# Sunbury Health Centre Group Practice and Patient Participation Group Patients' Survey 2018

The Annual Patient Survey for Sunbury Health Centre Group Practice (SHCGP) and Patient Participation Group (PPG) was carried out between 27 April and 11 May 2018.

### 1. Introduction

This report, which is a summary of the findings, is written in a similar format to recent years and has the following sections:

- 1. Introduction
- 2. Aims and Objectives
- 3. Methodology
- 4. Results
- 5. Conclusions

## 2. Aims and Objectives

The aim of the survey is to establish how patients feel about the services the Practice provides and suggest areas where improvements and/or developments could be made.

The results provide a valuable blend of quantitative and qualitative data and, as in previous years, the outcomes of the 2018 survey will be reviewed by the Partners and the Practice Management Team and will also be discussed with the PPG. These discussions will determine priorities that the Practice and PPG will work on in the coming year.

## 3. Methodology

A small group of the PPG (including SHCGP colleagues) reviewed the 2017 Patients' Survey to ensure that the questions were fit for purpose. As a consequence a number of new questions were added this year to reflect the changes that have been made to the services the Practice now offers to patients.

The survey was accessible in three ways:

- on line, via SHCGP's web-site
- a paper copy was available at Reception
- questionnaires were also handed out by Reception staff as patients attended their appointments.

Patients either completed the questionnaire in the Waiting Room, before or after their appointment, and returned their completed questionnaire to Reception or completed the questionnaire on-line.

A total of 527 questionnaires were received, whilst slightly down on the previous two years (687 in 2017 and 555 in 2016), it is still an encouraging response and provides very valuable feedback on the Practice.

In addition to responding to set questions patients were given the opportunity to provide written comments. This enabled both qualitative and quantitative data to be gathered. Overall 1,005 comments were received (784 in 2017), providing extremely helpful information, thoughts and ideas for the development of services.

The paper based results were inputted into the 'Survey Monkey' web portal by members of the PPG, adding to those surveys completed on-line. The Survey Monkey software was then used to help analyse the data.

The assistance of the PPG members to enter the data again was much appreciated by the Practice.

### 4. Results

It is important to note that not all respondents answered all questions, therefore the percentages quoted relate to those who answered the relevant question.

## **Quantitative Data**

A summary of the findings is presented in the following sections:

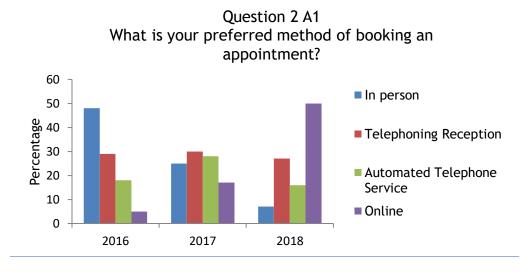
- a. Patient access
- b. Clinical performance
- c. Overall satisfaction with the Practice
- d. Demographics

### a. Patient Access

### Booking an Appointment

Improving patient access remains an important focus for the Practice, consequently considerable time and effort has been spent to establish an efficient way for patients to book an appointment.

The chart below shows that in the last three years there has been a significant change in the way patients prefer to book an appointment. In 2016 the most common way was to visit SHC in person and few patients made use of the on-line service. In 2018 this has been reversed with half of the patients choosing to use on the on-line service and very few patients now visiting SHC in person.



50% of patients are now using the on-line booking system compared to only 5% in 2016. The number of patients who book an appointment in person at the Practice has continued to decline to 7% in 2018 compared to 48% in 2016.

The patients who have used the <u>automated telephone service</u> 46% rated it *good* or better (51% in 2017) although 52% managed to make a 'satisfactory appointment' (55% in 2107). These figures are slightly down on the

responses received in 2017 and the Management Team is aware that this in now an area in need of improvement.

The respondents were very positive about their experience of speaking to a Receptionist to make an appointment; 76% rated it to be at least good (78% in 2017) and 48% (53% in 2017) rated it to be very good or excellent. 74% of patients were able to make a satisfactory appointment this way and this is a very encouraging 19% improvement when compared to 2017.

