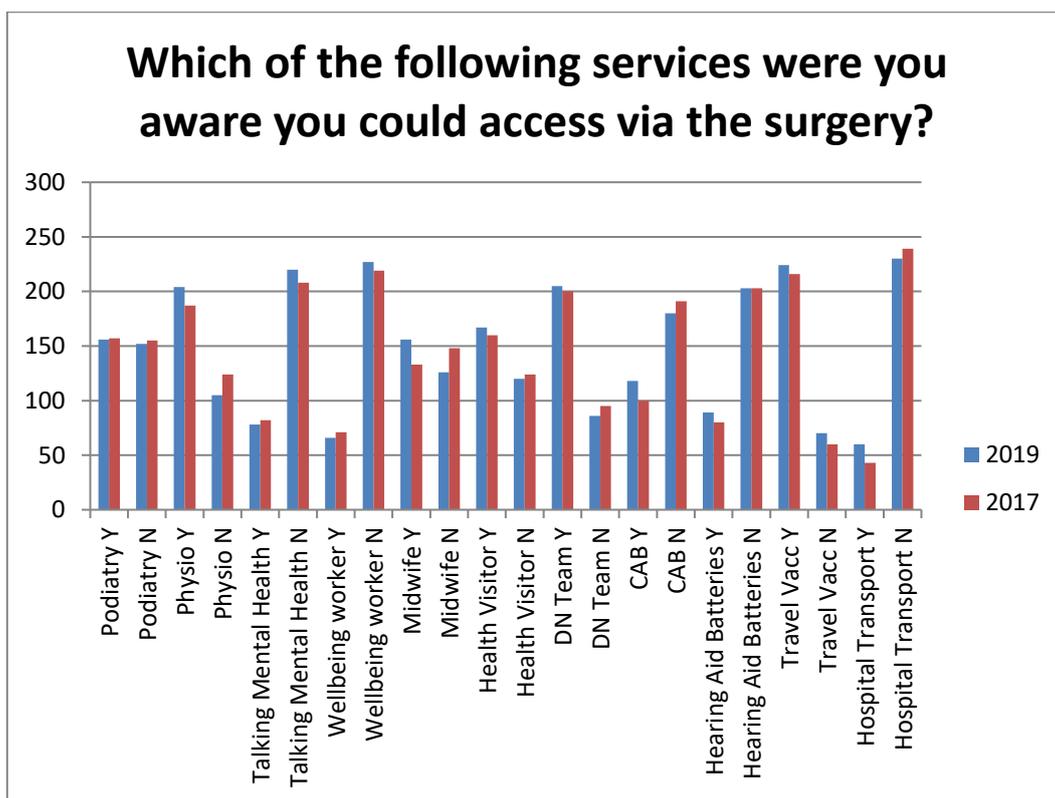
Many people commented on this question; a selection of these are below:

- *Yes, while I can still drive*
- *If possible, if I'm able to drive*
- *Hope is closer and on a bus route (for when we get even older!)*
- *Probably not – would go to Hope as on a bus route, which could be very useful in future*
- *I would have to use the bus*
- *No transport – nearest surgery would be Hope*
- *It would depend on bus times*
- *As long as we are able to drive*
- *I would greatly regret the closure of Bradwell*
- *No bus from Bradwell to Eyam, would need to move to Hope*

As you can see, it is mainly an issue of transportation – the bus service from Bradwell to Hope is much simpler than trying to get to Eyam by public transport for patients who are unable to drive. However, we do have a minibus service on Mondays, (alternate) Tuesdays, Wednesdays and Thursdays. It is probably worth publicising this facility more for our patients who do not live in Eyam, as it seems from the comments that many are unaware of the service.

