

**Directed Enhanced Service Report- Patient
Participation
Park Surgery – Horsham – March 2013
Update**

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I. INTRODUCTION

Work to introduce a Patient Reference Group at Park Surgery commenced in April 2011 in response to the National Enhanced Service requirement for all practices to have such a group to poll with regard to local service development. Work continued throughout 2012 and into 2013 to increase membership of the PRG.

Park Surgery was fortunate to already have an established patient participation group – the Friends of Park Surgery – to consult with and thus develop the PRG effectively based on prior experience of patient involvement.

Park Surgery is a very large practice with a list size of 23,100 and it was recognised that to be truly representative our PRG would need to have approximately 10% of the practice list size ie 2,100 members. This was a very ambitious target especially as the membership depended on the patients access to email which is not as accessible to some of our older patients as it is to the younger age groups – and as historically it has been the older age groups who wish to become involved in the development of practice services. With this in mind we feel we were fortunate to obtain so many members for our PRG during the two years and it now stands at 700 as at March 2013.

This report explains how the PRG was established, its development and the work that has already been done based on our patients responses to the three surveys completed to date. A fourth survey was running via our old website (www.parksurgery.com) and all members of the PRG were encouraged to access this and complete the questionnaire which was about individual doctors and nurses and their clinical care. The fifth and most recent survey (February 2013) has been about the practice in general but not about individual doctors. We recognise, however, the importance of the group of patients who do not have email and have issued paper questionnaires as well for our latest survey to ensure as many patients as possible can express their views.

The new website was developed to include additional healthcare information and links to other appropriate websites.

2. **PARK SURGERY - PRACTICE PROFILE**



Front Entrance, Park Surgery

Introduction

Horsham is a pleasant and attractive market town situated within 50 minutes of London and half an hour from Brighton and the South Downs with excellent road and rail links (train station 5 minutes from the practice).

Horsham has a growing population currently in excess of 65,000 with new housing planned for the area. Park Surgery was established over 100 years ago and is located near the centre of Horsham. The practice moved to a new 3-storey purpose built surgery in March 2004. Park is a training practice, with a slightly higher than average elderly population. The practice has always maintained a high list (currently 23,100) and are fortunate to have an excellent team of practice nurses and ancillary staff supporting the doctors in their work.

Assessment Unit

The practice operates an assessment unit for patients who need to be seen on the day. Two doctors and a nurse practitioner cover this unit which was originally supported by growth monies from our PMS budget. The AU sees patients with urgent needs and those asking to be seen on the day if their own GP has a fully booked surgery.

Attached Staff

Visiting staff include Radiologists and Ultra-sonographers, Health Visitors, District Nurses, Dietician, Mid-wives, Phlebotomists, Carers Support, Housing Support, and Counsellors.

Computer System

The practice fully utilizes the SystmOne clinical management system which has been in place since January 2011. All patient correspondence is scanned onto the patient record and pathology ordered via the system. All doctors, nurses, secretarial and admin staff are linked to the NHS Net and make full use of e-mail.

Patient Base as at 12 March 2013

Age Range	Male	Female	Total
0 - 16	2553	2429	4982
17 - 25	1095	1084	2179
26 - 65	5971	5863	11834
65 - 74	848	948	1796
75 - 84	681	893	1574
85 - 105	249	478	727
Total	11397	11695	23092

Park Surgery looks after a number of local nursing and residential care homes by providing dedicated weekly visits.

The surgery provides a daily 2-hour surgery for Christ's Hospital; a local school which has 800 boarders aged 11 – 18 all of whom are registered at the practice.

A wide range of occupational health services are also provided by Dr Simon Dean and Dr Liz Fisher.

Local Hospital

Horsham Hospital has an excellent and modern out-patient and diagnostic facility. We do not have a specific contract with Horsham Hospital to provide medical cover.

Opening Hours – telephones are covered 8 am to 6.30 pm Monday to Friday.