The percentage of patients who have registered to use <u>the on-line</u> <u>appointment system</u> is 70%; this is a very encouraging rise of 20% since 2017. 83% (82% in 2017) of respondents who have used the on-line system to book an appointment rated the experience as at least *good*, 31% (37.5% in 2017) judged it to be *excellent*. 78.5% of respondents who used this system were able to make a *satisfactory* appointment.

Overall the highest number of patients who were able to make a satisfactory appointment were those who used the on-line booking system.

Respondents who had ever <u>visited the Practice</u> to make an appointment were also very positive, 72% judged the experience to be at least *good*, this is very similar to 2017 (71%) and 45% rated the experience to be *very good* or *excellent (44% in 2017)*. 80% of the respondents who made an appointment this way were able to make a *satisfactory* appointment; this is a 3% increase when compared to 2017. 43% of those who were not able to make a satisfactory appointment decided to use a Walk-in-Centre; this is a decrease of 33% when compared to 2017. This significant change may reflect the loss of the Weybridge Walk-in facility (due to a serious fire). The second most common solution was to visit a pharmacy and this option was used by 16% of patients. It is interesting to note that almost a quarter of patients (24%) used an *'other'* method - this may be worth exploring in more detail next year.

When patients' responses were analysed as to why they could not make a *satisfactory* appointment, whatever method was used the main reasons were:

- Unable to book an appointment for the same day.
- No appointment available in the immediate future.
- Unable to see the doctor of their choice either their own doctor or a female doctor.

When reviewing patients' responses it is apparent that some patients are unaware of the how the appointments system now works or have misinformation, for example one respondent wrote that it is not possible for a child to be seen by a Doctor on the same day. This is incorrect; all children who need to see a Doctor will be seen that day.

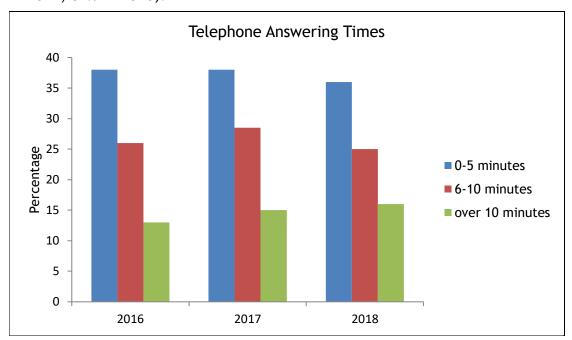
The outcomes of the written comments are discussed further on page 8 of this report.

### Telephone Answering Times

Performance on the time patients have to wait for their telephone call to be answered has not improved since 2016; unfortunately it has got slightly worse. Responses indicated that 36% (38% in 2017 & 2016) of calls are being answered within 0-5 minutes, 25% (28.5% in 2017, 26% in 2016) in 6-10 minutes and 16% (15% in 2017, 13% in 2016) in over 10 minutes.

When asked to rate the manner in which patients were spoken to when they were able to contact the Practice the responses also show a very slight dip

in performance; it was judged to be *good* or better by 83% of patients (86% in 2017, 84% in 2016).



A new question was asked in 2018 with regard to whether a patient had ever cancelled an appointment and what method the patient had used to do so. Responses indicate that the most frequently used method to cancel an appointment was by using the internet based 'Patient Access' (38%), followed very closely by telephoning Reception (36%). Only a very small percentage of patients (4.5%) either sent a text message or visited SHC in person. Patients were given the opportunity to list an 'other' way in which they cancelled their appointment. Two thirds of the respondents used this as an opportunity to state that they had never cancelled appointment. There were no 'other' ways given.

## **Waiting Times**

When compared to 2017 there are improvements in the length of time that patients had to wait for their consultation. It is encouraging that the number of patients who experienced a wait of *less than 5 minutes* has increased from 8% to 11% and that the percentage of patients who waited for 5 - 10 minutes has also increased from 35% to 43%. The proportion of patients who experienced a wait of 10 - 20 minutes has decreased by 10% from 39% to 29%. The percentage of patients waiting 20-30 minutes has decreased very slightly by 1% to 12% and those who experienced a wait of over 30 minutes have risen slightly by 1% to 6%.

The percentage of patients who rated their waiting time as *reasonable* or *better*, remains the same as 2017 at 81%.

