



| **JHS Patient Participation Group**
| *The Patients' Voice*

JOHN HAMPDEN SURGERY PPG ANNUAL SURVEY OF PATIENTS, 2020

Each autumn, the PPG surveys its virtual PPG members to obtain insights into patient opinion. The PPG decided to bring forward the 2020 survey to the summer in order to get any early understanding of patient reaction to the new surgery arrangements necessitated by Covid. This report summarises the patient responses and contains conclusions and recommendations based on this snapshot. A summary of the report will be included in the surgery's patient newsletter and the PPG will ask the surgery to put a copy of the full report on its website.

The surgery has helpfully provided a response to the survey, which is in appendix 1.

The questionnaire

The survey was sent to the ~430 patients who have specifically given the PPG consent to contact them. It was initially sent out on 27th June 2020 and a reminder was sent on 27th July. All responses received by 10th August have been analysed for this report.

Responses were received from 114 patients. All recipients were offered the opportunity to be removed from the PPG list and one took this up.

The questions sought information and views on the following post 13/3/2020:

- the contact patients had with the surgery
- views about remote consultation methods and information communication
- the safety arrangements around Covid
- support for high risk/shielding patients
- the experience when contacting the receptionists/admin staff.

The PPG is aware that although the number of responses represents a return rate of 27% in relation to those sent a survey, it is only 3% of the whole patient population of the surgery. Caution needs to be had, therefore, in drawing too many definitive conclusions, especially where the data are not very clear-cut. It may also be that those agreeing to be on the PPG virtual list and to respond to the survey are not entirely representative of the totality of patients. For example, they may make greater use of the surgery and are therefore perhaps be more likely to have long-term illnesses, or be older. Equally, by only sending the survey by email, it will have

excluded those who are not digitally connected. And maybe younger, working age patients, who are likely to be more digitally enthusiastic, are less well represented among those who have signed up to receiving emails from the PPG.

Summary of findings

Contact with surgery: nearly half of respondents spoke to a GP on the phone. Face-to-face appointments were 6% with GP and 14% with nurse. Most patients either relied on the surgery's SMS messages or looking at the surgery website for their information about surgery facilities during lockdown. 16 patients decided not to contact the surgery when they would have done so in normal circumstances. 12 patients didn't need the surgery so didn't find out what the arrangements were.

Views on remote contact with health professionals: most respondents who had telephone consultations found them very or fairly successful. The survey then asked whether patients would be happy with telephone or video consultations in future. 58% of respondents said they'd be happy to have telephone consultations; 11% were against telephone appointments; 26% were unsure. The percentages were similar regarding video, although a few people were more comfortable with one rather than the other. There were 47 separate comments about the use of telephone and video consultation in future, the majority of which (even among those supportive) were to the effect that the suitability of remote consultation depended on the circumstances/condition. There were also 46 comments in response to the separate question "From your experience over the last 3 months or so, do you think there is anything the John Hampden could do differently or better when using 'remote' contact methods?". Of the 12 who answered about their experience of taking a photo of their condition during a remote appointment, 10 were happy with this, 1 unhappy and 1 didn't comment.

Views on the use of SMS to communicate with patients: 66% of patients found this very or fairly successful. 15% didn't answer this question.

Safety when attending the surgery: all 22 responding to this question said that they were happy with the safety arrangements at the surgery.

Chronic condition reviews: 10 patients said they were due a review and all were content apart from the patient whose review was due to be undertaken by a hospital.

High risk/shielding patients: 24 respondents said they were in this category. Of these, 9 said their care couldn't be better, 4 said their care was good, 6 said OK, and 1 (and possibly another) found their care was a bit unsatisfactory. 3 didn't give a view.

Contact with receptionists/admin staff: The majority of respondents who had contact with a receptionist or member of the admin staff said their helpfulness and politeness was excellent or very good. 10% said it was OK. 2 out of the 71 respondents said not very good or poor. As for speed of answering phone calls, 88% of those responding to this question said their call was answered either very quickly or fairly quickly. The remaining 12% said OK.

Conclusions and recommendations

The PPG is aware of the challenges faced by the surgery (and, indeed, the whole NHS) in stepping up to manage the Covid pandemic and congratulates the surgery on the high level of satisfaction shown by responding patients, which in turn reinforces the positive findings from the 2020 GP Patient Survey.

The purpose of this PPG survey is to help the surgery learn from the experience by understanding the views of patients. This is particularly important to the extent that remote consultation practices seem likely to become an on-going feature of primary care.

Remote consultation

From the survey responses, it seems that John Hampden patients have embraced the new remote consultation arrangements because it was necessary to do so. That doesn't, however, mean that everyone welcomed them or was comfortable with them in some or all respects. Therefore (to the extent the surgery has discretion), the PPG considers that whatever the permanent arrangements are likely to be, they

- a) need to be sufficiently flexible to balance patients' reasonable preferences with the surgery's clinical and practical judgements (see also the National Voices/Healthwatch insight report [The Doctor Will Zoom You Now](#))
- b) should be designed to allow the much-valued relationships patients have with particular health professionals to be maintained
- c) need to include support and guidance for those patients who have difficulty, for whatever reasons (technical, privacy etc), handling remote consultations or using apps or medical equipment at home
- d) need to be clearly communicated to patients so everyone is aware of when they should expect from each of the different ways of 'seeing' one of the surgery's health professionals.

