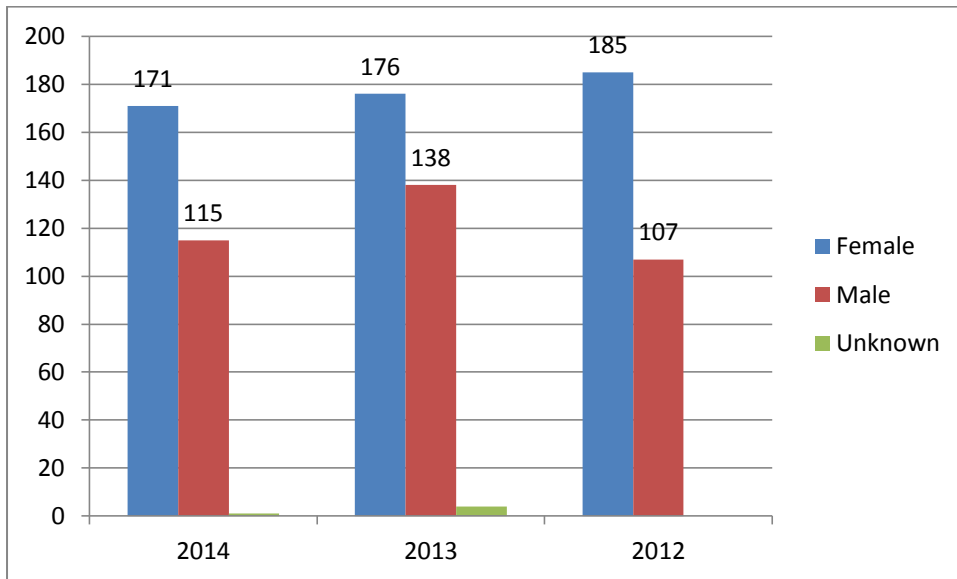


Populational findings.

Female and male population.

The chart below shows that 171 females and 115 males returned the questionnaire this year.

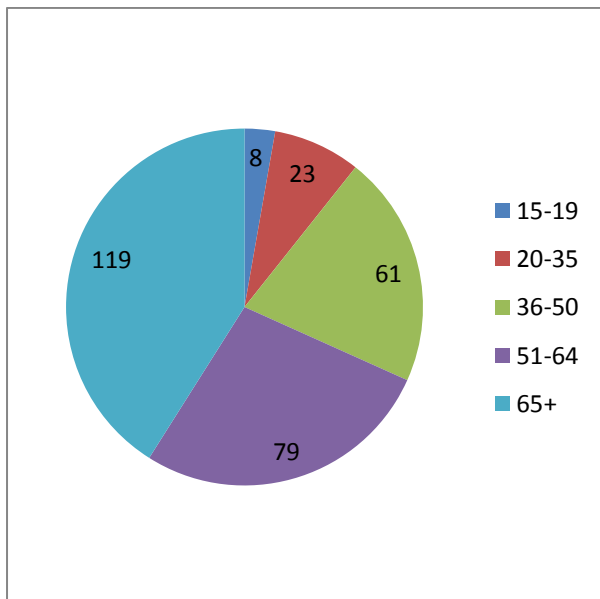


2014= 278 returned q's

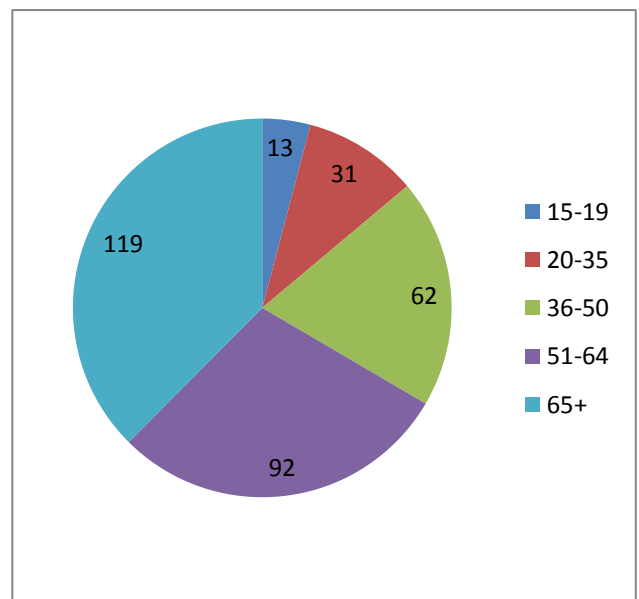
2013= 318

2012= 292

Age Groups 2014



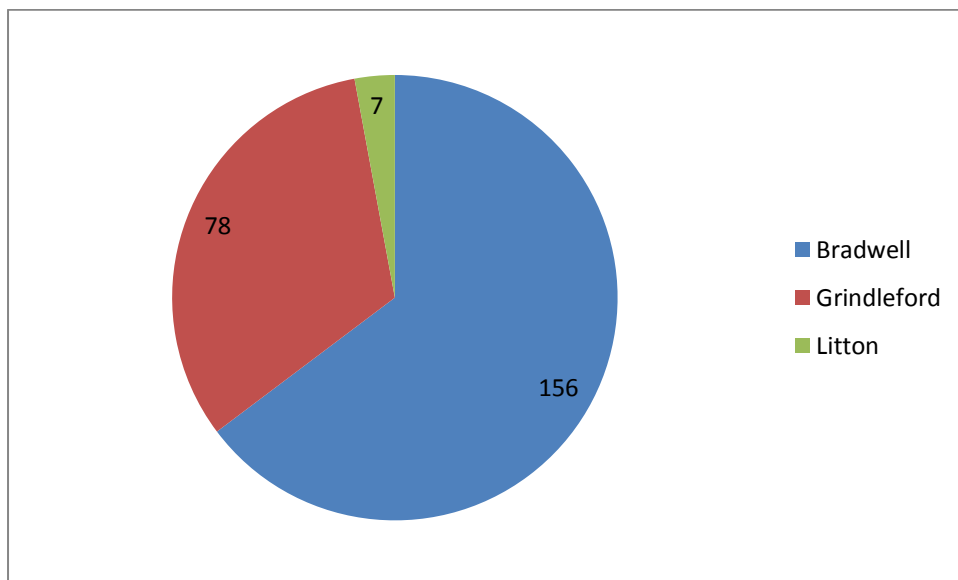
Age groups 2013



As you can see we had very similar results in age population who returned the questionnaire. The main returnees were 65+, furthermore we also had small drop in 15-19 year olds returnees this year compared to 2013.

Branch Surgeries.

2014 usage.



The patients who actually use the branch surgeries appear to mainly use Bradwell (65%) and Grindleford (32%), with only 3% of patients using Litton. In 2013 5% of patients were using Litton. However the use of Grindleford has increased by 2% from last year. Bradwell only dropped by 1%.

We were particularly interested in the services that patients wanted at the branch surgery which were not available at the moment, therefore making their visits easier.

2014	2013
Podiatry	Health visitor sessions
Weight Group Clinic	Counsellors
Over the counter medications	Physio
Additional nurse appts.	Antenatal
All as Eyam.	Podiatry
	More nurse appts
	Weight sessions
	Emergency appts at weekend
	Dr.Checkland