## Repeat Prescriptions

There has been a 10% increase since 2017 in the percentage of patients who request a repeat prescription on-line; 30% of respondents used the SHC website or Patient Access to request a repeat prescription. There has been an 8% decrease, when compared to 2107, in the percentage of patients who use the pharmacy (38%) and a similar reduction in the percentage of patients who continue to drop off a paper request at the Practice (27%). Only 4% of respondents use the commercial 'on-line pharmacy' facility.

As in 2017 88% of respondents found their preferred system *easy* or *very easy* to use.

69% of respondents answered this question about repeat prescriptions and patients were provided with the opportunity to provide comments about the system. Feedback was received from 20% of respondents and it was mixed. Clearly many patients are satisfied with the system and yet others are experiencing difficulties obtaining their medication. The recently appointed Clinical Pharmacist will be reviewing the system for obtaining a repeat prescription to ensure that patients are satisfied with the service provided and that it meets their needs.

### b. Clinical Performance

It is extremely pleasing to note that 92% of respondents felt that <u>after a visit to the doctor that their problem or illness was dealt with to their satisfaction</u>. The very small proportion of respondents who were not satisfied identified the main reasons to be that they did not have an appointment with their own doctor and/or the appointment felt rushed.

The time a Doctor spends with patients was rated good to excellent by 68% of patients, which is a 1% increase when compared to 2017. This figure rose to 93% of patients who rated this time to be reasonable to excellent, a 1% decrease when compared to 2017.

87% of patients rated the Doctor's patience with them and their questions/worries to be at least good. In 2017 86% of patients responded in the same way to a similar question. The 2018 percentage increased to 96% when reasonable to excellent responses are considered, a slight decrease compared to 2017 (98%).

The <u>caring and concern by Doctors</u> was again rated highly, as at least *good* by 85% of patients (a 1% increase from 2017) and *reasonable* to *excellent* by 95% of patients, this is very slightly down on 2017 (97%).

As in 2017 78% of patients would *definitely* or *probably* recommend their Doctor to family and friends.

## The Nurse Practitioner

Slightly over half of the respondents (56%) had seen a Nurse Practitioner in the last 12 months. It is pleasing that 57% of the patients had to wait less than 5 minutes/not at all for their consultation, 90% of patients were seen within 10 minutes of their appointment time. 80% of respondents rated their wait to be at least good.

The vast majority of patients, 95%, were satisfied with their visit to the Nurse Practitioner. There was a similar high level of satisfaction with the amount of time the Nurse Practitioner spent with them, 92.5% rated this at least *good*, and the Nurse Practitioner's patience with their questions and worries, rated at least *good* by 94% of patients. 93% of respondents rated the Nurse Practitioners care and concern for them to be at least *good*. As a consequence of these positive experiences 89% of respondents said that they would *definitely* or *probably* recommend the Nurse Practitioner to their family and friends. "The Nurse Practitioner has proved to me on three occasions to be a very common-sense and practical alternative" (one patient's written response)

The role of the Nurse Practitioner was introduced into SHCGP in 2017 and therefore this year there is no comparative data.

The Practice Nurses and the Health Care Assistants (HCA)

Less than half of the respondents (45%) had seen either a Practice Nurse or HCA in the last 12 months.

53% of the respondents who had visited either a Practice Nurse or HCA had to wait less than 5 minutes/not at all for their consultation. 86.5% (86%) of patients were seen within 10 minutes of their appointment time. 79.5% (78%) of respondents rated their wait as at least good. These responses were very similar to those received in 2017 (shown in brackets).

92% of respondents rated that manner in which the Nurse or HCA listened to them to be at least *good*. This is a 3% improvement when compared to 2017. 93% of patients rated the quality of care provided by the Nurse or HCA to be at least *good* to *excellent*, (an increase of 2% when compared to 2017). In both 2018 and 2017 the manner in which the Nurse or HCA explained health problems or any treatment that patients might need was rated to be least *good* by 90% of patients. In 2018 70% of patients rated this as *very good or excellent* which is a 3% improvement when compared to 2017.

88% of respondents would *definitely* or *probably* recommend the Practice Nurses or HCAs to family and friends; this is very slightly up from 87% in 2017 and returns to the level of 2016.

