Appendix 1: Responses to the survey

In total 506 people responded to the survey. The map below shows the spread of responses received across Oxfordshire.

Approximately 77 people responded in hard copy format and did not provide their postcode, so some of the responses shown below are not reflected on the map.

From the results shown below it is clear that the majority of respondents were aged 65 and over and white.
Question 1: Please can you tell us whether you or the person you are responding on behalf of, have experienced good quality care from my GP practice?

90% of respondents agreed that they received good quality care from their GP practices, compared to 7% who felt that they did not.
Question 2: Please could you tell us how you feel the quality of care provided by your GP surgery, or the surgery of the person you are responding on behalf of (GP or Practice Nurse), could be improved?

In total 437 people responded to this question, the main themes raised centred around appointments, management of the surgery, information, access, quality and additional services. These are explored below in more detail.

Appointments:

83 respondents expressed a wish to see an increase in face to face appointments/consultations. Within this a handful of respondents indicated they were hard of hearing and were keen to see a visual method of calling people in for their appointments. One respondent commented:

‘Allow people to see their doctors face to face as in the past’.

25 respondents felt that there needed to be more choice around the type of appointment offered at the practice, suggesting more home visits, nurse appointments, health checks and minor operations. Nine respondents were calling for a proactive follow-up from their practice after a referral.

Management of the Surgery:

56 respondents stated that improving waiting times was important to them. A respondent noted:

‘It takes months sometimes if you want to see a particular GP - continuity of care is important and often you do not want to see a whole range of different doctors.’

While 32 people indicated that the attitude of practice staff or GPs needed improving, with one respondent stating:

‘Quality of care has been good, but at times it is the poor attitude of some receptionists that let them down.’

Information

A wish for greater communication among practice staff and with patients was cited by 16 respondents, with 11 patients asking for better quality information recording and sharing.

‘Better communication and putting the patient first.’

Access

Access was a theme that attracted a significant number of comments, with 60 respondents stating that access would be better if the appointment system was improved by a variety of methods including phone, email, an app or electronic booking system. One respondent noting that (an):

‘Opportunity to make booked appointments without having to talk to the doctor first - whilst this is good for urgent issues it adds an unnecessary step for routine appointments.’
59 respondents called for easier access to a named GP, while 38 asked for extended hours and 37 people requested longer consultations with some also sharing that this would give the GP an opportunity to read the patient notes.

‘I think that there could be improvements in the way that GPs record data for patients who come back with a similar problem time and time again, but treatment options each time always seem to start again from step 1, rather than taking into account medical history. I feel that I waste a lot of GPs time when e.g. I get sent for the same scan time and time again because the GP doesn’t explain what scan they have referred you for and why, so NHS money and time is wasted repeating the same thing over and over and not getting anywhere.’

Quality

It is worth noting that 124 respondents stated the quality of the care they receive from clinicians is good. This satisfaction with the medical practitioners was a strong theme throughout.

‘I can’t really think of any ways it could be improved. Given that everyone is familiar with their GP surgery and in my case have had years of being a patient - I am used to the environment. The waiting area is fine, there is a blood pressure machine which I use. The wait to see the Doctor is not all that long - no longer than I expected. The two GPs I see (one has just recently retired) are really excellent - sensitive, kind, knowledgeable, reassuring and allow time to talk. I think they are brilliant.’

Additional Services

29 respondents listed a variety of different services that they felt if offered at practices, would improve care. These suggestions include minor operations and nutrition/dietary advice.

Nutrition evaluations should be carried out as a matter of course for any lifestyle/food related illnesses or deficiencies.

More minor operations could be carried out in the GP surgeries.

NHS System

A number of respondents made suggestions that relate to the NHS system and are not within the remit of practices or Oxfordshire Clinical Commissioning Group. The most significant point raised was a call by 43 respondents for an increase in resources. This point and other similar points are noted and will be shared with NHS England’s Thames Valley Area Team who commission General Practice services.

‘With increased resources and less admin bureaucracy they might be able to concentrate on clinical care rather than tick box exercises.’
Question 3: Please tick the box to choose the response you feel most describes your experience, or the experience of the person you are responding on behalf of?

Making an appointment with my GP at my GP surgery during normal working hours is......

Making an appointment with the practice nurse at my GP surgery during normal working hours is......

67% (324) of respondents felt that making an appointment at their GP practice during normal working hours was either easy or acceptable, compared to 32% (156) who felt it was either not easy or difficult.

76% (361) of respondents felt that making an appointment with the practice nurse at their GP surgery during normal working hours was either easy or acceptable, compared to 52% (76) who felt that it was either not easy or difficult.