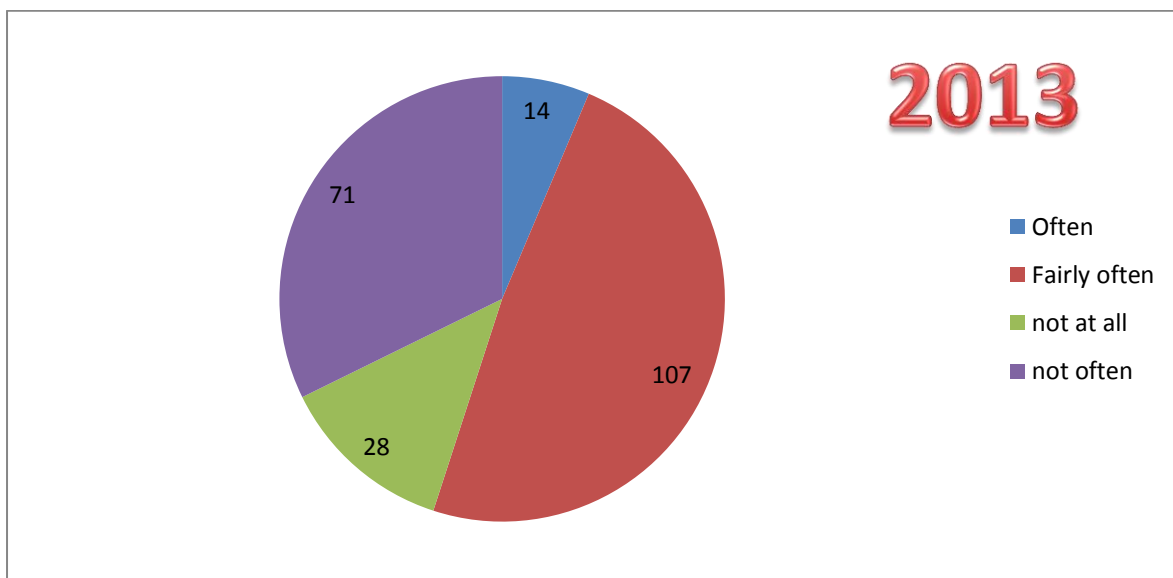
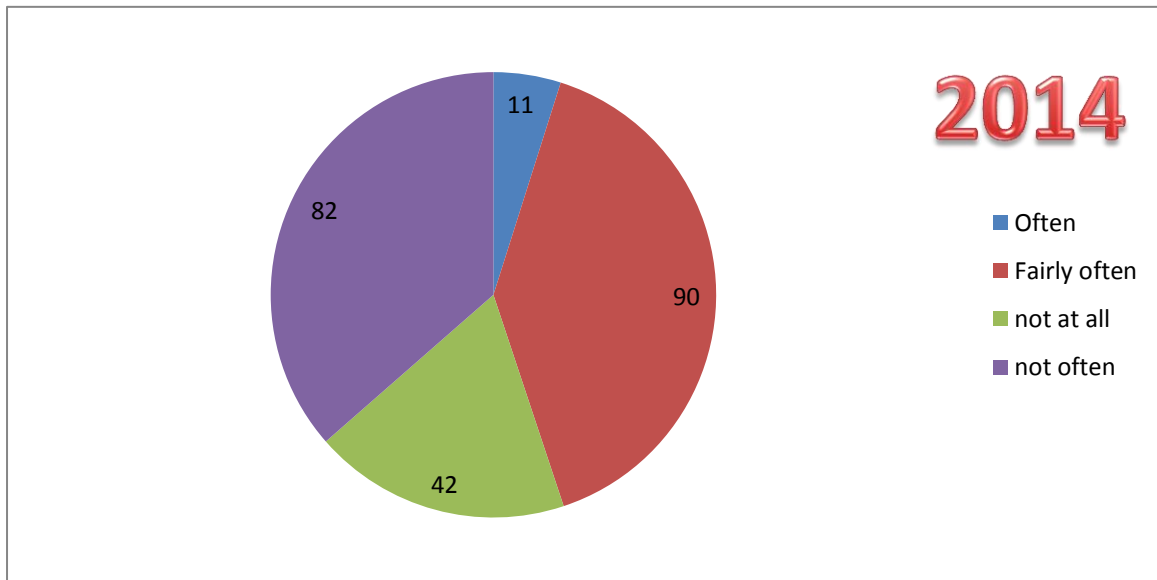
As you can see we didn't have as many suggestions compared to 2013.

Podiatry is still a common request, we did provide equipment for her, and however the managers of podiatry said that this could not be done at branch surgeries.

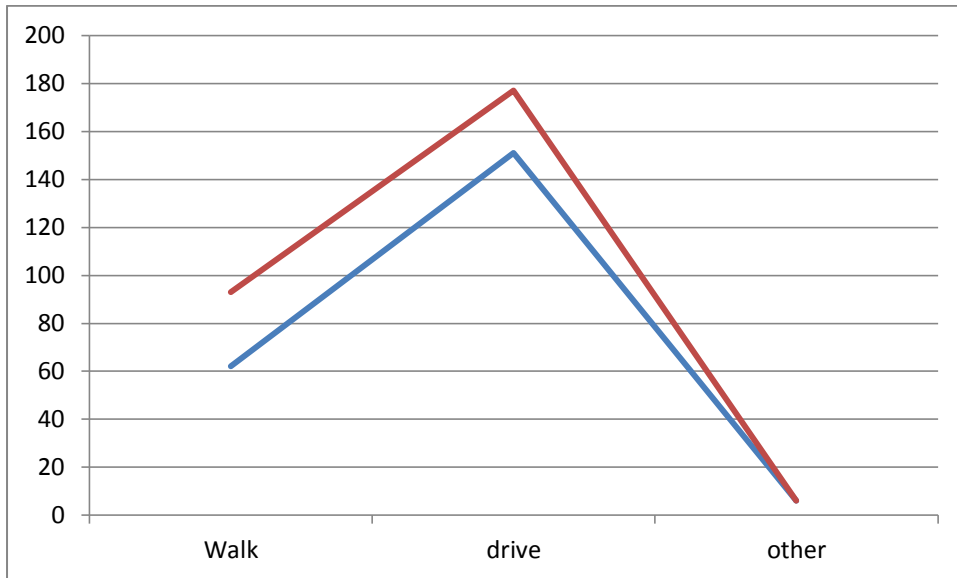
With regards to the comments for over the counter medications, this would be very difficult in our small buildings and we don't offer this service at Eyam either as we are not a pharmacy.

Nurse appointments are available Monday 9-12 and Tuesday 8.30-12, Thursday 9.30-12 and 2.30-6.30 and on a Friday a Health Care Assistant has appointments available from 9.30-12.

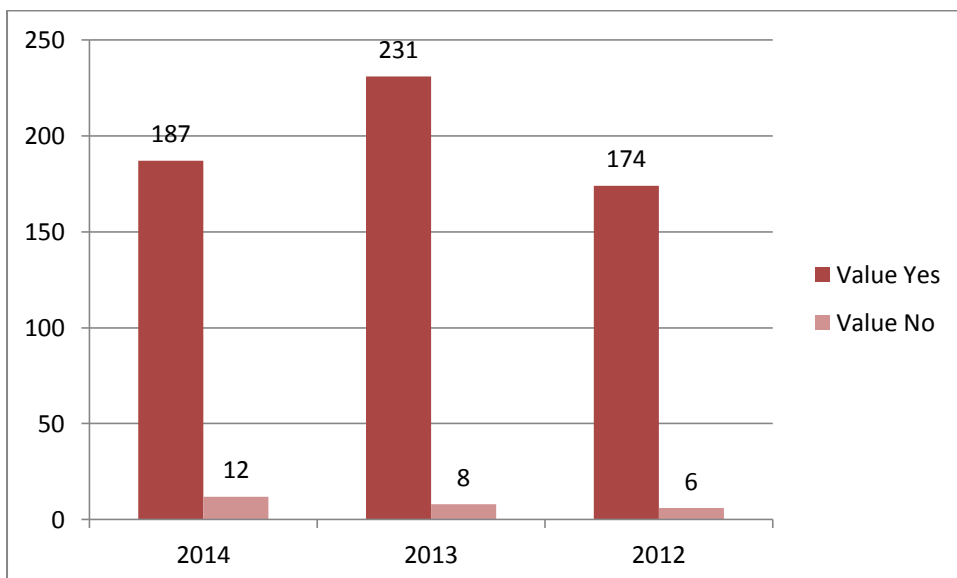
We also were interested in seeing how often people used the branch surgeries that are available. The chart below shows that 5% of the population uses them often, with 40% using them fairly often, compared to 49% last year. Whilst 55% of patients don't use them often or not at all. Below is 2014, followed by 2013.