### c. Overall Satisfaction with the Practice

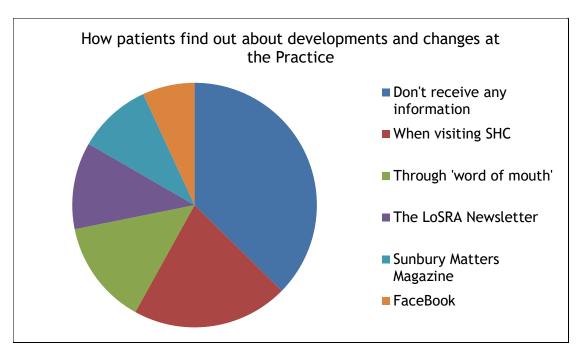
The percentage of patients who were *completely satisfied* with the Practice has continued to rise. In 2016 only 12% of patients were *completely satisfied*; this had risen to 20% in 2017 and it is 24% in 2018. Whilst there remains room for improvement, this is a 100% improvement in two years and reflects the focus on continual improvement at the Practice.

The percentage of patients *not satisfied* was 14% as in 2015 and 2016 (13% in 2017).

The percentage of respondents who would definitely or probably recommend the Practice to family and friends was 74%, which is a slight decrease when compared to 2017 (77%).

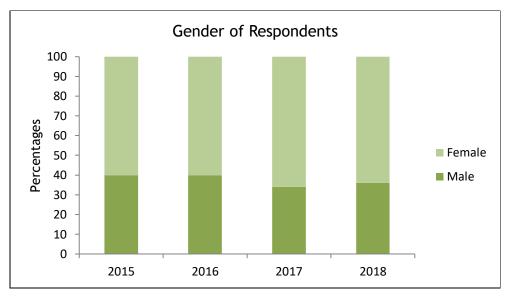
Unfortunately there has been a slight 4% increase (to 11%) in the number of patients who would *definitely not* recommend the Practice. The overwhelming reasons given were the difficulty of getting an appointment on the day or in the immediate future and the perception that the Practice is oversubscribed/has too many patients. A number of respondents (11%) commented that they could not recommend the Practice because there are already too many patients and adding more would only exacerbate the already challenging situation, not as a consequence of the service received. This last reason should therefore be borne in mind when reviewing the data.

Patients were also asked how they find out about general information on services, developments and changes at the Practice (the comparison with 2017 is shown in brackets). 48% (50%) of respondents said that they found this from the Practice's website, 27% (40%) the Practice Newsletter, 4% (7%) from the PPG website and 2% (2%) from PPG Open Meetings. 19% of respondents stated that the found out from *other* sources as shown in the pie-chart on the next page.



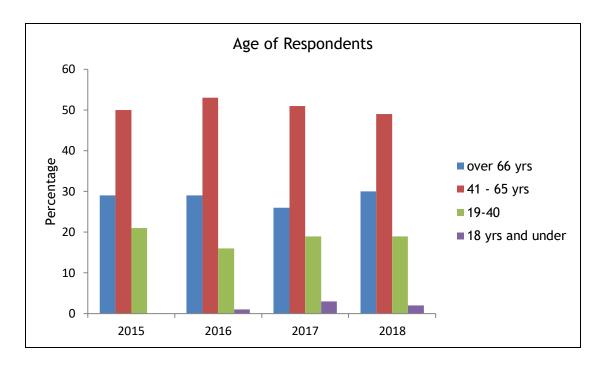
## d. Demographics

The proportion of male and female patients who completed the survey has again changed very little since it was introduced. In 2015 and 2016 the gender split was 60% female and 40% male, in 2017 this had altered slightly to 66% and 34% and in 2018 it was 65% female and 35% male.



The age of respondents has also only fluctuated slightly as shown in the graph on the next page. 1n 2018:

- 30% of the respondents were over 65 years of age (in 2015 this was 29%)
- 49% were aged 41-65 years (in 2015 this was 50%)
- 19% were aged 19-40 years (in 2015 this was 21%)
- 2% were 18 years and under (in 2016 this was 3%; in 2015 this data wasn't collected).



<u>Qualitative Data</u> - (Free text suggestions for services and improvements) The large number of responses received provided valuable feedback.

Many of the comments received were very positive, examples include:

"I think the Practice does an excellent job and I am impressed by recent developments and the PPG."

"The Practice is making great efforts to improve booking options."

"The doctors and staff work very hard to meet everyone's needs."