On the other hand, the PPG believes that patients must recognise (whatever their personal preferences) that primary care is moving to this new model which favours remote consultation. Without expressing any political view, the PPG notes that this approach is supported by the current Government. Therefore, the PPG would like to encourage fellow patients to be as positive as possible towards the changes, while

retaining the right to the view that particular circumstances warrant face-to-face attention.

Communications

As regards communications, the PPG welcomes the efforts the surgery made to reach as many patients as possible via its SMS messaging, as well as maintaining its website. However, the PPG understands that the surgery only has mobile phone details for about half of all patients, so the other half did not receive these messages. The PPG has also seen data which indicates that 4% of households nationally don't have a mobile phone.

The PPG recommends that the surgery takes steps to try to increase the number of patients who can be reached by SMS and seeks to record which patients who do not have access to a mobile phone or cannot manage texts.

Other matters

The PPG hopes that the surgery will look at the other patient insights offered by the survey responses and will consider them as appropriate.

One issue that attracted 5 separate unsolicited comments was the length of the surgery's recorded messages, as against 1 comment that the messages were clear.

Appendices

For completeness there are four appendices

1. surgery response to the survey
2. statistical data from the survey
3. the comments received in relation to each survey question
4. extracts from three recent publications about patient views of primary care
5. the survey questionnaire



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Thank you to John Hampden Surgery PPG for co-ordinating this survey and collating the valuable feedback regarding our practice response to the coronavirus pandemic. It has been an intense time of change, and we are grateful for the support we have had in making the rapid and essential adaptations. We successfully continued to deliver primary care, whilst minimising the risk of COVID infection.

As a surgery, it has been a challenging five months following the outbreak of COVID. We have had to change our working processes almost daily, as new rules and regulations were enforced. We needed to acknowledge vulnerabilities, fear, social isolation and patients who were in the middle of significant treatments and the impact that had on their long term health. We also risk assessed all our patients with regards to their frailty and their risk of complications from COVID.

We had to be mindful of our duty of care for our staff to keep them and their families safe and deal with any potential illness that arose.

It became apparent early in lockdown that General Practice needed to undergo an accelerated digital transformation. As a consequence, we had to rapidly learn to use new technology, to effectively deliver new ways of working. At all times we had to ensure that new digital technology was secure, confidential and compatible with existing clinical systems.

As a result of the digital transformation, we have been able to continue to deliver care in a range of ways. We have adopted a “telephone first “system, whilst also offering video consultations, and email advice. We have continued to see patients face to face in the surgery when it is clinically necessary.

In addition, we have made essential changes within the surgery to ensure infection control is optimised; PPE for staff and patients, managing the footfall through the surgery, screens, regular cleaning etc.

I am proud of the team at John Hampden Surgery in how we undertook this work and remained a happy professional team during a very challenging time. I am also proud of our patients as they supported us on our evolving journey together.

The PPG has been very supportive in undertaking this survey. The impact of this change cannot be underestimated for any of us, but we do need to understand ongoing risks and worries from our patients. We are aware that people continue to

approach their healthcare needs with caution or fear of needing a hospital review. We are now in phase 3 of the COVID response. We are resuming annual reviews and we ensure that referrals will continue to be made for routine hospital care where appropriate. We are mindful that winter is approaching. We are making plans should COVID numbers increase, as well as managing the seasonal flu and impact on the health system.

In line with national guidelines, John Hampden Surgery will continue with the “telephone first” approach. The front door will be closed to general footfall, although patient access remains possible should a face to face appointment be required. This is to ensure that the surgery remains safe and COVID free so that we can keep our staff safe and minimise COVID exposure for patients who do need to attend.

We have discussed the survey results as a team. We were reassured that generally, our COVID response has been well received, but with understandable reservations about losing the traditional face to face appointments. We understand your concerns with the new processes implemented. Adapting to using telephone consultations has been a challenge for us too; however, it has resulted in reduced waiting times for appointments and has enabled improved timely advice.

Our challenge over the winter is to maintain this level of access and support and to have the capability to keep patients safe and well.

We are continually reviewing and adapting our approach of patient care, whilst minimising the risk of infection. It has been a learning curve for us all!

Thank you for your ongoing support,

Survey data

All data below relates to the period after 13th March 2020. The survey was issued on 27th June 2020 and a reminder sent on 27th July 2020.

Contact with health professionals

- 46% (52) of respondents spoke to a GP on the phone
- 6% (7) had a face-to-face appointment with a GP
- 14% (16) had a face-to-face appointment with a nurse
- 1 patient had a home visit

Obtaining information

- 2 patients telephoned the surgery for Covid information
- 26% (30) looked at the surgery website
- 54% (61) received an SMS message from the surgery
- 24% (28) had other contact from the surgery

Alternatives to contacting the surgery

16 decided not to get in touch with the surgery when they would have in normal circumstances. They did one or more of the following instead:

- 2 rang 111
- 1 went to A+E
- 6 looked up their problem online
- 7 opted for “grin and bear it”
- 1 other

Quality of phone consultations

49 patients had telephone consultations with a GP, of which

- 88% successful or very successful
- 8% OK
- 4% a bit unsatisfactory
- 0% very unsatisfactory

Views on use of phone consultations in future

Percentage of patients happy to have telephone appointments instead of face-to-face:

- 58% happy
- 11% not happy
- 26% unsure
- 3% no answer

47 patients provided comments, most of which were to the effect that it depends on the circumstances/condition. Some of the 58% also made the “it depends” point.