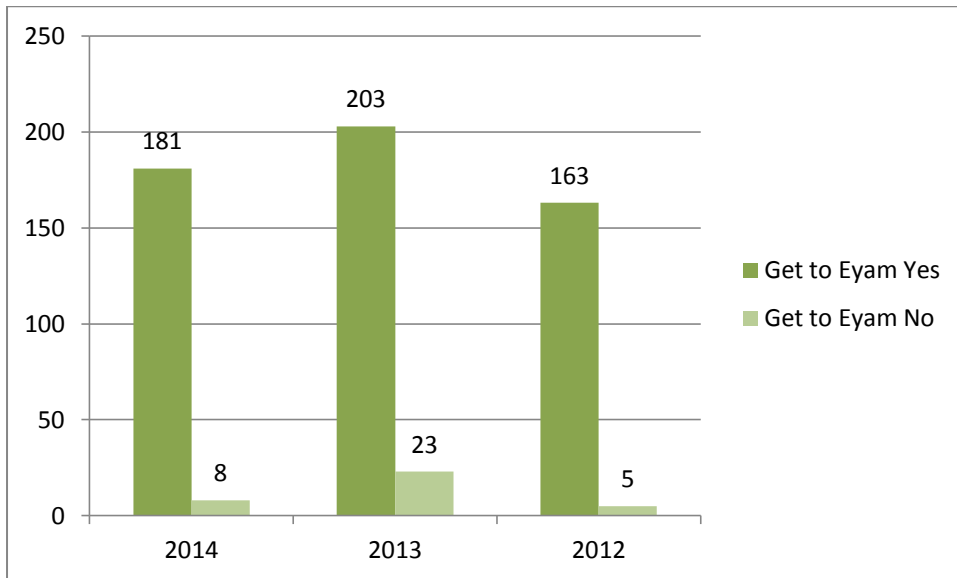
We wanted to find out how people get to their branch surgeries, as branch surgeries may not always be able to stay open due to cuts in government funding. This may cause problems for patients who do not have their own transport and solely use the branch surgeries. Adverse weather conditions may also result in patients not being able to get to an appointment at other branches. From the line graph below we can compare the red line (2013) and blue line (2014) - shows that the number of people walking and driving has decreased since 2013, this may be explained by the drop in use of branch surgeries.



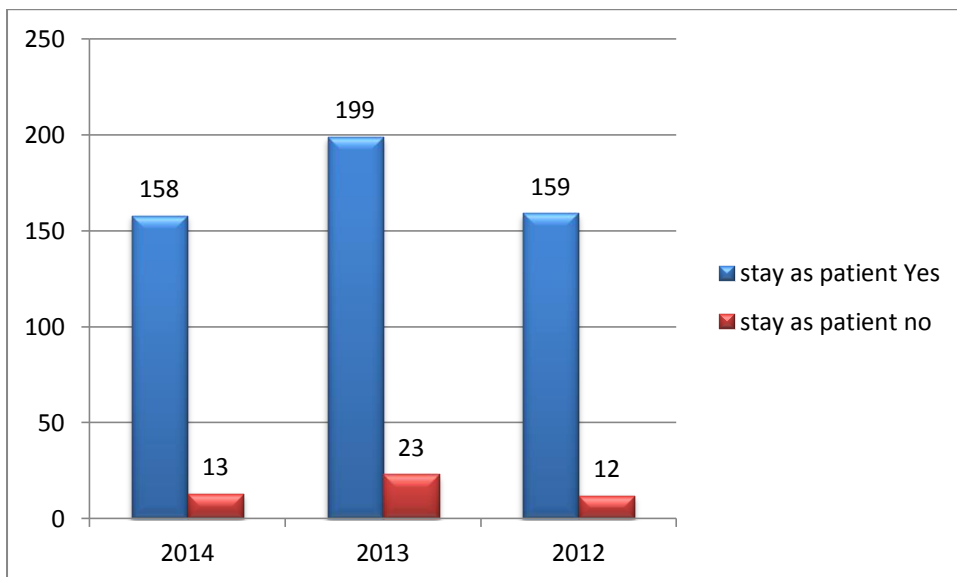
We asked patients in all three of the surveys since 2012, that had used the branch surgeries in the last twelve months whether they valued them and the services that they provide. As you can see all three consecutive years show that the majority of people do value the branch surgeries. This year 94% valued the branches and 6% didn't, this is in comparison to the past two years where although there were more participants, the percentages stood at 97% of patients valuing the branches.



We also asked if patients that use the branch surgeries could get to Eyam if their preferred surgery closed, the figures show that around 4% of the people who completed the survey could not. This portrays a decrease from the previous year as around 10% of the population said they could not.



We asked the patients if branch surgeries closed, would they stay as a patient at Eyam Surgery? Please see the graph below.



The percentage of patients that would not stay at Eyam surgery as a patient has decreased from 10% to 7% from 2013.

Service Evaluation.

The following five charts represent how people have evaluated us on each service. (making an appointment, speaking to a secretary, speaking to a doctor, speaking to a nurse, obtaining test results and ordering a repeat prescription.)

1= very easy

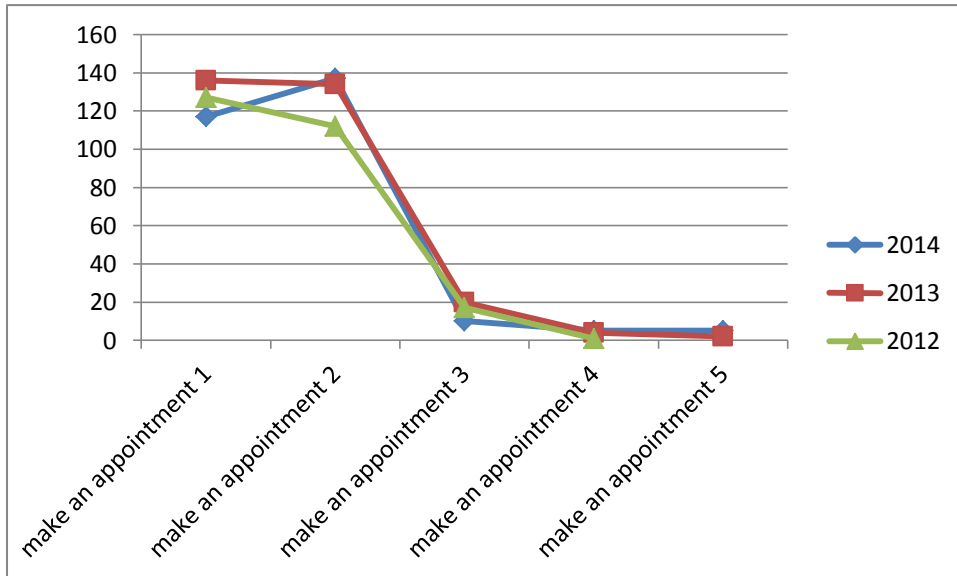
2=easy

3= not easy

4=difficult

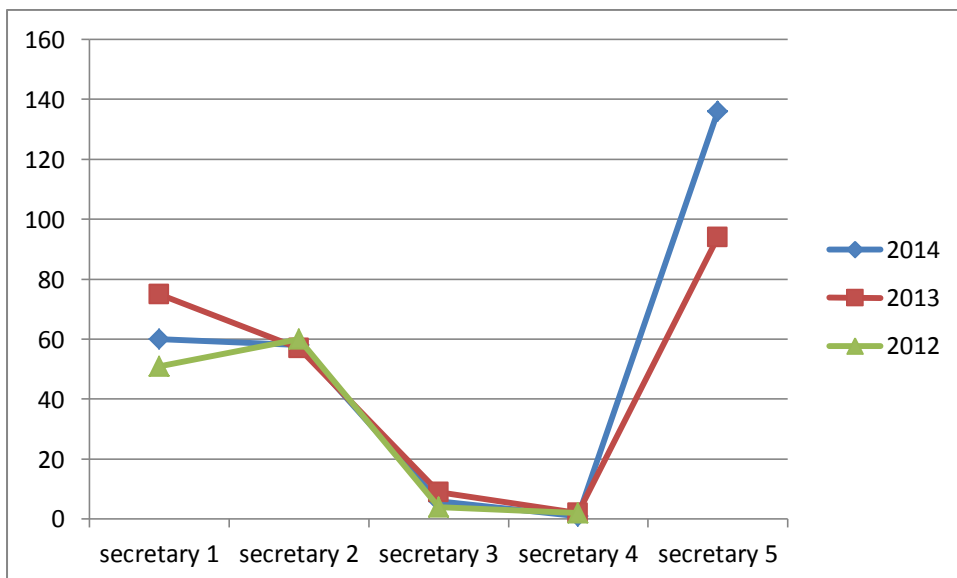
5= not applicable

The peaks in these charts represent the average opinion of the questionnaire participants.