Monday	8 am to 8 pm (includes extended hours)
Tuesday	8 am to 6.30 pm (7 pm for the ultrasound service)
Wednesday	8 am to 6.30 pm
Thursday	8 am to 6.30 pm
Friday	8 am to 6.00 pm (7 pm for the dermatology service when required)
Saturday	8.30 am to 12 mid-day (including the urology service and to 4 pm for the ultrasound and urology services when required)

Out of Hours On-call

Out of hours cover will be provided by I I I from 6.30 pm to 8.00 am overnight and from 6.30 pm Friday to 8.00 am Mondays.

Patient Participation Group

The Friends of Park Surgery currently has over 800 members and is a run by a dedicated group of patients. The Friends have raised many thousands of pounds for surgery equipment and are keen to expand their role to assist with patient education ie extended news-letter and quarterly seminars.

Pharmacy

The practice has a pharmacy on site owned and operated by Day Lewis.

Podiatrist

A private podiatry service operates from the practice.

Primary Care Trust

Park Surgery is part of the NHS West Sussex and Horsham and Mid-Sussex Commissioning Group.

Quality and Outcome Framework

The practice is a high Quality and Outcome Framework point achiever. QoF comprises a set of targets relating to a variety of disease areas against which the practice is measured.

Research

The practice is a member of the Primary Care Research Network and has been involved to date with the ISICA Diabetes Study, The Eureka Heart Disease Study, the Million Women Study, 3C LRTI Study, Bipolar Disorder Study, Hypercholesterolaemia in Children Study and Garfield Study looking at patients with AF and PRMIT which looks at ways of cutting familial respiratory infections.

Services

We offer specialist services for Antenatal Care, Asthma, COPD, CHD, Diabetes, Diet, Family Planning, Immunisation, Teenage Problems, Travel vaccination and advice, Smoking Cessation etc.

Staff

Staff include 7 practice nurses, 1 assistant practitioner, 3 health care assistant, 4 secretaries, 1 ultrasound booking secretary and 2 clerks, 3 note summarisation clerks, 1 system administrator, 2 assistant administrators, 8 repeat prescriptions coding, scanning and data entry clerks, 1 practice co-ordinator, 1 senior receptionist, 25 receptionists, 1 practice manager, a deputy manager and a management assistant.

Training

We are actively involved in GP training with 3 trainers at present at the practice, with another partner taking final year medical students from Brighton University.. At any one time we can have up to four Registrars in training on the premises. Twice weekly educational meetings are held and registrars are encouraged to attend these and prepare a presentation for the rest of the clinical team at least once during their time at the practice.

Ultrasound Scanner

We have a new GE E9 ultrasound scanner, which is used by visiting Consultant Radiologists providing weekly sessions. 4 additional Ultra-sonographers provide 3 sessions each week for obstetric and gynaecological work. The surgery is contracted to provide scanning services for all Horsham patients for general scans and anomaly scans for East Surrey Hospital patients.

3. PARTNERS AND SALARIED DOCTORS

PRINCIPALS

Dr S J Dean

MB BS MRCP DCH D.Occ Med Royal Free Hospital (1981)

Dr S R Fisher

MB BS DRCOG MRCP PG Cert Guy's Hospital Medical School (1985)

Dr D W Holwell

MB BS MRCP DRCOG BSc Charing Cross Hospital Medical School (1986)

Dr M Tariq Jahangir

MB BS DRCOG DFFP MRCP St George's Hospital Medical School (1993)

Dr C P M King

MB BS Royal Free Hospital (1994)

Dr E M Fisher

MB BS DRCOG DFFP MRCP D.Occ Med DipTher Guy's Hospital Medical School (1985) French Diploma.