Services at Eyam and Bradwell Surgeries

We offer a variety of services at Eyam and Bradwell surgeries. We were interested to see how much awareness there was of these. The bar chart represents all the services that we offer and whether patients were aware (blue) or not aware (red). As you can see, there are quite a few of the different services where more people were unaware rather than aware. These include Talking Therapies such as counselling, hearing aid batteries (NHS, but please bring your Audiology book with you) and assistance with booking hospital transport for disabled patients. The results are fairly static compared to last year.



Under 65 flu vaccination

This past winter the seasonal influenza vaccination was available as two vaccinations, one for over 65s and one for under 65s with certain qualifying medical criteria. We had a lower uptake from the under 65s who were eligible for the vaccination and wanted to find out if there was any way we could have improved our invitations or information given to those in the under 65 categories that qualified.

Unfortunately, most of the responders to this question were not under 65 or eligible for the under 65 flu vaccination. However, of the 131 that said they were eligible, 33% had it here, 5% had it elsewhere, and 8% declined. We are currently doing some further research with our flu vaccination programme to try to understand why some patients did not choose to have their vaccination at the surgery.

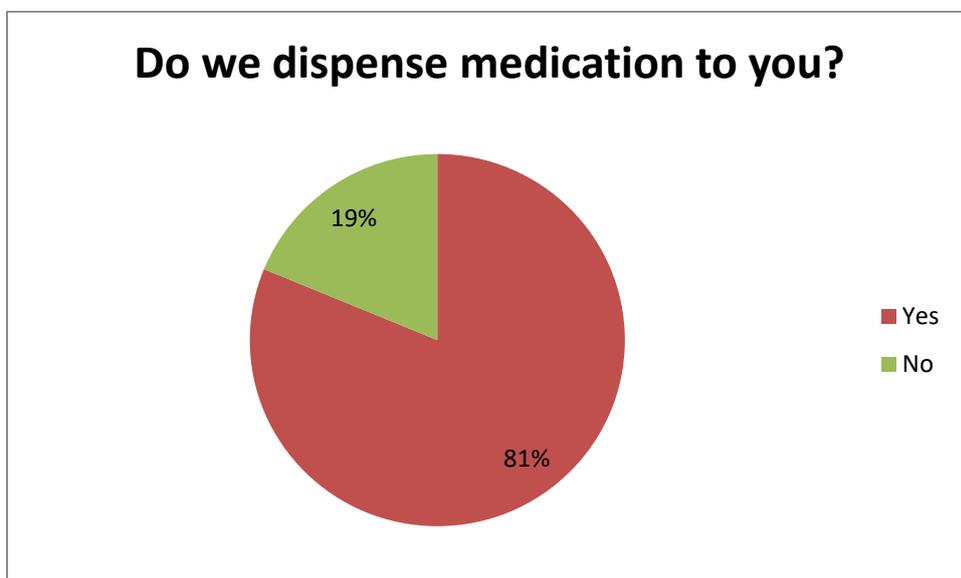
A few of the comments are below to explain why patients had the vaccination elsewhere:

- *Had it at work because I work at a hospital*
- *Had it at Tideswell Pharmacy – an appointment was not necessary*
- *Usually have it at work*
- *At work – more convenient*
- *Boots in Meadowhall as they had an appointment free*
- *I had it at the Jessop Wing in Sheffield whilst attending an antenatal appointment*

When asked if there was anything we could have done to encourage patients to have it at the surgery, the responses were as follows:

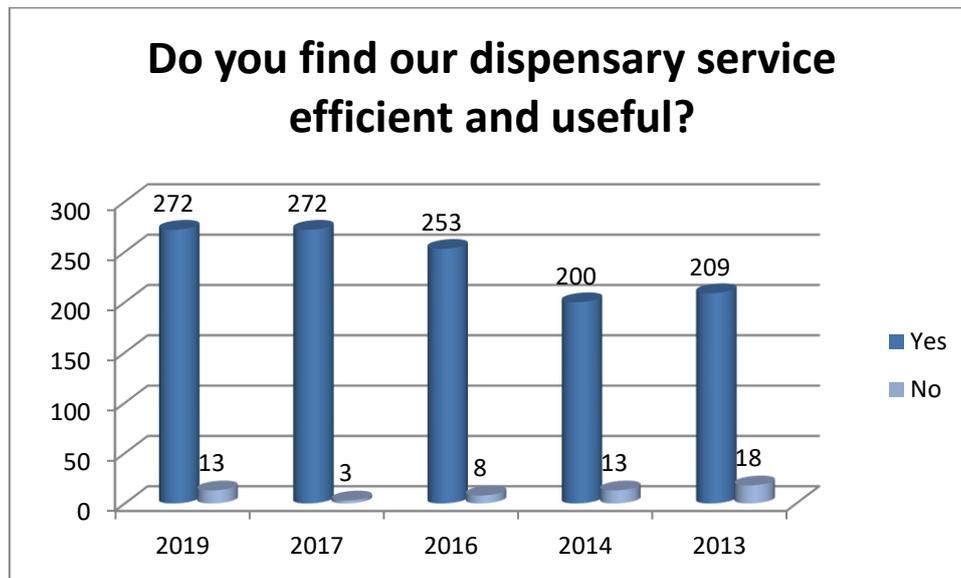
- *Drop-in sessions*
- *Open after 6.30pm*
- *Open early mornings, late evenings or weekends*

Dispensary



81% of our patient population reported that we dispense medication to them. This demonstrates that the other 19% live within one mile of a pharmacy and therefore we can only provide the patient with the green paper prescription to take to their local pharmacy. We also asked if you find our dispensary service useful; please see the

bar graph below. 95% say they found our staff useful, the same number of respondents said 'Yes' as last year.



A couple of respondents commented to further qualify their answer:

- *Putting in prescriptions at Bradwell and having medication there 2 days later is a wonderful service!*
- *It is useful in posting out prescriptions rather than needing to collect them*
- *I never remember the times to order the prescription*
- *I have to drive to Eyam for the paper prescription then drive to the chemist in Tideswell to pick up the medication*

These last two comments identify that we could do more to raise awareness with our patients of the different ways they can order medications – many patients order via email as there is no time restriction on this. In terms of those patients who live within a mile of a pharmacy, and who are therefore unable to be dispensed their medication by us, we do offer the facility for patients to give us a stamped-addressed envelope in which we can post their prescriptions out to them. This removes the need for driving to Eyam to pick up the prescription, and would mean patients living in Tideswell or Hathersage could simply take their posted prescription directly to the pharmacy. We will therefore ensure that patients who fall into this category are made aware of the option to supply us with envelopes for posting, to make this process easier for them.

We also asked for any suggestions for improvements to our dispensary. Below is a selection of the comments provided:

- *Email/fax or electronically transfer prescription direct to the pharmacy*
- *Facility to pay by card*

We are delighted to report that the process has begun to get a card machine for medication payments. We expect this to be available to use within the next few months.

We are always interested in how we as a Surgery could improve so we asked 3 open questions to our patient survey population. Please see below for a selection of the answers provided. These will be reviewed by the Practice Management Team and changes will be made where possible.

1. Can you think of anything that hasn't been covered in this questionnaire that could help Eyam Surgery to become a more effective medical practice?

- *More car parking spaces – especially for disabled*
- *Use of video tele consultations such as with “FaceTime” or similar*
- *I think you could do much more stuff on preventative and community health. Outreach for older people, social prescribing, running groups, education sessions on obesity, type 2 diabetes, heart disease etc.*
- *Clarity about services offered, e.g. are hearing tests available? Maybe a booklet including all services could be available.*
- *A drop-in clinic*
- *More female GPs*