Question 4: We are looking at how GP practices can work together to manage the increasing requests for same day appointments. Please tell us whether you or the person you are responding on behalf of agree or disagree with the following statements:

I would be willing to see a practice nurse at another surgery for an urgent appointment

I would be willing to see a GP at another surgery for an urgent appointment

56% (287) strongly agreed or agreed that they would be willing to see a GP at another surgery for an urgent appointment, compared to 33% (170) who either disagreed or strongly disagreed.

58% (293) strongly agreed or agreed that they would be willing to see a practice nurse at another surgery for urgent appointment, compared to 30% (150) who either disagreed or strongly disagreed.
Question 5: Please indicate how far you, or the person you are responding on behalf of, would be prepared to travel for an urgent GP appointment out of normal working hours?

35% (177) respondents felt that they would be willing to travel 2 – 5 miles for an urgent GP appointment out of normal working hours. Notably only 6% (31) of respondents were willing to travel more than 10 miles.
Question 6: Do you, or the person you are responding on behalf of, have a long-term condition?

In total 488 respondents were asked if they have a long term condition. Two hundred and eighty nine people said they did. The remaining 191 that said no, and 8 that didn’t know, were routed directly to answer question 11.

Question 7: Please could you tell us how your GP surgery is helping you or the person you are responding on behalf of, to manage your condition?

In total 284 people responded to this question. Of these responders, 30 indicated that they did not think their surgery was helping, while three themes emerged from the remaining 254 responses including; Good care, Regular nurse or GP support and Specialised support.

Good care:
149 respondents indicated that they received good care with appointments, tests and referrals when needed and 40 indicated that they had experienced good follow-up care following a referral.

My GP has been seeing me every month to check on progress, medication, blood test results, blood pressure and visits to hospital appointments.

Regular nurse or GP support
148 respondents indicated they receive regular routine health checks and tests, while 99 state they receive regular medication reviews.

‘Issues regular prescriptions. Requests I attend review appointments (with GP) to ensure my current good health and wellbeing is maintained.’

Specialised support
12 people stated they receive specialised support for conditions such as asthma or diabetes.

‘Annual checks. Repeat prescriptions. Specific health needs supervision/clinics. Email queries, telephone advice.’

Question 8: Do you, or the person you are responding on behalf of, agree or disagree with the following statement:

I would be willing to see a specialist nurse at another surgery to help manage my condition

65% (172) people either agreed or strongly agreed that they would be willing to see a specialist nurse at another surgery to help manage their condition. This compares to 35% (110) who either disagreed or strongly disagreed with the statement.
Question 9: Would you, or the person you are responding on behalf of, be interested in using more technology to help you manage your condition?

50% (160) respondents would be interested in using more technology to help manage their condition.
Question 10: Please tell us if you or the person you are responding on behalf of are involved as you would like to be in planning your medical care?

77% of respondents said that they are involved in planning their medical care. 17% (52 people) felt that they were not involved as much as they would like to be and 6% (19 people) did not know.

Question 11: The list below includes suggestions made by members of the public during our previous 'Call to Action' engagement programme, on how they would like to see GP services make greater use of modern technology.

All survey respondents were encouraged to answer this question; however it is clear that not all respondents chose to. From the responses show below, text messages for appointment reminders and results were considered with high importance. 57% of respondents agreed that text messages for appointment reminders should be used more and 62% agreed that this should extend to text messages for test results.

In contrast only 26% of respondents felt strongly about the importance of having appointments by video call and even fewer 22% for appointments with a practice nurse.

There was strong support for being able to book appointments online with 80% of respondents feeling that this was either very important or important.

Being able to email a GP or practice nurse was considered of high importance, however, being able to use an app to monitor blood pressure, weight etc. was considered less important with only 40% of respondents agreeing with this suggestion, compared to 59% who disagreed.
Question 12: If you have a suggestion about technology that you would like to see GPs adopt that is not listed above, please tell us below.

This question was answered 140 times, with five key themes including; Innovation, Communication, Access and Information. These are detailed below.

Communication:

71 respondents made suggestions to improve communications to make it easier for patients to manage the care they are receiving via their surgery. Of these 71 comments; 31 suggested a variety of solutions including secure email (15) and an electronic reminder for health checks (8), while 30 respondents commented that alternatives need to be provided for those who don’t use technology.

‘You assume I have mobile (smart) phone. I don’t. My dentist’s receptionist always sends me an email to remind me of a forthcoming appointment. Useful!’

Access:

39 respondents made suggestions relating to access. 22 people suggested using telephone consultations and a smaller number of these indicated that on some occasions using a video call system such as Skype might be helpful.
‘Telephone would work in some cases where internet video is not required.’