Dr M M Nat Athallah

MB BS BSc MRCP(I) DFFP MRCP Imperial College (2001)

Dr A Roberts

MB MS BSc MRCP DRCOG DFFP Guys, Kings and St Thomas (2000)

Dr T Loganathan

MB BS MRCP DFFP University of Jaffina (1994)

Dr J Rattan

MB BS BSc MRCP DOHNS, King's College London (2006)

Dr A Ergene

MD (Istanbul 1993) DipFamMed MRCP

NON PRINCIPALS

Dr D Potiphar

MBChB DRCOG MRCP Liverpool University Medical School (1993)

Dr I Wolff

MRCP DRCOG DFSRH State Exam Med (2000) Justus Liebig University Giessen

Dr R Quirk

MB BS MRCP DCH DFFP DRCOG St. George's Hospital Medical School, London.

Dr L Sherrington

BSc Hons MBChB DRCOG DFFP MRCP Leeds University (1993) (1995)

Dr S Slator

MB BS BSc MRCP, Royal Free & University College London Medical School

Dr E Jende

MB ChB MRCP DFSRH

4. FRIENDS OF PARK SURGERY – PATIENT PARTICIPATION GROUP

The Friends of Park Surgery has been in existence since 1991. Originally set-up to counter the closure of the ante-natal ward at Horsham Hospital, FOPS continues to fulfil its prime functions which is to inform patients of the activities of the practice (Appendix I), to educate according to current topics, to meet at least 3 times per annum for educational meetings (Appendix II), to provide a social outlet with regular coffee mornings and to raise funds for medical equipment. Fund raising activities include a members draw which takes place 3 times per year.

There are currently 800 members of FOPS and membership is gradually falling from its peak of 1,000 + in 2005. This is partly due to the change in the committee structure because of the deaths of two of the most active and influential members of the committee. It was recognised that FOPS needed to be reinvigorated and the formation of the Patient Reference Group is helping to stimulate an increase in membership. Appendix III PRG Application.

FOPS members have usually been in the over 60 age range but there are no full statistics for this at present as the membership data is maintained by the membership secretary.

FOPS committee consists of:

Chair:	Mr Stewart Mackman
Minute Secretary:	Mrs Penny Sewell who has held this roles since 1991.
Membership Secretary:	Mr Norman Hewell has held this role for a number of years.
Treasurer:	Paula Salerno, the Practice Manager has been acting treasurer for 4 years. A volunteer replacement from the members has yet to be found.
A GP:	Dr Simon Dean, a partner who has sat on the committee for a number of years.
Staff representative:	Tara Francis-Smith, receptionist and practice co-ordinator.
Other Committee Members	Sue Sturt, Philip Lansberry, Lilian Bold.

Our committee includes members who have a high local profile supporting and championing carers, especially those working with stroke patients; another lady member leads a team of willing helpers who provide considerable support with the coffee mornings and another male member is very involved locally with Age Concern and also has a wealth of marketing experience which is helping us to expand FOPS.

Our Membership Secretary, Norman Hewell, has been involved throughout his life in supporting volunteer organisations and works tirelessly to maintain the membership lists in good order. We greatly appreciate all our Committee Members and the work they do on behalf of the practice and recognise that FOPS is moving forward under the leadership of our Chair, Stewart Mackman.

5. THE PROCESS USED TO CREATE A PATIENT REFERENCE GROUP

The need to form a Patient Reference Group was seen as a very positive step and one that would help to revitalise FOPS, the existing patient participation group.

A form was devised, based on the suggested PCT format, to be circulated to patients. Means of advertising the PRG included:

- placing forms in a prominent position on reception counters
- in-house posters
- advertising on the practice web-site <http://www.parksurgery.com>
- advertising on membership forms for FOPS
- advertising in the FOPS newsletter
- emailing FOPS members who received their newsletter by email
- handing out the form at all of the flu clinics that were in operation during October and November 2011 and 2012.
- Forms remain available at all times at reception.

The total PRG membership, at the time of writing, is now 700 This number is fluctuating but continuing to increase.

AGE RANGE	FEMALE	MALE
16 - 24	22	6
25 - 34	36	24
35 - 44	47	23
45 - 54	50	39
55 - 64	86	56
65 - 74	101	68
75 - 84	57	73
85 plus	1	11
TOTAL	400	300

The practice recognizes that there is a disproportionately large number of members in the 55 plus age range and is attempting to address this by handing out additional forms to patients attending the practice targeting those below 50 and advertising via the website. We appreciate we need to do more to encourage younger members.