Views on use of video consultations in future

Views were similar but not the same as for phone consultations. Notably

- 5 patients were happy with telephone but unsure with video
- 2 patients were happy with telephone but against video
- 1 patient was unhappy with telephone but happy with video
- 8 patients were unsure about telephone but against video
- 2 patients were unsure about telephone but happy with video

Views on use of SMS to keep patients updated

- 66% found it very or fairly successful
- 13% found it OK
- 4% found it a bit unsatisfactory
- 0% found it very unsatisfactory
- 15% didn't answer

Views on safety where patients had face-to-face appointments

- 22 respondent all saying they were happy with the safety arrangements

Views on patients taking a photo of their condition as part of a remote appointment

- 12 patients say they were asked to take a photo: 10 said they were happy to do so, 1 said they weren't happy and 1 didn't comment
- 1 patient wasn't asked but would be happy
- 1 patient was unclear whether they were asked and was unhappy taking a photo

Views of those due a chronic condition review

- 10 patients said they were due a chronic condition review
- 8 of these patients said the review took place, it happened at roughly the date expected, and the patient was happy with the way the review was done

- 1 of these patients said it took place and happened at roughly the date expected but didn't comment on the remaining questions
- 1 had problems with their review but said it was a hospital review

The way patients found out when and how the surgery was functioning after 13th March 2020 (14 patients referred to more than one way)

- 23 patients looked at the surgery website
- 17 patients telephoned the surgery and spoke to a receptionist
- 9 patients telephoned the surgery and listened to the recorded message
- 52 patients got their information from an SMS message
- 3 patients used another way
- 12 patients didn't need the surgery so didn't find out
- 8 patients didn't respond

Views of high risk/shielding patients

- 24 patients said they were high risk or shielding. Of these:
 - 9 of these said their care couldn't be better
 - 4 said their care was good
 - 6 said their care was OK
 - 1 (and possible another) said their care was a bit unsatisfactory
 - 0 said very unsatisfactory
 - 3 didn't give an opinion

Views of patients who spoke to a receptionist/admin staff

Of the 71 patients who said they had contact with a receptionist or member of the admin staff:

- 87% said their helpfulness and politeness was excellent or very good
- 10% said it was OK
- 3% said not very good or poor

Views of patients on the speed of call answering by the surgery

Of the 68 patients who said they had telephoned the surgery:

- 88% said their call was answered either very quickly or fairly quickly
- 12% said the speed of answering was OK

Comments on different survey questions

Some text redacted to avoid any possibility of identifying individual patients.

The following comments include a small number of criticisms of the surgery. It is, of course, open to patients to use the surgery's complaints process shown in the 'practice policies' section of the surgery website. Three complaints were received in 2019/20 as per the report also published on the website. The PPG notes that, where criticisms have been made in the survey responses, these are anonymous and the surgery has not had the chance to consider their circumstances and validity.

Q1 – other contact with surgery

- Re blood pressure check, rang back to discuss
- routine blood test
- I requested that some information was added to my file.
- Telephoned to offer voluntary support [REDACTED]. Was asked to email which I did but received no response.
- I rang to cancel appointment
- Emailed for advice on natural cholesterol control, I received a phone call reply from the secretary.
- took sample [for my wife], requested repeat prescription
- came in for a blood test
- I wanted info on how to get a pendant or bracelet alarm. Having asked for this info the nurse got back to me quickly
- Surgery has rang me regarding appointments
- I've used the Message section on the surgery website
- Telephone conversation with a nurse
- Follow up call and phone appointment due to visit to Wycombe Minor Unit re stomach complaint when I had to dial 111 out of hours. Disappointed to find no one at surgery available out of hours
- I contacted the surgery on 2 occasions and in each case my problems were dealt with by the receptionist in consultation with the nurse
- We had an extremely positive experience early on in the pandemic when [REDACTED] mental health crisis. I thought we would really struggle to get any help or support but we were able to have a telephone consultation within an hour and Dr [REDACTED] was so helpful and kind. She was able to do an emergency referral to AMHS for [REDACTED].
- Spoke to receptionist re whether to go to Amersham Hospital for [REDACTED] testing. Also spoke to Pharmacist re changing from [REDACTED] to diff. Tablet to avoid going to the hospital for testing.
- handed in repeat prescription
- I have had monthly appointments with the practice nurse to take my blood. [REDACTED]

██████████ When I first rang JH Surgery to request the blood tests be done there it seemed to cause a big problem and was initially refused. I had to speak to the GP and explain the situation before they reluctantly agreed to take my blood at the surgery. ██████████

██████████ On subsequent occasions I have been able to make these blood test appointments without difficulty and the samples have been sent to HW by the surgery.

- I did call but spoke to receptionist who sorted prescription.
- picked up a sample pot from a nurse at surgery door & returned it the next morning. Emailed re prescription request. Repeat prescriptions
- ordered repeat prescriptions
- Plus reception 'phone & e-mail contact for test results. Good service for all contacts - no issues. In some ways better than 'normal" Telephone consultation with nurse
- The Surgery arranged an appointment at the Dermatology Dept. at Wycombe Hospital, which I duly attended on 29 July and from whom I am now awaiting a letter.
- Sent photos of health condition to GP.
- ██████████ I rang the NHS 111 hotline on a Sunday evening regarding Covid symptoms ██████████ they thought I had Covid and that a clinician would call me back to discuss further. At 3am the Clinician advised me that I did have Covid and prescribed large doses of cocodomal. They also advised if my breathing became difficult to ring 999. In the morning I rang my GP to explain the above and my symptoms which were not on the government site ██████████ but these have subsequently proven to be symptoms of Covid). I was worried with the medicine prescribed. My GP advised against the clinician and prescribed just plain paracetamol.
- dropped prescription in
- I have posted a prescription request through the surgery door and then collected the prescription from the Prestwood chemist a few days later
- I had pains that turned out to be ██████████ – called surgery – call back with about 90 mins, appointment same day, in hospital that evening, ██████████ out the day after next
- Talked to a nurse about asthma review
- Had phone call to notify me of a telephone appointment
- have telephoned surgery 2x. requested to send text information
- Test results
- Spoke with receptionists