Information:
32 respondents called for action to improve information flows. Eight people called for electronic results updates and a further eight suggested a web-based active diagnostic site for both patients and GPs. They explained that this would help patients to self-care.

‘A common diagnostic web site that the GP’s AND patients can use, complete with a list of associated ICD codes and the corresponding diagnostic tests and treatments needed to enable “discussion” between patient and GP. More web-based patient education and information in terms of test results analysis and diagnosis.’

Question 13: What would make you or the person you are responding on behalf of feel more confident in seeking advice from your local pharmacist for advice on treating minor ailments?

This question was answered 454 times, although 27 people did not agree with seeking advice from a pharmacist and a further 17 stated they relied on self-care or sought advice from their GP. Key themes that have emerged from the remaining responses include; Communication, Information, Access and NHS System.

Communication:
109 respondents were calling for greater communication around the role of the pharmacist with 86 people suggesting that work to increase public confidence and promote the level of qualifications attained and training undergone by pharmacists is needed.

‘The display of an up-to-date record of the pharmacist’s knowledge and competence. So a professional qualification followed by periodic 1-3 years updated certificate of ongoing career professional development.’

Information:
65 people indicated that more information was needed with 46 responders suggesting that details should be published of the treatments available at pharmacies and the types of ailments that patients should consult a pharmacist on.

‘Knowing what sorts of advice are within their realm of knowledge and experience. Not having access to patient records/drugs regime, there must be limits to what is advisable for them to offer advice on.’

Access:
153 people made suggestions relating to improving access for patients. 69 respondents asked for privacy when consulting a pharmacist or confidential appointments. 33 people said that the accessibility of pharmacists and their opening hours was important. While a further 25 people
agreed with consulting a pharmacist for minor ailments but were concerned about the capacity of pharmacists to take on a fuller advisory role.

‘Being able to discuss in private...not at the counter in front of other customers.’

NHS System

58 comments were made about the way the current health system operates or suggestions about how it could change. These suggestions are not within the remit of Oxfordshire Clinical Commissioning Group’s ‘Transforming Primary Care Programme’. However this feedback will be shared with NHS England’s Thames Valley Area Team who commission pharmacy services in Oxfordshire.

19 people state that in their experience the pharmacist redirects them on to their GP, while a further 12 indicate that they have experienced a degree of variability in the performance of pharmacists.

‘If GP agreed with Pharmacist suggestion rather than offering a different solution. (I was told by pharmacist to see GP with a suggested medication, but this was not well received by the doctor).

There were a small number of people (7) who felt that if pharmacists were able to prescribe free medication it would encourage older people who receive free prescriptions to consult a pharmacist more.

Question 14: What care do you go to hospital for now, which you or the person you are responding on behalf of would find more helpful to receive at your GP surgery? E.g. blood sugar monitoring or blood pressure checks:

This question was answered 406 times. A significant portion of those who responded to this question (224) stated that they did not receive hospital care or that they did not feel that this was applicable to them. While 44 asserted that they wished to remain seeing the specialist treating them at the hospital.

‘I appreciate that due to having cancer I require specialist hospital appointments my GP can not provide, but there needs to be synergy between these.’

In contrast 54 respondents answered positively, agreeing with the concept of providing more care at GP surgeries with 41 of those respondents stating that the services suggested in the survey to be provided by GP practices were offered already.

‘Don’t go to hospital for these checks. I believe that they are available at the surgery.’

The additional services suggested by respondents that they would like to see provided at their GP surgeries fall into three categories; suggested community services; suggested services at the practice and care at hospital. These are explored in more detail below:

Suggested community services
These suggestions cover a small number of respondents totaling 31 and encompass care they either currently receive at hospital or care they appreciate is to specialist to be provided at practice level. Suggestions are in order of popularity and include;

- Pre-operation checks/Monitoring in community in liaison with consultant
- Outpatient appointments at community hospital rather than acute hospital
- Memory clinics in community/surgeries
- Sexual health screening
- Midwife with laptop and ultrasound scanner
- District nurses to do wound dressing/minor surgery in home
- Regular checks by nurse of care home residents
- Community paediatric allergy clinics

Suggested services at the practice

These suggestions come from a larger group of respondents and (108) both diagnostics and treatments that patients would like to see provided at practice level. Again these ideas are listed in popularity order;