"I think that the management team are doing a great job with limited resources."

There has been a lot of renovation undertaken at SHC in the recent year and so the following comments were particularly well received:

"I like the look of the Reception, much more welcoming."

"The Reception and Waiting Areas have been improved. They are very welcoming, clean and tidy".

"Thank you for the improvements made which are noticeable"

There was also a lot of feedback from patients about how they felt SHCGP should be improved. This summarised and discussed below.

### **Patient Access**

Issue	Response
When patients were unable to make a satisfactory appointment, whatever method was used, the main reasons were:	There is great pressure on NHS services nationally and the Practice is no exception. Staff are continually working hard to improve services and are actively
<ul> <li>Unable to book an appointment for the same day.</li> <li>No appointment available in the immediate future.</li> <li>Unable to see doctor of choice - either own doctor or a female</li> </ul>	exploring ways of expanding capacity. Following the success of hosting Extended Access Clinics over the winter and Easter periods, this provision is to be extended for a further two year period commencing late summer 2018. Extended Access

doctor.

Clinics will be held on Tuesday and
Thursday evenings and Saturday
mornings. Appointments will be available
for Practices across North West (NW)
Surrey to access, based upon their
patient size and as one of the larger
Practices, SHCGP will have a substantial
proportion of available appointments to
utilise and thereby assist with the
Practice's capacity.

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Practitioners, the next step is to employ

SHCGP is continuing to develop a multidisciplinary team to support the GPs. Following the employment of two Nurse Practitioners, the next step is to employ a Paramedic to assist with patient triage and to support the GPs in providing home visits to housebound patients. As a Training Practice the Practice also benefits from trainee doctors assisting with appointments.

The Practice is investigating the use of on-line consultations and hopes to be included in a pilot project, as part of a Surrey Heartlands consultation process, that will utilise technology in addition to existing ways of accessing the Practice in person and by telephone.

These positive measures will continue and additional resources employed as demand is continually increasing

Booking appointments for children on-line will be reviewed with the PPG to put in place a solution.

The on-line booking system opens at 6 a.m. following feedback from patients. This can be adjusted to a later time and adjustments will be discussed with the PPG. Any changes will be communicated in due course.

Waiting times are constantly reviewed and the wait to see a GP fluctuates. The response to the question about waiting times in this survey produced a very positive response (see page four of this report), hopefully this will 'set the record straight'.

This survey revealed that the time a Doctor spends with patients was rated to be reasonable to excellent by 93% of patients (see page five of this report).

• Unable to make an appointment for a child on-line.

 Having to get up at 6 am, when feeling unwell or your child is ill, is very difficult.

 Set the record straight about the misguided assumption that the waiting times are "always horrendous".

Patients don't get an appropriate amount of time with a Doctor. Very often the time spent with a Doctor feels rushed.

Appreciate that could be because s/he is running late or has a big queue of people waiting to be seen.	Appointments at SHCGP are 10 minutes long and this is in line with Practices nationally. At SHCGP often a Doctor will spend longer with patients who have more complex needs. 15 minute appointments would be beneficial but would require additional funding to maintain the same capacity. GPs would like to operate longer appointment times but currently there is no NHS funding for this additional provision.
Could some Doctors start later and work later and/or change days working to help create longer opening hours for those patients who are working, especially, those who commute into London?	The Extended Access Clinics will create longer opening hours across NW Surrey - although patients will not necessarily be able to see ther own GP. The GPs working in the Extended Clinics will however have full access to patients' notes.
	Greater flexibility for patients is a key component of the on-line consultation project the Practice is pursuing (see above).
Being able to book an appointment online for the Nursing Team and/or HCAs would reduce the amount of time Reception staff spend booking such appointments.  Booking on-line would also free up telephone lines.	The Nursing Team provides a wide range of services which vary in appointment length. Therefore, at present, the diversity of the clinics is too complex to enable on-line bookings to be made.
Elderly patients don't all use computers therefore a good telephone answering system is important.	The Practice recognises the need for an effective telephone answering system and has employed more Receptionists to enable this to be achieved. This is a key area to improve and as more patients are encouraged to use the on-line services staff will be better able to improve the telephone answering service. The Practice is actively promoting on-line services and details can be found on the SHCGP website (www.sunburyhealthcentre.co.uk) and on posters displayed at the SHC.