Q2 – didn't contact surgery

- I did try to arrange an apt with a GP but this was passed to a nurse.
- no i have complete confidence in the surgery and soul lways be my first port of call during opening times
- Again disappointed at "distancing" from my own doctors and all this remote stuff with 111
- yes - I looked up problem online and am currently grinning and bearing it.
- Nothing to do with "Covid Fear" just needed to sort an urgent medical problem. Contacting the surgery was not relevant.

- Good response from A& E @ Stoke Mandeville plus 'phone follow up from relevant speciality consultant.
- Phoned Dr in the end 26th June
- I delayed a routine blood test and an annual review but have had both now - walk-in blood test at Amersham hospital as it's so quiet in afternoon followed by annual [REDACTED] review by telephone
- Had no problem needing face to face consultation
- I am waiting for it to be safer

Q3 – views on talking to GP

- Tried to speak with a GP but this was passed to a nurse,
- N/A but my wife has with successful outcome
- [REDACTED] just needed a prescription on another occasion and this was dealt with so quickly and efficiently.
- [REDACTED] it was a difficult conversation. There were doubts expressed about [REDACTED]. This was expressed in unhelpful terms.
- Treatment for muscle strain - [REDACTED]
- Had to be "positive" with the doctor in my request for a full blood test.
- Dr [REDACTED] is very good on phone consultations !
- I had hoped for a 6 monthly check up and review (as I am now [REDACTED]), but Dr [REDACTED] said that once a year was enough [REDACTED], but in the meanwhile she arranged a [REDACTED]
- Annual checkup was done successfully and everything covered as normal
- t took several days for the paracetamol to kick in.
- N/A but have a telephone appointment tomorrow
- Very efficient service, treatment and follow up arranged successfully

Q4 – happy with telephone appointments in future

- Have done this previously and found it very satisfactory to answer questions
- Yes but dependent on the problem
- I would not be happy at all with this and I think that online apts should be made available.
- Sometimes
- but depending on the issue.
- Would prefer face to face or online face to face - FaceTime, WhatsApp, Zoom
- Depends on the problem at the time
- yes i think it would be more efficient for me and possibly the surgery too
- Y but I would always want to be sure that face to face would be available as I think some appointments need it (same for Q6)
- Not in all cases
- I prefer a face to face meeting with the doctor
- Unsure. Would depend on what we needed to consult the doctor about.

- We sometimes actually need to SEE a doctor face to face it is important not just for the physical side but also mental awareness and comfort
- Y but depending on issue involved
- It all depends on my problem. In some cases I feel that a face to face consultation is necessary especially if it is causing anxiety.
- Definitely. Many minor things can be dealt with over the phone and I know the doctors are happy to look at photos etc. which can help with a diagnosis.
- As long as a face to face was still available for needed.
- Would probably prefer a video call to telephone, unless just a straightforward question or follow up appointment
- Yes but only if a visit was not required
- No problem, as long as there is nothing specific for the GP to examine/look at.
- Yes very happy
- For certain issues
- Telephone appointments can be useful in the first instance, but many problems will need face to face consultations.
- Yes, but depends on the nature of the issue
- In certain circumstances, yes. But consider face to face consultations very important
- Depends upon the ailment
- This would depend on the nature and reason for the appointment. In some instances it is more appropriate for face to face are definitely preferable.
- Its worked well for me over the last couple of months as I havent required any sort of physical examination and is much easier than attending the practice. Its been quicker to get an appointment too!
- Depends on the issue. If something internal would prefer to have a face to face diagnosis
- Obviously followed by a real appt.when required
- depends on what the problem is, quite a lot wouldn't work on the phone however good the Dr is
- Not really, unless very routine like a flu jab
- It would depend on the problem
- Depends on the problem
- It would depend on the nature of the situation. Yes if an initial appointment was long enough to explain the situation clearly, and if it sounded serious enough that a face-to-face appointment at the surgery or with a relevant hospital department would then be arranged.
- Depends on problem
- Definitely! It's the future! Your old ways of working seemed hugely inefficient to me.
- My health condition normally requires a hands-on examination. Therefore a telephone appointment is satisfactory, but not completely so.
- There should be a choice of methods
- Generally prefer face-to-face consultation, but under the current climate happy to accept telephone appointment initially
- Under some circumstances
- Face to face is more important. At some point the doctor needs to actually see the patient.
- Sometimes but not always
- Depends on the circumstances/issues
- I think it is important to have face to face appointments because the GP needs to see you in person to palpate areas if necessary and to take blood pressure etc. Also they can see how ill a patient is in person from facial expressions etc.
- For anything not requiring physical sight
- I prefer face to face