The Chair of the FOPS Committee, the Practice Manager and Staff Representative also met with a patient who had managed PR and marketing for a London Bank. His advice was to continue to collect emails and to approach patients direct to ask for contact details. Tara, the staff representative, spent 2 weeks speaking to patients in the waiting area encouraging them to join the PRG. It was agreed that during 2013 members of FOPS would also undertake this role during the year to help boost membership.

In August 2011 and January 2012 a large cohort of patients (around 3,000) were written to advising them that new partners had joined the practice and offering them the opportunity to move to these new partners lists. The letter that was sent to these patients included a form with details of the Patient Reference Group and inviting them to join.

6. PATIENT SURVEY 2013

The contents of the most recent survey were discussed with the committee members of the Friends of Park Surgery before the AGM held on 26 March 2013. Subsequent surveys will be based on future meetings. (Appendix IV Survey Form).

The results showed that the patients were particularly concerned regarding:

- Lack of appointments generally
- Lack of appointments with their named GP.
- Difficulty of accessing the practice on the phone
- Difficulty of parking.

The surgery has highlighted the additional pressures difficulties faced by a practice the size of Park Surgery based in a busy town center. This includes a reasonably high turnover of patients as people move to the town and choose to come to Park as the most prominent practice, a high number of patients with mental health issues and a higher than usual number of care home patients. These more complex patients require a higher level of input from the practice staff right from registration, through the new patient process and then when seen by the GP.

Park Surgery is a committed training practice which means that three of the GPs have regular outside commitments, in addition Dr Simon Dean has been involved with the formation of the CCG which has led to him drastically reducing his availability within the practice and although the practice has employed doctors to cover these absences, there is still a high level of demand on the appointments.

7. RESPONSES TO THE SURVEY

This year it was decided to respond direct to comments that the patients had made on the survey form; the concerns of patients centered around appointment availability, the telephone system and administrative issues, all of which had been responded to in the action points in last years survey. Appendix V Survey February 2013.

The following comments (Q) were taken verbatim from the survey, A indicates the surgery's response.

Q. Perhaps more staff available on reception/enquiries to answer phones. Also, there used to be a water cooler in the waiting area - could this not be reinstated?

A. There are usually 9 staff members available to answer the phones in the morning from 8 am. At times of high demand we may have up to 1,000 telephone contacts in an hour which is why we ask patients to ring at other times if their call is not urgent. We have a water cooler at the back of reception – we found that children were playing with it when it was situated in the waiting room and we had lots of spills. Patients who would like some water may always ask reception who will be happy to provide some.

Q. Although I have put Dr S Fisher as the person I saw most often I have seen a different Dr each time. On line making of appointments please. Phoning at 8am is impractical.

A. We are considering on-line appointments but do feel that personal contact with reception ensures we can manage the available appointments better and signpost patients to alternative services eg pharmacist, medical secretary, repeat prescriptions.

Q. This week I asked to see Dr. Logan and I was given an appointment in 10 days time, I could be better by then!

A. Patients who ask to see a specific doctor will have to wait until that doctor has appointment availability. If urgent you should be seen the same day, albeit by another doctor. If not urgent but you want to be seen sooner than 10 days, then one of our salaried doctors may see you.

Q. The appointment system needs to be addressed, and also if you have to wait for a long time in the waiting area to see your doctor, it would be helpful if the receptionist could advise you of a delay

A. The appointment system is subject to constant review. The surgery finds that requests for appointments often does outstrip availability. Our receptionists should indeed advise you if the doctor is running very late.

Q. A little more helpful appointment arranging would be most beneficial, including dates beyond two weeks, rather than taking the obstructive stance that often is taken by some receptionists.