- Blood test (INR results/venisection
- X-Rays at surgery/MIU
- Blood pressure/sugar check by nurse
- More minor procedures/operations at surgery
- Physiotherapy advice
- Hearing tests/ear wax removal
- ECG/pacemaker monitoring
- Eye check
- Dermatology/skin check-ups
- Talking therapies/psychiatrist
- Orthopaedics
- Pain relief consultations
- Complimentary therapies
- More anti-biotic risk profiling
- Advice from a specialist diabetic nurse
- Expand role of nurse
- Podiatry
- Orthotics
- PAC

Care at hospital

The list below details 19 suggestions which patients have listed as care they receive or have received at hospital, leaving it open to interpretation that they would like to receive this care at their practice. These are listed in popularity order;
- Ultrasound
- Cardiac monitor biannually/ongoing
- Used A&E when no GP available locally
- Ulcerative colitis/oncology checks
- Pathology tests
- Atrial flutter
- Annual bowel check
- Urgent care
- Refill baclofen pump for leg spasms

**Question 15: How far would you be willing to travel to receive the services you suggested?**

Respondents were asked how far they would be willing to travel to receive services that they suggested in Question 14. Around a quarter of those who responded to Question 14 were positive in engaging with the question with a large proportion of these positive responders making the suggestions listed above. The suggestions were divided into three categories; suggested services at the practice (which attracted the largest number of suggestions); suggested community services; and care at hospital (which attracted a smaller number of suggestions).

For those suggested services shown above, 57% (236) of respondents were willing to travel 0 – 5 miles to receive them, only 12% would be willing to travel more than 10 miles. This would appear to indicate that where possible, patients prefer care closer to home. In contrast, 44 people indicated they preferred or felt it more appropriate to remain seeing their hospital specialist.

**Question 16: If you or the person you are responding on behalf of, have any further comments about developing general practice services, please include them here.**
This question was answered 281 times with six people detailing that they declined to comment. The responses have been drawn into six key themes; Access; Additional services at the practice; Information; NHS system; Practice management and Quality.

**Access**

Access remained a key theme with a significant number of suggestions (145) made in response to Question 16 concerning access. There was a strong call for practices to open for extended hours (40) and offer drop in sessions at the weekend.

> ‘Although not affected (as yet!), but I am concerned about GP practice coverage at weekends and outside normal working hours.’

Similarly a large number of people (30) asked for more appointments to be available. In contrast in this section of the survey, the number of those asking to see their own GP was less significant (10).

**Additional services at the practice**

A large number of people (29) asked for more specialist services to be offered at practices with suggestions including; dermatology, podiatry and chiropractor appointments. There was also a significant call for more services delivered by nurses (23).

> ‘I do not like the reduction in services for some conditions e.g. ear syringing, wart removal and routine podiatry.’

**Information**

There was a renewed call for practices to share more information (36), with the top two suggestions being ’greater information provided by practices on alternative services e.g. those offered by the ‘third sector’ and a call for ‘Information about services available at the surgery’.

> ‘It would be helpful if we could be informed what services are already or could be provided out of hospital at GP surgeries or at community hospitals.’

**NHS system**

There were a large number of respondents (50) that gave suggestions about improvements that are about the NHS system and concern a greater part of the NHS than individual practices. These have been grouped into one theme for ease and to allow Oxfordshire Clinical Commissioning Group to look at the suggestions and consider them where appropriate in the commissioning cycle or pass them on to the relevant part of the NHS and/or Oxfordshire County Council, the body responsible for commissioning social care.

The top three suggestions for this theme are; a call for ‘a greater use of community hospitals rather than acutes’, to ‘improve the out of hours service’ and ‘improve the liaison between health and social care services’.

> ‘To reiterate – for me, the single most helpful thing my GP practice could do to help me manage...’
my ongoing health conditions is to be the “lynchpin” of my medical care in terms of being the doctor who has the full picture of my health and is able to give me the help I need and to help me access the help I need from elsewhere in the NHS to enable me to manage my health as well as I possibly can given my limitations. I would like to feel that “I matter” to someone in terms of my health and that there is someone with a good understanding of the difficulties I have and who is “fighting my corner” to make sure I get the help I need.”

Practice management

This theme concerns suggestions made by respondents to improve practice management. A significant number of respondents called for more resources. A large number of people also called for practices to communicate and engage more with patients e.g. via PPGs or an app. There was also a popular suggestion of practices combining to make better use of resources, to share admin, offer wellbeing initiatives and share technology such as diagnostic technology.

‘The suggestion that local practices should get together to provide a wider range of facilities seems a sensible move particularly in an expanding area such as Didcot.’

Quality

It is worth noting that 30 respondents stated that they were satisfied with the service they receive and have no suggestions with nine people commenting that their surgery could be used as best practice.