- It depends on the problem
- AS long as we can still have face to face

Q6 – happy with video appointments in future

- No video link
- For consultations that do not require examinations
- Definitely NOT - one should be able to make appointments face-to-face when necessary.
- Sometimes
- No way of doing this
- Not very up to date using video links
- Not in all cases. I think there is a need to be flexible in this area
- unreliable internet signal area
- Unsure. Would depend on what we needed the appointment for
- Definitely, although if calling from work this could be problematic so there would probably need to be a choice of telephone/video.
- As long as a face to face was still available for needed.
- Yes but only if a visit was not required
- Yes – unless there is something the GP needs to examine or a particularly difficult decision to be discussed.
- Yes very happy
- For certain issues
- Not sure that a video appointment would be any better than a telephone conversation.
- Yes, but depends on the nature of the issue
- I would be happy to give it a try
- Very happy to try this going forwards - within the pandemic or afterwards.
- Again it depends on the problem
- I haven't tried a video link but I would be prepared to try
- Depends on the problem
- It would depend on the nature of the situation. Yes if an initial appointment was long enough to explain the situation clearly, and if it sounded serious enough that a face-to-face appointment at the surgery or with a relevant hospital department would then be arranged.
- Depends on problem
- Prefer face to face appt
- Definitely! Even better than by phone. It's the future. Your old ways of working seemed hugely inefficient to me.
- I used to travel a lot for work, if I do again a video appointment might be much better than face to face
- I've always felt phone, email and video consults should be available. I've asked for these in the past, but was told the facilities were not available.
- There should be a choice of methods
- Undecided
- Ideally not
- Not always and certainly not as a matter of course

- Sometimes
- NEVER
- Not sure – would be worried people in my household or neighbours would overhear private issues

Q7 – views on use of SMS

- OK – don't often look at text messages
- Don't do texts
- Whilst we appreciated the text we were not sure if it meant that we were vulnerable or not
- Very poor mobile signal
- The messages from the surgery are always clear. I realize this is not your remit but the ones from the hospital are sometimes tricky to access with the rather clunky system they use to keep them private. Very difficult for older patients.
- Fine. Although it does seem rather impersonal. The 'tone' of the messages could be improved.
- The reminders are appreciated.
- Rather brusque request to take my BP and if I didn't have a machine to buy one. I know there are subtleties about taking BP and would have liked a bit more direction. I currently have a surgery machine but they aren't cheap if you have to buy them !
- Do not know what a SMS message is.
- Problem was minor
- Depending on what it is, sometimes you might want to reply or want more info, but the messages I got were good and useful

Q8 – safety for visiting the surgery

- Yes – in one door and out of the other
- Very commendable
- The door bell at the surgery was hardly satisfactory!
- Handed in sample at the door
- There was one occasion when my wife waited about 10 minutes for the door to be opened and then was told that the bell wasn't working properly. Maybe a system of camera and door release mechanism could be installed but I realise that there is a cost factor to be considered.

Q10 – taking a photo of your own condition

- Not possible for my condition
- Photo Not applicable for condition
- Not asked to, but the condition was not obvious enough to show up on a photo
- Have done this in the past for Dr. [REDACTED]. No problem in doing it going forwards.
- But the problem was entirely at my end, in not taking good enough photos and then having difficulty in e-mailing them.
- Sending a photo was very successful

- yes - happy to send on one occasion - other occasion photo of condition not appropriate

Q11 – chronic condition reviews

- N but the blood pressure check at Q1 was in lieu
- I think I had my [REDACTED] review
- I was asked to send in my blood pressure, but did not have the face to face review, which I fully understand,

[REDACTED]

- We had got halfway through and I needed another appointment. Not happy, need to see nurse about [REDACTED] problems, and review of my [REDACTED] but no-one has been in touch or mentioned these
- Entirely my fault. I figured you had enough on your plate without worrying about my under control but chronic condition.
- It was overdue as I failed to book an appointment on time so the surgery followed it up and to my relief offered a phone appointment - was hesitant to attend due to coronavirus situation
- Review by nurse
- Process was as thorough as in surgery review but more relaxed both in format and timewise

Q12 – finding out when the surgery was functioning

- I can't remember.
- Took up a prescription & doors all locked and also had text msgs from surgery
- Looked at website. The practice's phone message needs updating – far too long and has been partly overtaken by events.
- But I don't have confidence that I can access the website and use online communication with the surgery as I have never been able to do so despite several efforts to do so

Q13 – care of high-risk/shielding patients

- Sort of. I [REDACTED] was told by the [REDACTED] nurse that my condition could be destabilised if I caught the virus and that I must avoid it and avoid going in shops etc. I was surprised not to have contact from the surgery about that need and also wonder if I am on any list as a priority person should a vaccine become available.
- Over 75, no comment
- I am a high risk cos of [REDACTED] but have had no contact from the surgery. *[Note. This patient replied to another question that she'd had her regular review]*
- Very polite and helpful

- Understand the need for the preamble but gets tiresome after the first few times of hearing
- Phone calls made early in the morning