A. You should be able to book beyond 2 weeks with your doctor unless they are on leave.

Q. Sometimes it is difficult to get an appointment especially at times of epidemics. If we are trying to get an appointment by ringing first thing in the morning by the time one gets

through to the receptionist all the appointments have gone! This probably isn't your fault but it is very worrying if you need an appointment quickly because of feeling very unwell!

A. If we are unfortunate enough to have an epidemic then there will be less availability of appointments generally. If you do need an urgent appointment you should be able to be seen in the acute unit, if this is not appropriate then you should be offered a telephone call from a doctor to discuss the urgency of your problem.

Q. Waiting times for a non urgent appointment can be up to a month. Yes, you want to treat as many patients as possible; but perhaps your surgery is over subscribed?

A. You may have to wait to see a doctor or your choice for a month if they are on leave, off sick or have been engaged in outside activities for example appraising or training other GPs. You should always be offered an appointment with an alternative GP. We have 23,300 patients and have recently reduced our boundary in an attempt to slow down the rate of growth of the practice list. According to local rules we are unable to close our list at present so cannot 'manage' the size of our list in this way.

Q Perhaps some receptionists could be taught to smile, some are good some not so good. Perhaps a child free day would be nice. The attitude of some ground floor receptionists sometimes seems to suggest that patients get in the way of their work and prevent them from chatting to colleagues.

Why do they always ask for date of birth first?

A. We are obviously very sorry if any patient feels that they have not been welcomed properly by our receptionists. Sadly they do receive a lot of verbal abuse both face to face and over the telephone and their demeanour may be affected after such an encounter. Receptionist should obviously not be chatting to colleagues if patients are waiting to be seen, but can and do discuss work issues at the front desk if necessary.

I do not think that a child free day would be appropriate.

Reception staff locate the patient's record by date of birth because this is the most consistent form of identification. Names can be shortened or misheard over the phone and some spellings can be difficult so it is usually the DOB that is entered onto the system with the name then checked as the second method of identification.

Q. Have just returned from 3 months holiday which should have been picked up from my repeat prescription notes but have already had 2 requests to attend for a blood pressure check, one dated Jan. 25th when I did not return until early March. No problems but it seems a waste of time and money.

A. We do not record the fact that patients are away on holiday.

Q. In surveys such as this I believe you should differentiate between ones own Doctor and Doctors in general. i.e. it is usually possible to see a Doctor on the same day, but to see ones own Doctor could be weeks away. I am not complaining about this, just stating that the answer to a question can have different answers.

A. In our previous survey we were able to set it up so that questions were answered about individual doctors, but that meant that the questions about the practice could not be easily collated. We do, however, plan to run more surveys later in the year about specific doctors.

Q. An item has been removed from my prescription list, I was not told why, I feel I should have been, it should not have been left for me to ask why, incidentally it is an item that I need fairly frequently.

A. Items on repeat prescriptions lists are only removed if the patient has not requested them for six months or more (except antihistamines for seasonal hay fever sufferers) or if the medicines management team at the PCT (now CCG) have asked us to change a branded medication for generic, or vice versa. In this event your supply should not be interrupted. If the medication has not been requested for a while it will need to be reissued but only after the doctor has reauthorized it.

Q. Warfarin blood tests cannot always be booked ahead for the date advised on the test result form.

A. It may be that the blood tests are booked up ahead. The service at the surgery is intended to be secondary to that provided at Horsham Hospital and Crawley Walk-in Phlebotomy service. Patients can be seen in either of those locations if the surgery service is booked up.

Q. You have taken action to introduce another phone number - very good. I have not tried it but I hope the answer time has reduced as well.

A. Thank you! We do hope this does help patients who do not wish to use the 0844 number. Patients using this number ie 01403 330266 will find that they join the same queuing system as those patients who ring 0844. The practice's telephone bill has gone up over 400% over the past few years due to the increased use of mobile phones.