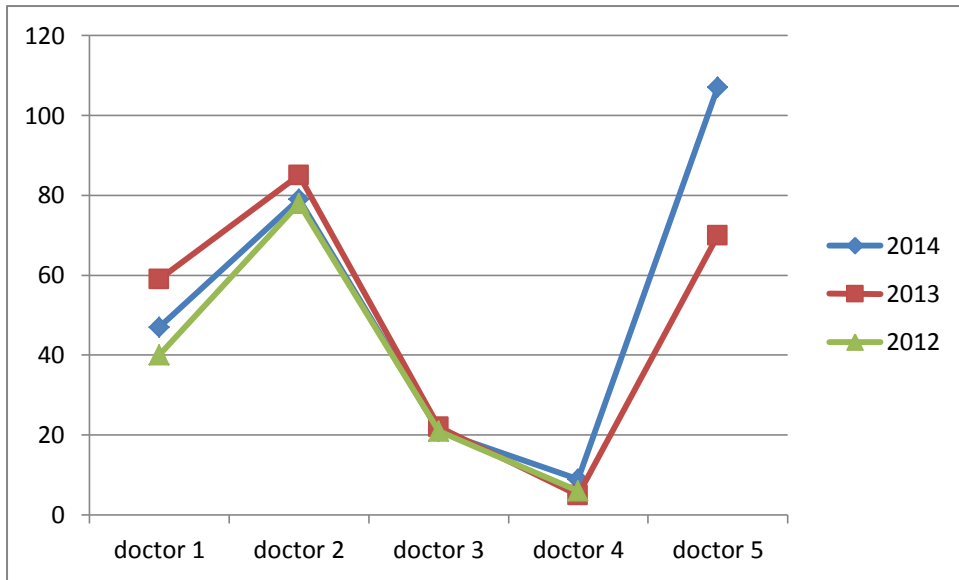
Average = easy.

'not easy' dropped slightly which is good, difficult remains very low and static.

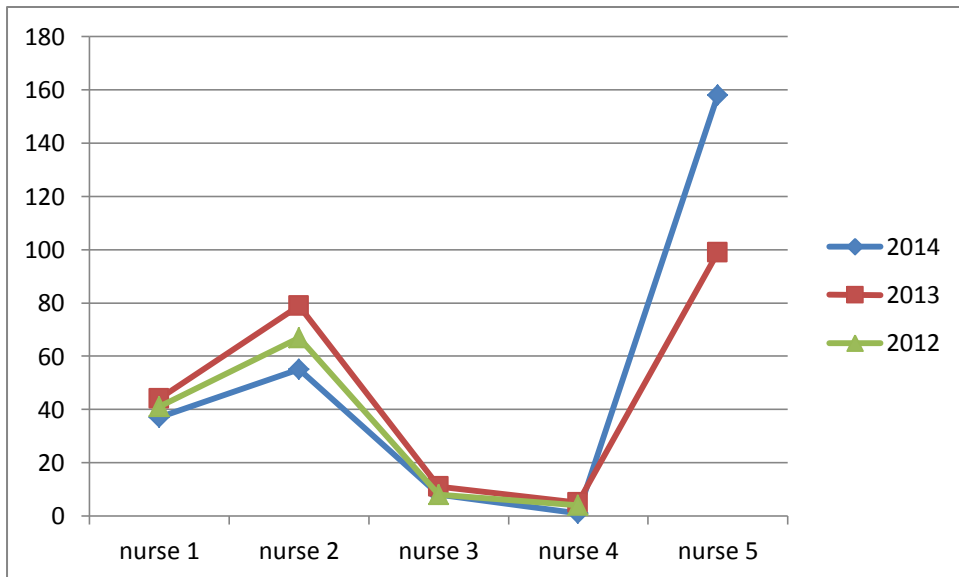


Average = Very Easy.

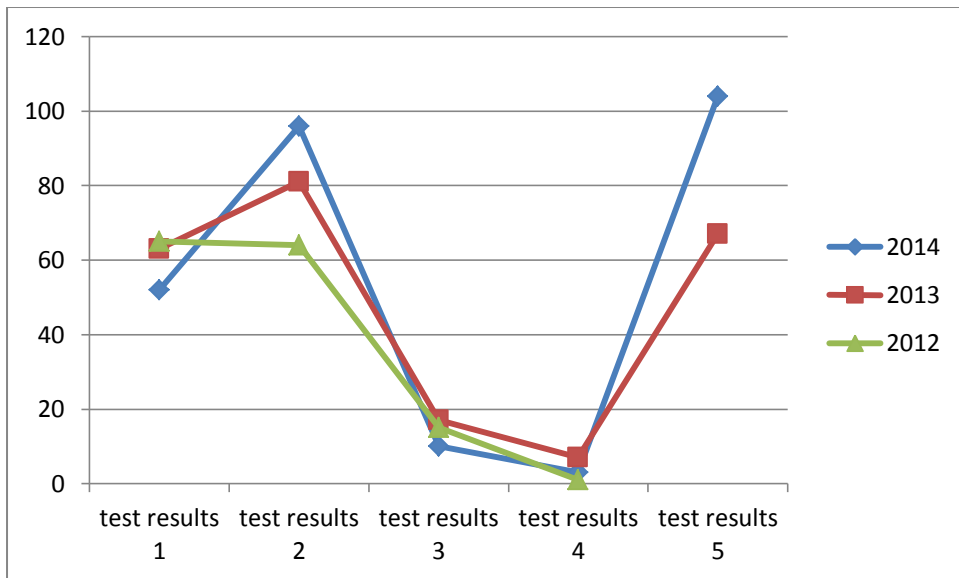
This shows that very few people find it difficult to make contact with the secretary; this is also presented in the following two charts.



Average = Easy

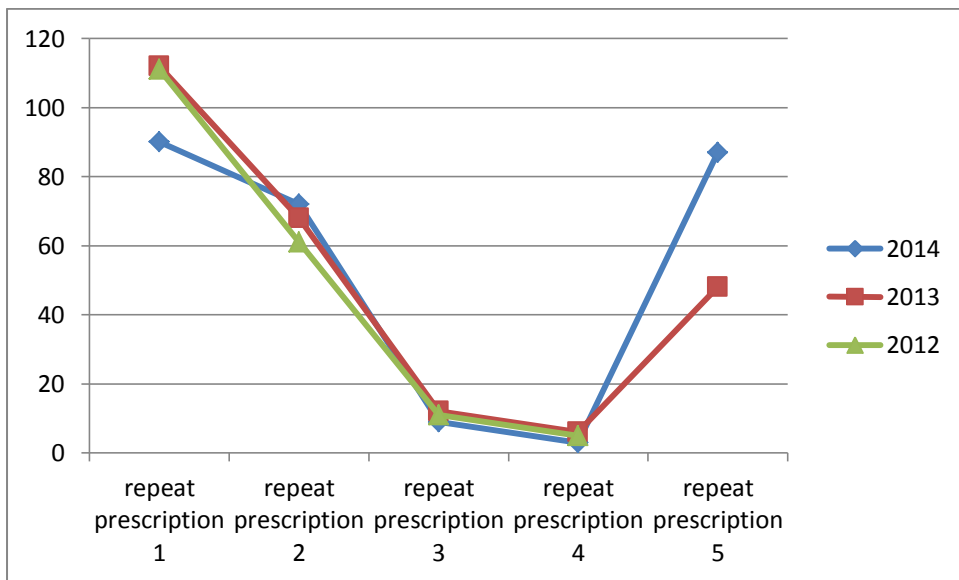


Average = Easy



Average= Easy

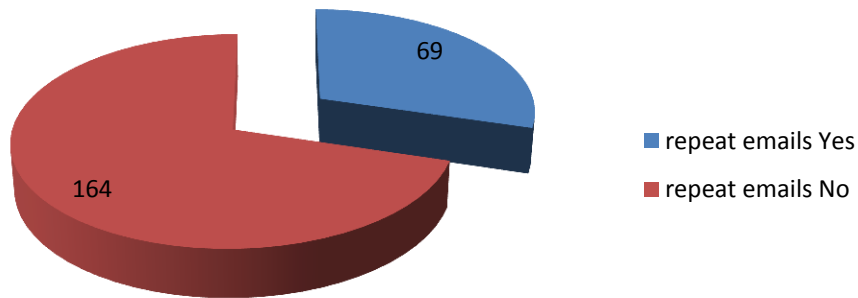
Obtaining test results easily is improving each year and 'not easy' has reduced.