Q16 – anything to improve remote contact methods

- I have only used phone consultations in the past (pre lockdown) but find these convenient for certain purposes as above. Good to have this option and to book a time for a call, which has always been answered promptly and on time.
- For general medical queries no problem with either Telephone/Video appointments, particularly if quicker. Appointments requiring tests obviously still required
- Traditional face to face appointments are still important as are the new video/telephone appointments. For older patients the occasional visit to the family doctor is good process so that the doctor can an eye on the patients long term health and the patient can have a confidential discussion with e doctor/nurse if appropriate.
- Not really
- No, happy with the prospect of either so long as it could be followed up by face to face visit if appropriate.
- Happy with current arrangements
- My experience with remote contact was very good, so continue with current system.
- No, our questions or queries have been resolved.
- Shan't bother, will go to A&E instead
- The system worked well during the crisis. But it was quite time consuming. As I am semi retired it was ok, but if you work i'm sure it could be a bit frustrating.
- laying out the new process eg that both telephone and video available and when is most appropriate or if an email and photos plus a call equally as good which would be my preference
- Many people (especially the elderly) are not familiar with video contacting. It is not clear what system is being used by the surgery. There are so many systems out there and it can be very confusing as to what method or app is required for the patients to download and to use. Some patients, (me included) do not possess a mobile phone, and still rely on a landline for communication. We know methods of working are changing, and having to be changed, but we sincerely hope that we can still contact the doctor if needed over and above all the constraints of modern technology. Also not to lose sight of patients who are not computer literate, and that they will still be catered for, not 'slipping through the new systems if seeking help.
- Unfortunately not in a position to comment. I am sure there are always better ways to do things, but would always like the option to request a face-to-face with a GP
- I was reminded by text that it was time to for my routine BP check and it was suggested in the text that I should buy a BP monitor and submit the readings. I personally had no problem with that but for some patients it could pose financial and technical difficulties.
- All satisfactory
- Telephone appointments are usually on time but it is not the same as actually seeing the doctor and it is easy to "hold back" stuff because you feel you are wasting the doctors time. A face to face appointment works better
- My husband also contacted the surgery for a telephone appointment and Would like to have been offered the opportunity for remote appointments to be made by some form of video connection. e.g.: FaceTime, whatsapp zoom.
- No experience so cannot comment
- I think they have been doing a very good job.

- Remote contact would be fine unless something practical needs doing e.g. blood test, dressing change.
- I think that for some appointments I would prefer face to face and some I would prefer phone or video link – so it would be good for the patient to have the choice
- Personally I'm happy with this technique being rolled out for certain issues. FaceTime etc.
- From experience such appointments work pretty well but wouldn't want to see them as the default for all issues.
- Remote should not become the default
- No need to have been in direct contact with the surgery.
- Nothing based on my experience with the condition I had.
- I think that in the future they should use the IT technology as in the pandemic to discourage malingerers and keep real appts. for those patients that really need them.
- I'm not wild about remote appointments at all. Need proper diabetes checks, need to see Dr face to face to help with depression, and about caring for my [REDACTED]
- NOTHING beats a face to face consultation.
- I would need to be shown how to manage a video link.....slowly!
- No was very pleased
- N/A as I've not had any experience over the last 3 months
- A timed appointment would assist
- No
- When making the appointments I don't think the receptionist asked if I thought it should/could be a video call, so it was "only" a phone call – may be a good idea to get the receptionist to clarify if I have the kit for a video call and if I think a video call would be helpful
- Online bookable in advance appointments
- Doing really well, we're lucky to have you! Always very thorough.Thank you
- No
- I would be concerned that I didn't feel able to have a proper diagnosis
- Don't know
- I have not had enough experience of the remote contact arrangements to make any suggestions, but I guess that, if they become the norm, video appointments would be the best substitute for face to face consultations.
- No
- From my experience seems OK as is
- No. In my case it has worked very well so far. But I think sometimes it is necessary to see a patient face to face – especially if they very seldom get in touch with the surgery. So much relevant information could be missed.
- Keep to the old way
- Not sure as I only used a phone appointment but that was good

Q17 – Any other comments

- They have done well and anything that means less waiting time for an appointment is the way ahead
- I have made my comments to give feedback as requested but they don't alter my opinion that I am very fortunate to be a patient at such a good surgery.
- No, just thank you to all the team for the support during this pandemic.
- Remote contact is no substitute for someone that needs seeing. So both patients and illnesses need to be accessed and notes put on their file
- I thank the staff and doctors for there continued care, especially at this difficult time.

- thank you for being such a great practice
- I can see 'remote ' contact coming but there is nothing quite like seeing your Dr face to face.
- Fortunately I've had no reason to contact the surgery [*no answers to any of the questions*]
- I have no complaints at the way JHS run - I've always felt I've had brilliant care and support.
- The John Hampden surgery is a gem of a place. It instils a sense of caring for its patients that is in this day and age due to an ever increasing workload is an increasing rarity. Praise must go to all its staff. The receptionists are polite and obliging. The nurses are conscientious , the back room people efficient, but credit most of all goes to the Doctors who go over and above to ensure that you are looked after and your worries and concerns are dealt with. Thank you all, and every success for the future.
- John Hampden have always provided an excellent and caring service and one hopes this will not be permanently lost following the Covid situation. I hope the move towards "remote" care is temporary and that the exceptional care we've received in the past will soon return. For anything other than minor conditions I believe there is no substitute for seeing the doctor in person.
- Would like reassurance that we can now contact the surgery without fear of 'wasting GP's time' - what can seem trivial may turn out to be more serious - yet I very much feel I don't want to waste GP's time with so many more needy patients waiting. I felt this before the lock-down and now it is even more the case.
- As always they are a remarkable team at John Hampden. Always go the extra mile to help you. Nothing is too much trouble
- I've always been very happy with any contact I have had with the surgery
- Not really keen on remote appointments as I feel you do need that connection with your GP which you get in a face to face appointment. However it's better than no appointment being available at all.
- An excellent service all round
- I am very happy with the service provided by the GPs and nurses. The attitude and tone of the reception staff needs improvement. Some are helpful, others are unhelpful and sometimes rude. My wife was really shocked by being spoken to so rudely when she had made a special trip to the surgery to collect my [REDACTED] results
- The nurse was very helpful re collecting a sample pot and the result & prescription required
- Well done to everyone in the surgery who doubtless has been working flat out during the pandemic. Stay Safe all involved.
- Very much appreciate the efforts of all the people at the practice in these extreme circumstances.
- Personal contact with a GP is very important but in certain circumstances telephone appointments and video appointments could ensure a speedy resolution. A balance between all contacts could be beneficial to all.
- In summary I think that JHS has done a good job and the staff should be congratulated.
- Think they have done a very good job under difficult circs but wouldn't want remote contact to be the new norm – might as well see a robot!
- It's a great surgery and I'm glad it's the one I attend.