# **Clinical Performance**

Issue	Response
Whilst most of the Reception staff are very friendly and polite, some can them can be rude and appear uncaring.	Improving customer service skills has been a focus for the Practice. This survey revealed that 76% of patients rated the manner they were spoken to by a Receptionist as good or better (see page

	3). This is an area that is improving and a training coordinator has recently been appointed to maintain a focus on this area.
There is inconsistency in the quality of Doctors.	The feedback received via the Mjog texting service reveals a consistently high satisfaction rating of the Doctors at the Practice. This has also been seen in the results of this survey (see page five of this report). The Practice does use locum doctors to maintain capacity levels during holiday periods; this may affect the consistency and continuity of care (although the locum doctors utilised by SHCGP are generally very good).
It is very difficult for patients to build up a relationship with their Doctor, if they can't be guaranteed to see him/her when they make an appointment.  Seeing a different Doctor each time means valuable time, during the appointment, is taken up explaining medical issues/problems.	All patients have a named GP although patients can see any Doctor of their choice.
	Many of the GPs work part-time and the days they work are on the SHCGP website.
	Patients can see the same GP although this will require a longer waiting time especially for GPs who work part-time and/or who may also be on annual leave.
There are not enough Doctors, facilities and resources to support the number of patients using the Practice.	The Practice now has 14 clinical rooms which is the recommended number for the size of the Practice. (This is four more than three years ago). As a consequence of having developed a multidisciplinary team the Practice now has over 50 staff. Additional Nurses, Nurse Practitioners, Health Care Assistant and a Clinical Pharmacist have all been employed. A new Workflow Team (to review clinical correspondence) is in place and a Paramedic is currently being recruited. The development of the multidisciplinary team will continue as will the efforts to improve the physical aspects of the building. The Practice is in discussion with NHS Property Services (who own the building) and the Clinical Commissioning Group (CCG) about taking an increased occupancy of the current building. This is dependent on the costs for the additional space being commensurate with the type and
	condition of the property.

Doctors.	Partners ranging from five to 18 years service. The salaried GPs often move on
	after several years at the Practice to further develop their careers or to
	relocate due to family circumstances.
	Turnover within the team is to be
	expected although the average length of service overall is eight years.

# Communications

Suggestion	Response
A booklet/pamphlet explaining how the Practice is run and introducing all the different staff who work at SHCGP, including their specialisms and interests, would be very helpful.	Information about the Practice is available on the SHCGP and PPG (www.sunburyhealthcentre-ppg.com) websites and NHS Choices (www.nhs.uk). The PPG is currently developing an information leaflet about the Practice and the services it offers.
Send regular information about changes to all patients. Since if patients don't visit the Practice regularly they will be unaware of important changes i.e. the ability to book on-line.	In addition to the information and news available on the SHCGP and PPG websites, articles about developments at SHCGP are regularly published in 'Sunbury Matters' and the LOSRA newsletter. SHCGP aim to publish a newsletter several times a year, this can also be accessed from the SHCGP website. However this issue is an area for further consideration next year.
Use the text messaging service to inform patients that their test results are back and whether or not they need to see the Doctor.	Staff are reviewing a texting service that will enable GPs to send messages directly to patients. Staff are also reviewing the possibility of providing test results on-line via Patient Access. It is hoped to introduce these services soon, having satisfied the data protection requirements.

# **Other Comments**

Comment	Response
The building is not fit for purpose	The premises are owned and managed by NHS Property Services however recent developments undertaken by the Practice include:  • Renovating the Reception area.  • Moving patients' notes into a