Average = Very Easy

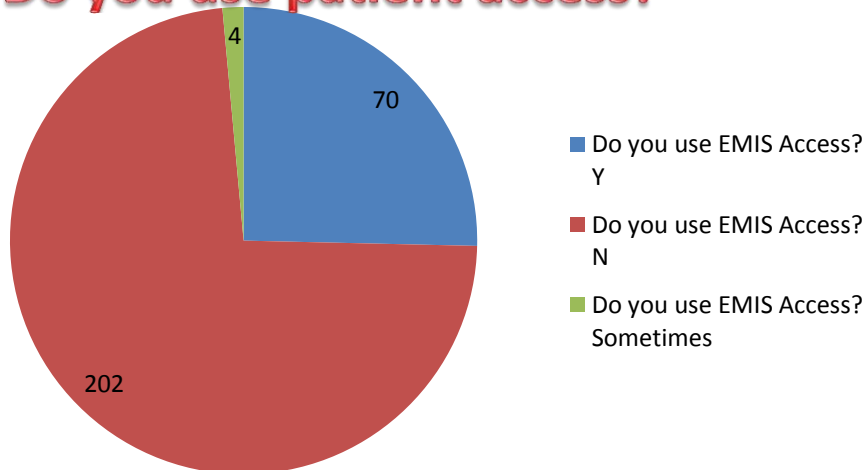
'easy' shows a slight improvement,' very easy' dropped, even though patient access has been introduced.

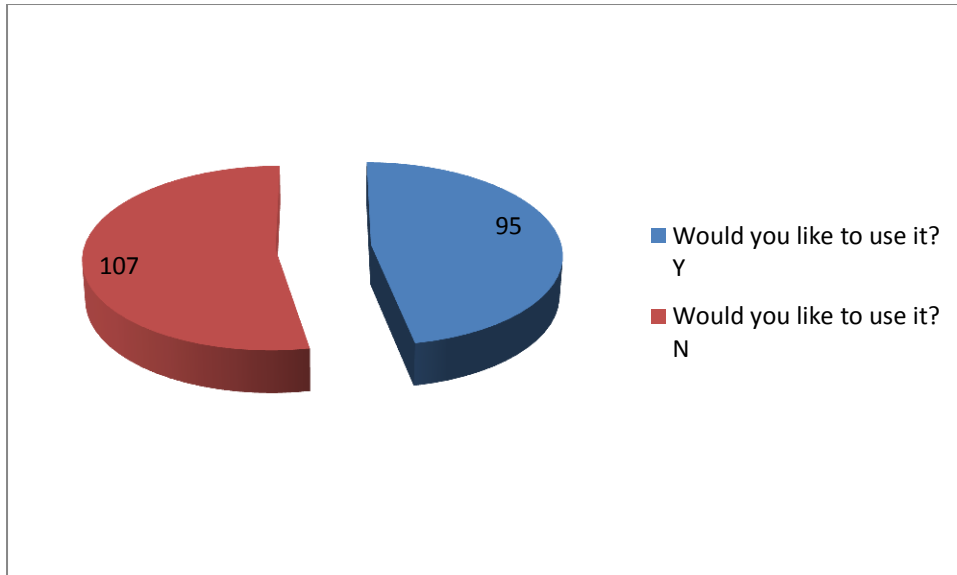
Do you use emails to request a repeat prescription?



As you can see 70% of the population don't use this system, which would suggest they use telephones, drop in box or a service called 'Patient Access.' We introduced this application this year. People have provided photo identification and they are provided with a code to go online with. Once on this programme you can order medication, book appointments and now also see your immunisation history. Up to now, from the chart below, we can see that 25% of the questionnaire population are using it. The surgery was also curious as to whether people are actually interested in using this. Around 53% of the people, who were not aware of it, would at least like to attempt it, this is encouraging data.

Do you use patient access?



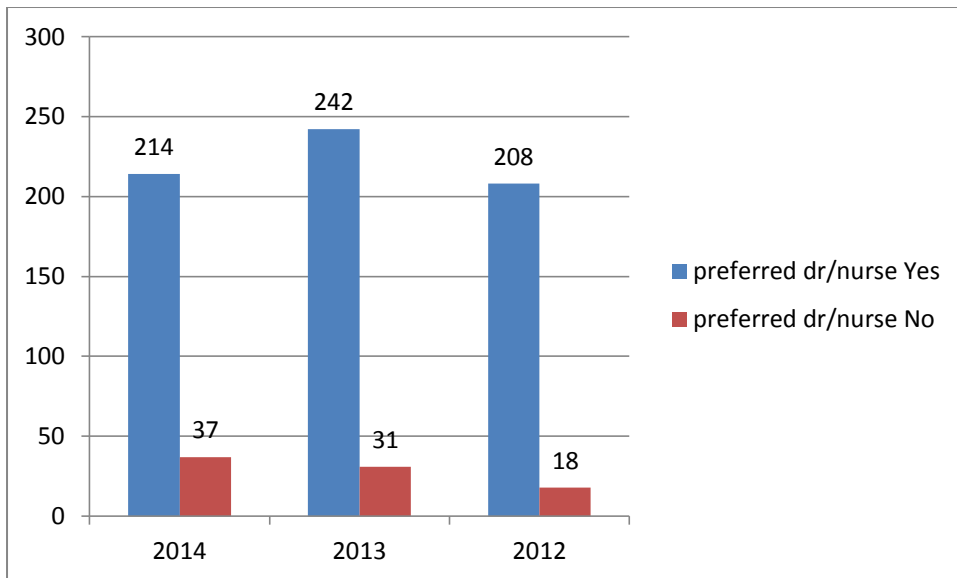


- Very simple to use and gives all details that I wish to see
- Particularly useful when busy and the phone lines are only open for short hours.
- Surprisingly easy & quick to use. Really impressed with how it puts appointments into my Google calendar app.
- Easy and very convenient to use
- Can use 24/7
- I would like it to be able to show my test results.
- Confidentiality, I don't trust internet.
- Prefer to talk.
- Access to some of my records would be useful.

As you can see from the comments above, the patients that do use it seem to find it simple and easy to use.

Appointments.

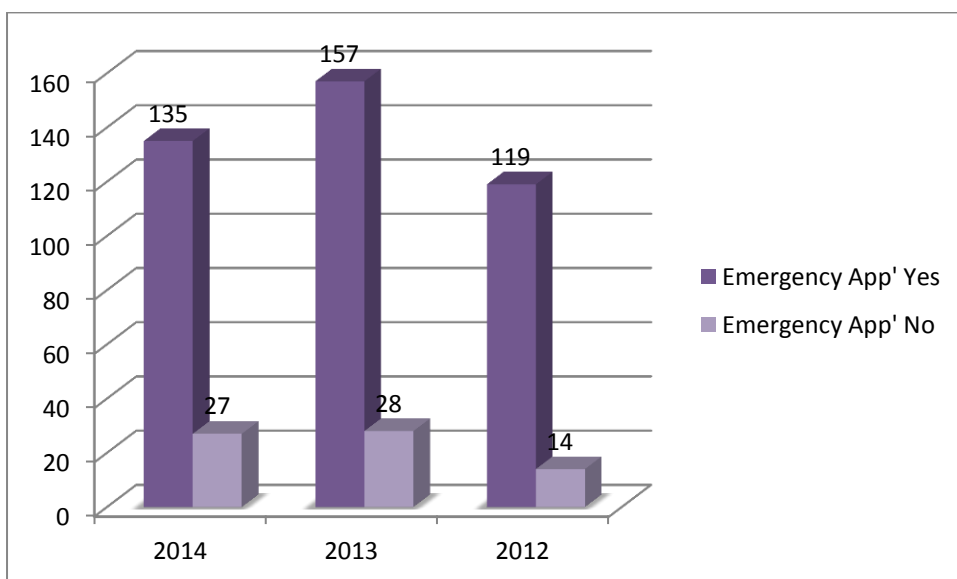
The surgery is also interested in continuity of care with patients; consequently we asked if patients got to see their preferred doctor. 85% saw their preferred doctor this year, in comparison to 89% from 2013. We have had a turnover of GP's but now have Dr.Goodwin(mon-fri), Dr.Evans(mon-weds) , Dr.Checkland(weds only) and Dr.Brittain(thurs and fri) working at Eyam Surgery permanently. Dr Checkland reduced her hours to only one day which may have influenced this issue.