2. If one improvement could be made to Eyam Surgery, what would it be?

- *Water machine*
- *Bigger car park*
- *More space – the surgery is too small*
- *Annual “MOT” for targeted patients to identify early any issues rather than simply respond*
- *Ability to contact practitioners by email*
- *More privacy at reception*
- *More appointments*
- *Better soundproofing for the rooms – can still hear voices even with radio on*
- *Change the radio to Classic FM*
- *Saturday morning clinic for urgent appointments – perhaps triaged?*
- *Providing out of hours care rather than having to use 111.*
- *Removing the conflict between receptionist dealing with phones and face-to-face clients. My conversation always gets interrupted – if I'm on the phone, getting answered but then being asked to hold is annoying, whilst being at reception while the phone is answered to somebody who is asked to wait is also dissatisfying.*
- *Turn off the radio!*
- *Brighten up the waiting areas*
- *Have electronic video screens at Bradwell*

3. What, if any, would you say is the main strength or weakness of Eyam Surgery?

Only 5 weaknesses were provided from the whole of the survey population.

- *Lack of decent doctors*
- *The waiting rooms are not peaceful – if I'm feeling unwell when I arrive the barrage of obtrusive information displays and radio noise makes me feel worse.*

- *Lack of appointments available.*
- *Too many part-time doctors, which has an adverse effect on patient relationships and consistency and availability of care.*
- *Communication between staff could be improved.*

Over 140 strengths were provided, a range of these are provided below:

- *Every patient matters*
- *Service*
- *Helpful – you do your best to make sure a patient can, at the very least, talk to a doctor on the phone.*
- *Excellent staff.*
- *Helpful, friendly, efficient, understanding.*
- *You can always get an appointment with a good doctor or healthcare professional when you need one.*
- *Friendly ethos*
- *Never having to wait an unacceptable time for an appointment because of the facility to use different locations for an appointment.*
- *Local, accessible, friendly.*
- *Does not feel too clinical, and is very comfortable and informative.*
- *Very helpful*
- *The staff are very caring and community-focussed. It feels like a local surgery.*
- *From my observations, all staff work together and help each other when the surgery is busy.*
- *Very efficient!*
- *Emergency appointments are fantastic!*
- *Male and female doctors; ease of booking appointments; availability of extra services, e.g. health visitor, podiatry etc; branch surgeries; helpful receptionists.*
- *Friendly, caring staff.*
- *Always treated and listened to about my concerns.*
- *Very polite reception staff make it easy to manage things when one is not feeling too good – the doctors are good but Nurse Sue is the star of the good ship Eyam!*
- *I think the local branches are a real strength – having health care accessible within the village is so important.*
- *Nurse Sue!*

Grindleford Patients

Towards the end of the Survey we asked our Grindleford patients to complete 3 extra questions. Unfortunately we expect that a lot of respondents to these questions were not actually Grindleford residents, perhaps because the question was not wholly clear. The results are therefore not accurate. What is clear,

however, is that only 7 respondents of 199 who answered the question (3%), collect their medication from the Sir William Hotel in Grindleford. Of the 16 who commented on the service to collect medication there, 5 said they were unaware that this was even possible, and recommended that we advertise it more widely so patients are aware.

Finally, we offered the opportunity to share any additional views. 40 patients added additional comments, a selection of which are below:

- *We truly appreciate Bradwell surgery and its very helpful and friendly staff. A real asset to the village! Long may it continue – please!*
- *I have always been pleased with the service received from everyone at the surgery. Thankyou.*
- *Hope you can continue to provide an excellent service in the future. Thank you to all staff.*
- *I recently had an urgent medical issue, the care and compassion I received from the GPs was outstanding. I had a series of appointments over a couple of weeks with follow on calls too. I couldn't have asked for more from a practice, they really went beyond the call of duty. Big thank you. Very much appreciated!*
- *Overall your service is first class in all departments.*
- *We'd all love Kath Checkland to have more surgery time – she's a wonderful doctor!*
- *Please don't get carried away with modernising the surgery. It is a small rural practice with everything that implies and has excellent features. Any extra money would be best spent on staff.*