	<ul> <li>dedicated storage container.</li> <li>Resurfacing the car park.</li> <li>Improving the Waiting Room.</li> <li>Installing new barrier matting at the entrance to the building.</li> <li>Refurbishing the patient toilet areas.</li> <li>Acquiring the required number of clinical rooms for the size of patient population.</li> </ul>
The standard of cleaning needs to be improved.	The Practice doesn't manage the cleaning contract however it has consistently voiced concerns about the quality of the cleaning. As a result a new Cleaning Team has been engaged (by the managers of the cleaning contract) and the standard of cleaning has recently improved. The Practice will continue to pressurise the contractors for further improvements to be made.
Could the queues in Reception be organised so that patients waiting to drop off/pick up a prescription/sample form one queue and the other queue is for appointments?	Improvements to signage will be discussed with the PPG to help direct patients more effectively.  Prescriptions can most effectively be processed via the on-line electronic prescribing service. Patients are encouraged to sign up for this service, there is no need to visit the surgery as prescriptions are sent electronically to the patient's chosen pharmacy.
When checking in for an appointment please can patients be alerted if the Doctor/Nurse is running late, and by how long?	A replacement automated check-in screen that has the capability to do this has been purchased and this feature is now available.
Could it be made possible to obtain access to the on-line booking system without having to attend SHC in person?  It is very difficult/inconvenient for people working a distance away to have to take time off work to register for this service.	Unfortunately not. Due to patient confidentiality regulations there has to be a robust system in place to ensure patient identification details and photo ID are checked for the patient requesting access.  Verification can however be made by one of the clinical team vouching for a patient's identity. This requires an authorised member of the Practice staff, who knows the patient well enough, to verify that they are who they say they are, and that no deception is taking place. This can

	be done during appointments with GPs and Nurses.
Make the Reception more private when discussing personal issues.	If a patient wishes to discuss something privately they can make the Receptions staff aware and they will arrange a private place to discuss the personal issue. Alternatively the Reception can ask if patients would prefer to write their enquiry down.
The closure of the Family Planning Clinic is very disappointing.	Unfortunately this was out of the control of SHCGP. The clinic was a public health service and not provided by the Practice. It was moved as part of a new contract being awarded to an alternative provider. SHCGP is looking at the possibility of reinstating a young person's advice service shortly.
The following additional services were suggested:-  • Well men/women clinics  • Annual check-up for the over 60 age group	These additional services will be reviewed and an update provided in due course.  SHCGP has recently started NHS Health Checks that are proving very popular- eligible patients are being invited to attend via the Nursing Team.

#### 6. Conclusion

Whilst the clinical care provided by the Practice continues to be rated highly by patients, access to appointments and waiting times to contact the Practice by telephone remain the predominant challenges.

The number of consultations has grown by at least 16% over the last seven years and the trend remains upwards. The Practice is evolving to meet this challenge through a process of continuous analysis and improvement. The feedback from all the patients who have participated in the annual Patients' Survey, responded to the Mjog text service and/or the recently published national GP Patient Survey is very valuable in assessing the standard of service the Practice delivers and in setting priorities for the year ahead.

The Practice has developed a number of initiatives in the past year to meet the challenges of the increased demand for services. The addition of Training GPs, Nurse Practitioners, Health Care Assistants, a Clinical Pharmacist, additional Phlebotomy clinics, Extended Access Clinics (from September 2018) and the new Clinical Correspondence Team are adding to the capacity of SHCGP. Guiding patients to the most appropriate of these team members is a key objective for the coming year. Studies have shown that approximately 25% of GP appointments could be dealt with by another healthcare professional. For example, prescription queries can be dealt with by the Clinical Pharmacist, Nurse Practitioners can provide treatment for minor illnesses and injuries, are able to write prescriptions and make

referrals where appropriate. By guiding patients to the most appropriate team members, or to self-care, may enable Doctors to use their time more effectively. This is a focus area for the coming year.

Means to communicate updates on Practice news, new initiatives or developments is a further area for review. The Practice has improved the SHCGP web site, utilised Sunbury Matters and the LOSRA newsletter to provide updates, however on some important messages, for example how to cancel appointments remotely (and thereby freeing up appointments) or changes to the appointment system have not reached all patients, especially those who only visit the Practice occasionally.

Overall patients' satisfaction with the Practice is good; 74% of patients in the Patients' Survey (527 responses) would *definitely or probably* recommend the Practice to family and friends, 74% from the national GP Survey (106 responses) and 89% from the Mjog Friends & Family Test (6033 responses received between August 2017- August 2018). Building on this positive feedback and addressing the areas where there is still clear room for improvement, as mentioned previously, are the focus for the coming year.

Thank you to the PPG for their assistance in analysing the results of the Patient Survey and IN drafting this report and to patients for actively engaging in providing such valuable feedback.

The Partners
Sunbury Health Centre Group Practice
August 2018