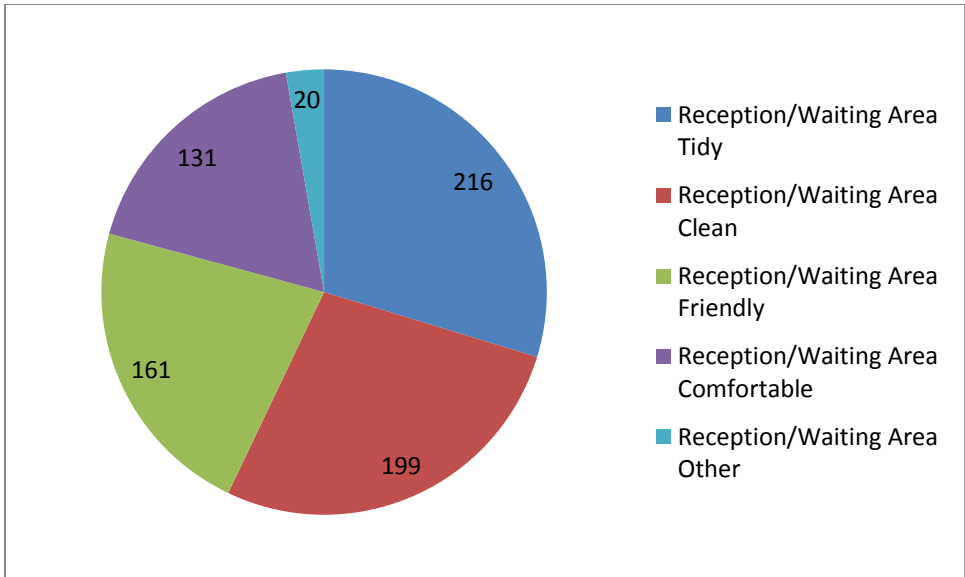
The percentage of patients who were seen at their preferred time has remained at 87% since last year. However, there was an increase from 86% to 90% of people being seen at their preferred surgery.

The following chart represents the number of patients who were/were not able to book an emergency appointment on the day of their request. Some of the comments were:-

- How do we know what an emergency is when we are not a doctor,
- It may seem urgent to us but not compared to others,
- There was none left, so had a phone call instead.



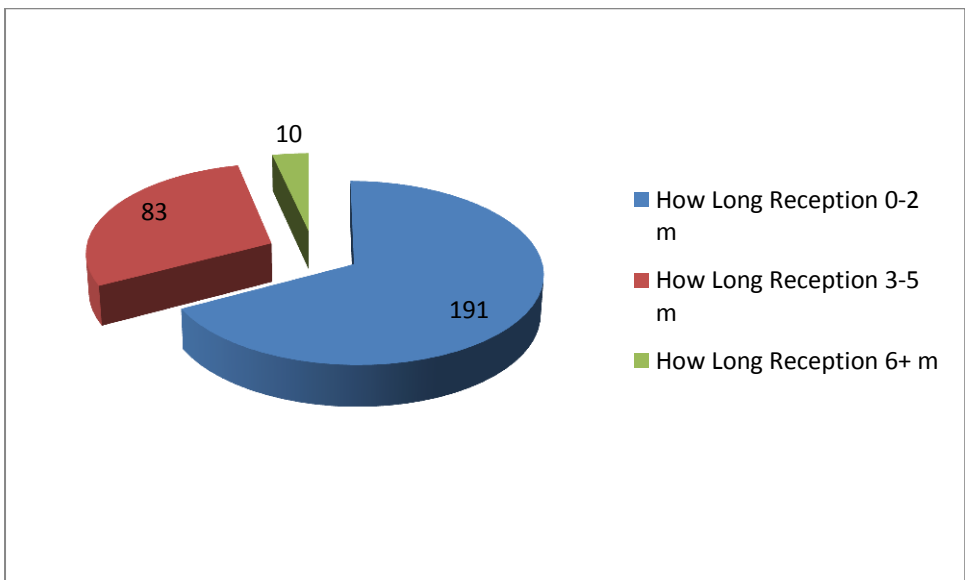
The chart below represents how patients observed the reception area up at Eyam Surgery. The most common judgement was that it was tidy, however only 18% of patients found the waiting area comfortable.



Here are some suggestions/criticisms from the questionnaire participants:

- Turn off the radio
- LOUD (people/children and radio and banging door)
- Please get some better chairs
- More up to date magazines
- Much too hot, needs to be cooler.
- Remove notices which are plastered all over the wall! Lose their impact and people probably don't bother to read them as a consequence.
- Notices in files on coffee table instead of cluttering the walls up

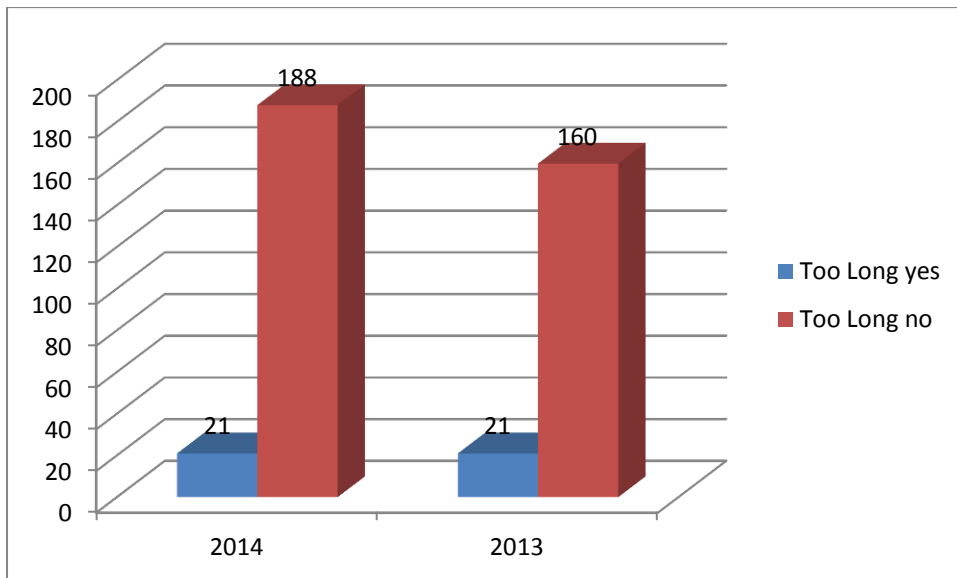
Below is a chart that shows how long patients had to wait to speak to a receptionist on arrival at Eyam Surgery.