- I was very impressed that the surgery were still operating baby immunisation clinics as normal during lock down and it was very easy to get an appointment. My only feedback was the one way system, I had my baby in a buggy and it was very difficult to get down the steps at the back of the practice. I have also noticed when in the surgery that a lot of the paperwork on the notice board is out of date, might be worth reviewing. Eg the first aid certificate is dated a few years ago, baby weigh in clinic is still listed as above the chequers surgery, for the last 16 months at least it has been in the building next to the church. Other than that we are very happy with the surgery and all the staff there!
- It's a shame that appointments are not available, it seems like we are losing the cherished personal service.
- I was very impressed with my experience - I phoned at 1730 one day, was called by GP 0930 the next morning - was in face-to-face appt at 1030 same day. Referred for **ultrasound and then bloods and onwards to haematology**. Was very impressed with the speed and efficiency. Routine phone appointments must take far less time for GPs - might put off those who don't really need to see a GP but equally don't want to put off those who do if that makes sense!
- I really would like to sort out my patient access to the surgery via computer/mobile phone. Regarding the flu vaccination: would the surgery be able to set up a separate area (in the carpark say) similar to the travelling "medical caravan" as often parks up outside the village hall for screening purposes, or something similar which would keep vaccination patients away from the surgery itself and any cubicle/s could be sanitised after each person has been vaccinated.
- Your survey is very old school, rather like the NHS. If you used a tool like Survey Monkey you would get a lot more people to reply because it is far less repetitive and technologically pedantic. This took too long. *[Note: exchanged emails explaining that free Survey Monkey only allows 100 responses]*
- I had a further call after discharge from Stoke post op **██████████**. Generally I thought excellent care from the practice in my recent unexpected case
- Surgery could be more proactive in giving a yearly once over for elderly patients or bp and blood tests
- If I don't think it necessary to make a phone, video or face-to-face appointment, I'd like to be able to send an email to my GP to ask health advice for an on-going condition
- I would be happy having an initial video call assuming that it would then be possible to get a physical appointment quickly if required
- The strength of a GP service is, if you are as lucky as are we, in getting to know your Drs. As such a physical presence when felt necessary is most desirable. Often it is not necessary to actually see a GP so long as they respond to enquiries.
- No but not sure if you want to have a examination, ie breast or stomach, how you would conduct this over the phone?
- It would be easier to complete surveys (and with better anonymity) if you used an online tool such as SurveyMonkey.
- I think they should concentrate on reducing waiting time for an appointment (of any kind)
- think it will be a big mistake if everything is moved remotely. Sometimes people just need to see a doctor and a phone chat or video call just isn't the same. I think there is a risk that people will be mis-diagnosed over the phone.

- Thank you for your hard work on behalf of all of us John Hampden patients.
- I would find it helpful if when I make an appointment with the receptionist, it is added to my Patient Access account, as this helps me to keep track of my appointments.
- I believe that you should have face to face with our doctors not these phone calls as long as we all wear masks I don't see what the problem is with seeing a doctor why should we have to tell a receptionist what is wrong with us what qualifications do they have . Also being a diabetic how can my pulses in feet etc be checked by phone. Also does this mean that as the doctors want phone appointments what are going to do just talk to us on the phone from home. Does this also mean that most of the staff will be laid off as they won't me needed to man an empty surgery.
- Willing to do telephone but PREFER face to face

Other patient insights

The PPG's is aware of three recent items which also offer insights into patient views about primary care and which our GPs are doubtless already aware of.

- ▶ The report of a [study](#) by the University of Bristol's Centre for Academic Primary Care published in August 2020 has found that what patients want most from their GP is trust and respect.

“Patients most wanted their GP to be clinically competent, and to examine, listen to, care for and take time with them, irrespective of whether they had seen them before.

“Patients also believed there were benefits in seeing the same GP, which included GPs knowing their history, giving consistent advice, taking responsibility and action, and trusting and respecting them. Patients understood that the first three of these were hard to achieve when continuity of care was broken but felt that GPs should trust and respect their patients whether or not they had seen them before.”

[‘Relational continuity and patients’ perception of GP trust and respect: a qualitative study’](#) by Mairead Murphy and Chris Salisbury in *British Journal of General Practice*

- ▶ A [report](#) from Healthwatch, National Voices and others: *The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience*. The report is the outcome of a patient participation exercise involving 49 patients between June and July 2020. The executive summary says:

“Remote consultations and the use of technology offer some great opportunities to make significant improvements to general practice, hospital outpatient and mental health appointments, but making the most of this opportunity means understanding the patient experience.