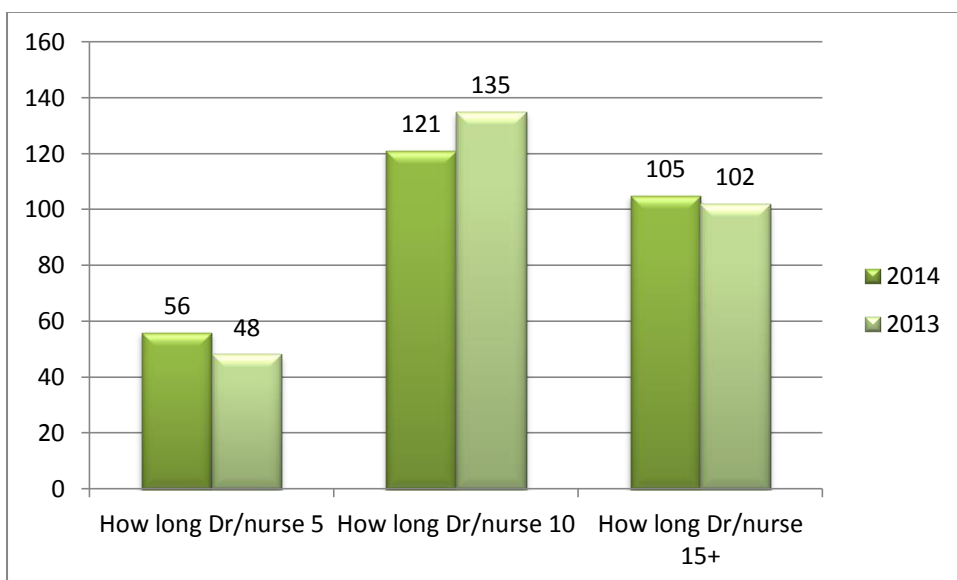
We allowed a free text answer to the reason why people were waiting for the receptionist. Here are a list of the two most common reasons:-

- On the phone
- Part of a queue

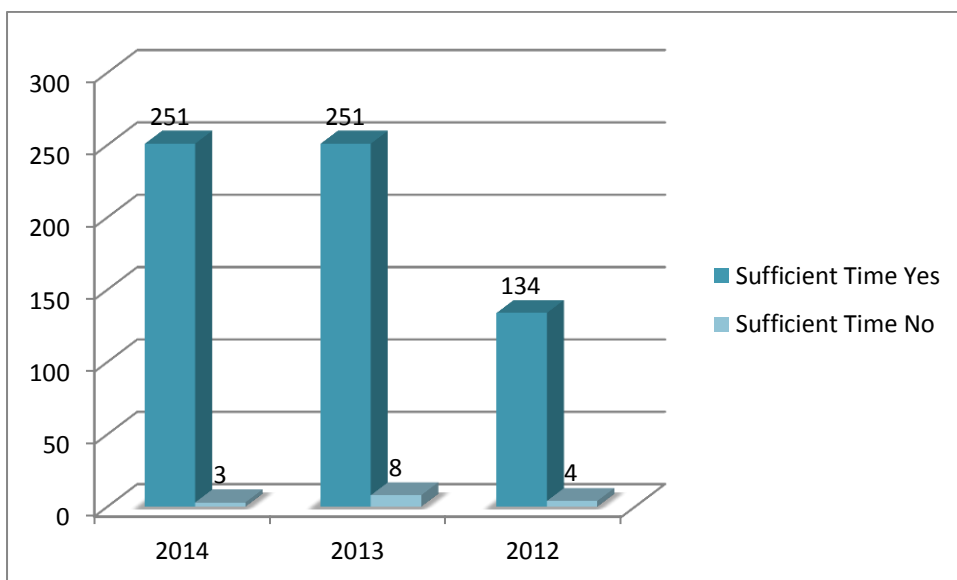
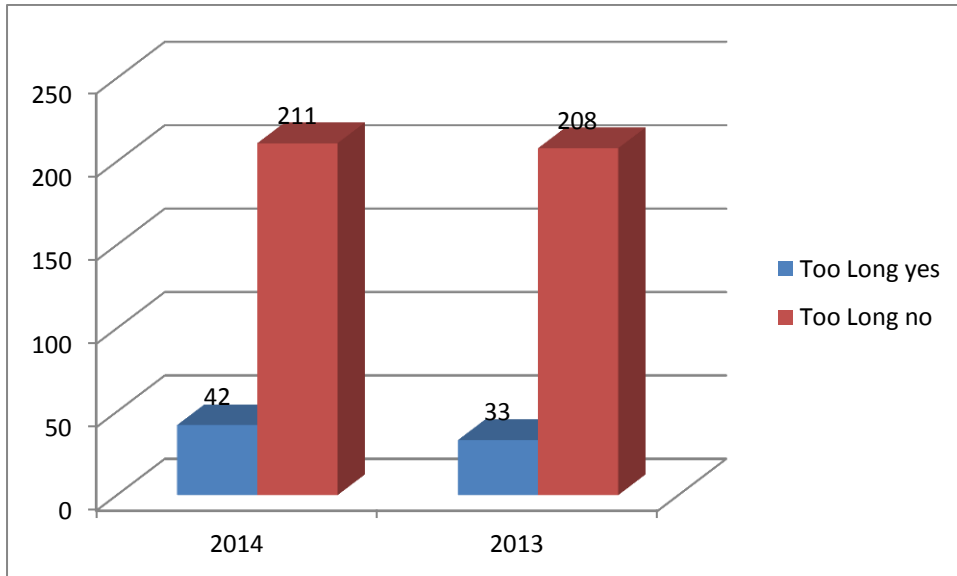
90% of patients do however feel that the wait is not too long, this is in comparison to 88% from 2013, it is represented in figures, shown in the graph below.



Only 21 people in 2013 and 2014 out of 278 thought the wait was too long.



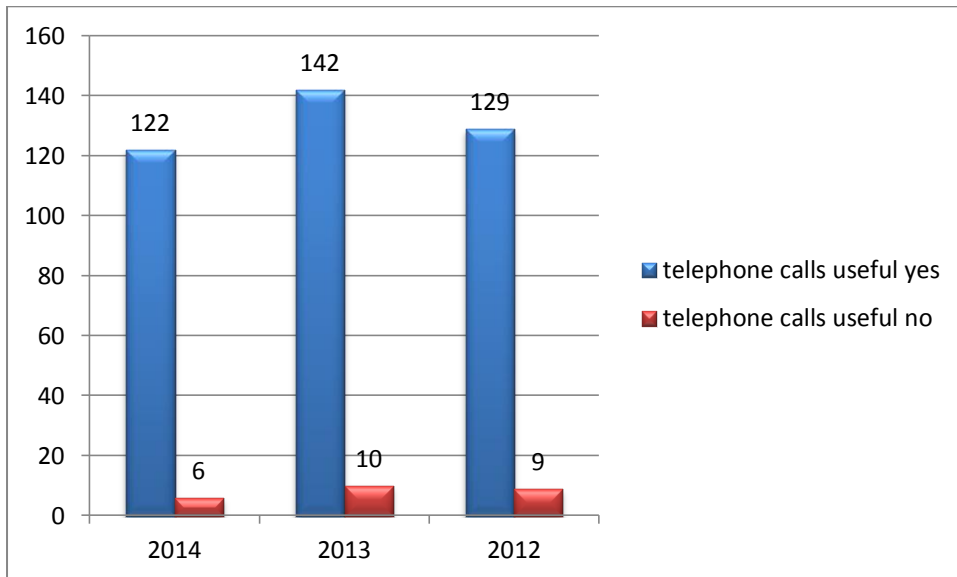
The graph above portrays how long patients have to wait to be seen for their appointment. There has been an increase of patients waiting five minutes from 17%- 20% but a decrease in patients waiting ten minutes from 47%-43%. Although this indicates that patients are generally waiting ten minutes, the shift in figures from five minutes and ten minutes may indicate an improvement on service time. Furthermore, we can see an increase of 1% of patients waiting fifteen minutes or more. This may be clarified by the increase of people asserting that they are waiting too long; this is shown in the graph below.



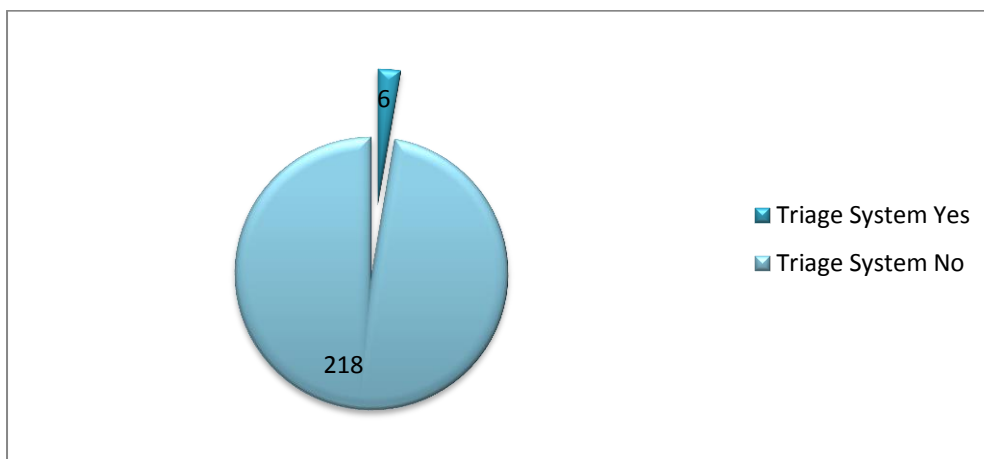
The graph above demonstrates that there has been a decrease in patients who did not feel that they received adequate time with their chosen clinician, so even though some have to wait longer they are obviously getting the service needed.

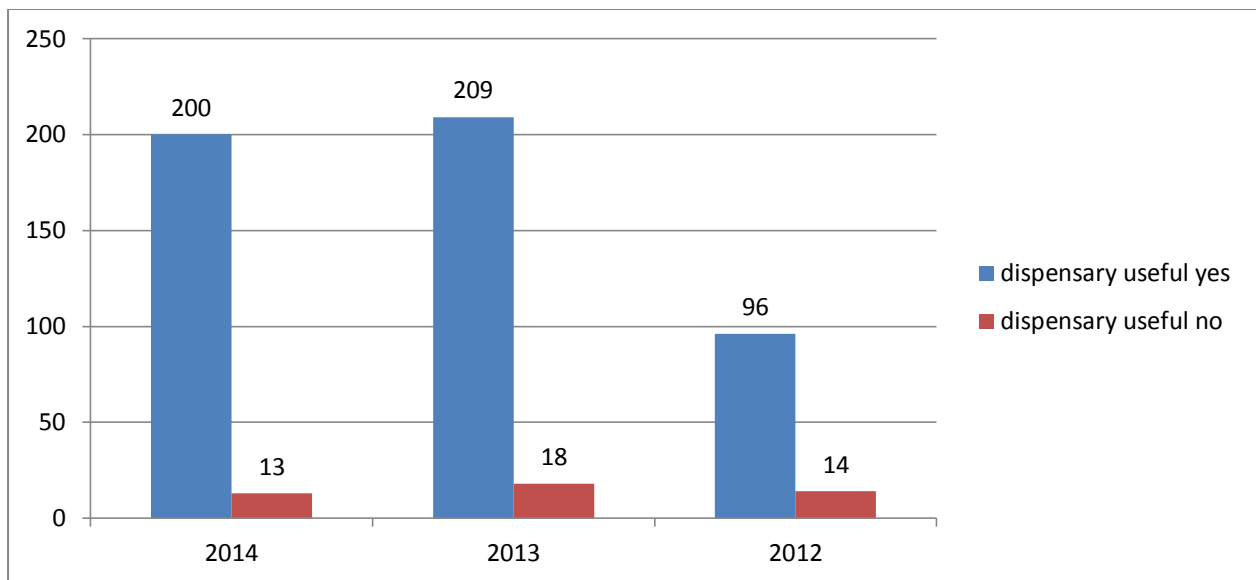
Telephone Calls.

Telephone calls are available daily with the doctor and nurse. These are used for people that feel they don't actually need to be seen by the doctor or nurse but would like to speak to them. This can be regarding referrals, test results or just a basic follow up. The chart below represents whether patients found this service beneficial. 5% of patients didn't find them helpful this year, compared to 7% for the previous two years.



We have also begun using a 'triage system.' This is used when the appointment system is fully booked but the patient feels they need to be seen. The doctor therefore, will ring the patient and decide whether they need to be seen that day or whether advice can be given over the phone. The questionnaire asked if patients had used the triage system, as you can see it has not been widely used up to now, however all six patients found this service very useful.





The column graph above represents whether people that used the dispensary found the facility useful. As you can see from the graph there has been a visible increase in how people value the service. From 2012 87% of patients found the service useful, this has now risen to 94% in 2014.

Here are some comments from the participants on how the dispensary facility could be improved, the answers are supplied in italics;

- For long term medication would it be more efficient to dispense quarterly supplies?

The local CCG applies a 28 day prescribing policy. This is to help cut down on medical wastage and has helped saved the NHS 181 million pounds per annum.

- Not sure why 48 hours is needed to dispense when commercial pharmacy usually do sameday?

As a prescribing doctors surgery we have to wait for the prescription to be signed by the doctor before we can action any dispensing. We may require to order the item into surgery as we are a small practice and do not hold everything in stock. We then have to dispense the item and in some cases, transport the medication to the correct surgery for collection. These processes take 24-36 hours usually and so to avoid disappointment we ask for 48 hours to complete a repeat prescription. If you have just seen a doctor or nurse and they have prescribed medication for you we endeavour to fill these as you wait. The national guidance for filling a repeat prescription is 48 hours.

- Payment by card would be better.

Unfortunately we do not have the facilities at the moment but this is an issue that is reviewed by the practice on a regular basis. Cash can be withdrawn at the local post office (no charge) with any bank card.

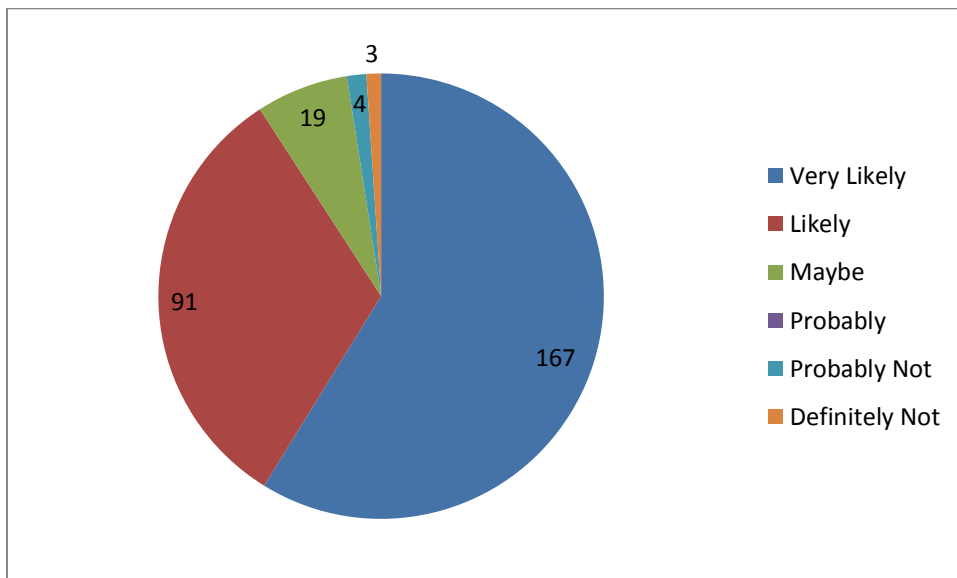
- Chemist. I would much prefer to pick up medicine at Eym.

The ruling at the moment is that if you live within 1 mile (as the crow flies) of a pharmacy, then we cannot dispense medication to you, unless in an emergency.

- Automatically make up the prescription at the time it is required and email the patient to inform them when it is ready for collection, without the patient needing to ask for it in advance.

This comment would assume that every patient would require everything on their repeat every 28 days. In our experience this is rarely the case. The wastage involved would be huge. If a patient emails a request for medication to us, they already receive a reply acknowledging receipt of their request. All repeat medication is processed, ready for collection in 48 hours from the request being sent. ?do we need a newsletter

Recommendation of Eyam Surgery.



The final question was asking whether patients would recommend our surgery to other people. As you can see the red and blue segments represent the majority of people’s views, this is the ‘very likely’ and ‘likely’ tick box. Only 2% (or 7 patients) said they would either ‘probably not’ or ‘definitely not’ recommend us. We have not asked this question previously so have no figures to compare.

National patient survey.

Eyam surgery 81.4% 81.4% - In the middle range

Evelyn Medical Centre-88.1% 88.1% - Among the best

Baslow Medical Centre-85.9% 85.9% - In the middle range

Tideswell 95.0% 95.0% - Among the best