In our research with patients we heard that, for many people, remote consultations can offer a convenient option for speaking to their health care professional. They appreciate quicker and more efficient access, not having to travel, less time taken out of their day and an ability to fit the appointment in around their lives. Most people felt they received adequate care and more people than not said they would be happy with consultations being held remotely in future.

However, there is no one size that fits all solution. Key to a successful shift to remote consultations will be understanding which approach is the right one

based on individual need and circumstance. A blended offer, including text, phone, video, email and in-person would provide the best solution.

Through this sea change there is an opportunity to improve the quality of care. By focusing on the needs of people receiving care and using a combination of communication tools we can create a more equal space for health care providers and patients to interact.

Health and care providers will need to adapt to a more blended approach to communication with patients in order to meet the needs of patients. To do this they need to build on existing good practice, and look beyond healthcare to other industries that are successfully engaging people remotely. This work needs to be done by the health service, and not become the responsibility of the patient.”

- ▶ A BMJ [British Medical Journal] [article](#) from May 2020 *Making remote consultations work for patients during covid-19: experience from the “other side” of the virtual clinic*. This contains tips for GPs for video and telephone consultations:

1. Be clear about how long an appointment is likely to take, who it is with, and what will be discussed.
2. Take time to acknowledge the pandemic and how appointments have changed. Ask how patients have been affected by lockdown and isolation.
3. Not everyone will be able to access a quiet, well-lit space with a good internet connection. Consider what the minimum for an effective consultation might be.
4. Be clear about next steps for treatment and management, particularly in the current context.
5. Discuss potential impacts, if any, on delays to treatment, scans or other clinical appointments.

Questionnaire used in survey

1. **Since 13th March** have you done any of the following? (*please indicate all that are relevant*)

- a) talked to a GP on the phone
- b) talked to a GP by video link
- c) had a face-to-face appointment with a GP at the surgery
- d) had a face-to-face appointment with a nurse at the surgery
- e) had a home visit from a GP or nurse
- f) telephoned the surgery for Coronavirus information
- g) looked at the surgery website
- h) received an SMS message from the surgery on your mobile
- i) had any other contact with the surgery - *please specify*

Comments box

2. **Since 13th March** did you at any time decide **not** to get in touch with the surgery when you would have in normal circumstances: because you were concerned about catching Coronavirus if you had to visit the surgery or a hospital? **Y/N**
If you answered Yes to this question, did you (*please indicate all that are relevant*)

- a) ring 111
- b) go to A+E
- c) go to the urgent treatment centre at Wycombe hospital
- d) ask a pharmacist for advice
- e) look up your problem online
- f) grin and bear it
- g) other

Comments box

3. If you talked to a GP on the phone since 13th March, was it

- a) very successful
- b) successful
- c) OK
- d) a bit unsatisfactory
- e) very unsatisfactory

Comments box

4. Would you be happy to have telephone appointments instead of face-to-face appointments once the Coronavirus risk is low or has gone? **Y/N/unsure**

Comments box

5. If you talked to a GP by video link since 13th March, was it

- a) very successful
- b) fairly successful
- c) OK
- d) a bit unsatisfactory
- e) very unsatisfactory

Comments box

6. Would you be happy have video appointments instead of face-to-face appointments once the Coronavirus risk is low or has gone? **Y/N/unsure**

Comments box

7. If you received one or more SMS messages on your mobile, how would you describe it as a way of keeping you updated?

- a) very successful
- b) fairly successful
- c) OK
- d) a bit unsatisfactory
- e) very unsatisfactory

Comments box

8. If you came to the surgery for a face-to-face appointment, were you happy with the Coronavirus safety arrangements? **Y/N**

Comments box

9. If you came to the surgery or had a home visit, were you happy with the Coronavirus safety arrangements? **Y/N**

Comments box

10. If you had a 'remote' consultation by phone or video link, were you asked to take a photo of your condition? **Y/N**

If you did, were you happy to do so? **Y/N**

Comments box

11. Were you due a review of a chronic condition (eg diabetes) since 13th March? **Y/N**

If so

- a) did the review take place? **Y/N**
- b) did it happen at roughly the date you expected? **Y/N**
- c) were you happy with how the review was done? **Y/N**

Comments box

12. How did you find out when and how the surgery was functioning after 13th March

- a) looking at the surgery website
- b) telephoning the surgery and speaking to a receptionist
- c) telephoning the surgery and listening to the recorded message
- d) from an SMS message
- e) other
- f) didn't need the surgery so I didn't find out

Comments box

13. Are you a high risk/shielding patient **Y/N**

If you are, how do you feel the surgery cared for you

- a) couldn't be better

- b) good
- c) OK
- d) a bit unsatisfactory
- e) very unsatisfactory

Comments box

14. Did you speak to any of the receptionists/admin staff at the surgery since 13th March? **Y/N**

If so, how do you assess their helpfulness and politeness

- a) excellent
- b) very good
- c) OK
- d) not very good
- e) poor

Comments box

15. Did you try to telephone the surgery since 13th March? **Y/N**

If so, how quickly was your call answered

- a) very quickly
- b) fairly quickly
- c) OK
- d) I had quite a long wait
- e) I had a very long wait

Comments box

16. It seems that GP surgeries generally may in future be looking at doing more 'remote' contact with patients, such as telephone and video appointments.

From your experience over the last 3 months or so, do you think there is anything the John Hampden could do differently or better when using 'remote' contact methods?

Comments box

17. Any other comments?

Comments box