Q. More privacy at reception which is very open to the upstairs waiting area.

A. We have pondered how to improve privacy at reception but this is very difficult bearing in mind the layout of the premises. We do ask patients to stand back behind the barrier to afford patients at the desk a little more privacy. Patients who wish to discuss issues in confidence should inform a receptionist who will take them to a more private room.

Q. It would be good if the telephones could be answered each time, sometimes it seems there is nobody there.

A. There will always be someone available to answer the telephone, but at busy times it may take longer to answer the phone than we would like. Patients often have quite lengthy conversations with staff which does mean incoming calls may not be answered promptly.

Q. Could have been more Parking space for all the time.

A. We have very few parking spaces which are difficult to manage to the satisfaction of all users.

Q. Haven't yet mastered your new prescription on-line repeat prescription service.

A. Please do keep trying the new system! – patients are saying that it is working very well for them.

Q.I wanted to see my own GP regarding on ongoing condition, it took a month before I could see him. The doctor ordered a blood test then its twelve days wait to an appointment to take blood. Then another wait to see a doctor, being told that there are no bookable appointments ring at 8:00 tomorrow when you will be 134 in the queue. In the mean time I feel less than my best.

A.I am sorry that you have had to wait at each stage of your check for your ongoing condition. This may well have been due to the doctor being away on leave; compounded by the wait for your blood test. If you do find you are held in the phone queue (maximum 50 not 134!) please note that with 9 staff answering calls you would have the equivalent to 5 callers in front of you. I would suggest you ring later in the day for a non-urgent bookable appointment.

Q.Would like to be able to see Drs much quicker. Realise how busy they are - so is there a need for extra Dr to be recruited to the Practice?

A. We do currently have sufficient doctors to see the patients when all doctors are available. Unfortunately this is not always the case and that is when problems develop. In an ideal world we would have another 2 doctors available to see patients. There are a couple of reasons why this is not possible, firstly because our budget does not provide sufficient funds to allow us to do this and secondly because we would not have any consulting rooms available for them to work in! Our building is now at capacity and despite some inventive timetabling we just would not have the room for more doctors at the moment.

Q. Early morning appointments for those patients in full time employment ie 7am.

A. A recent survey indicated that some patients would like early morning appointments and some would prefer evening appointments. There was not, however, a huge demand for appointments far out of core hours (8 am to 6.30pm) and when making such time tabling decisions we do have to bear in mind the cost and security of staff who would need to be available at those times to support the doctors. At present we are not able to provide such a service.

Q. A walk-in blood test facility would save the time taken to book (sometimes some weeks ahead). Could online appointments for doctors and the diabetic clinic be introduced?

A. There is a walk-in service at Crawley Hospital. We would not operate on such a basis in the practice as we have to ensure all time is used ie allocated and booked. We may be able to consider on-line appointments for patients with a chronic medical condition such as yourself and that is a good idea. Thank you.

Q. Appointment punctuality.

A. The doctors do run late from time to time and this is unavoidable. Sometimes patients problems need longer than the standard appointment time of 10-12 minutes to deal with. For example if the doctor has to break bad news or if the patient is facing a recent bereavement.

Q. Having a doctor available when surgery is closed ... at least for listening and advising. Option to book an appointment a few days ahead; the 8am phone in is very stressful and difficult for working people.

A. The new I I I service is designed to replace the existing NHS Direct who can currently be contacted for general advice. The new I I I system is still experiencing teething problems however.

Q. The service in the pharmacy but maybe this is not in your direct control

A. No, if you have any concerns re the pharmacy please contact them direct.

Q. Unfortunately there are far too many of us in the South East and as we think that we are the most important we must realise that others are suffering. More staff to be on duty for longer hours would be ideal - BUT ????

A. Sadly as with all things there is a cost implication and we just do not have the budget for an increase in staffing levels.

Q. I do not visit very often and then I tried to ask about a couple of problems at my appointment, but was restricted to one. So I had to make another appointment! I appreciate I cannot take up masses of time but it must be more time-effective to sort both problems at one visit.

A. It really does depend on the nature of your problems. A 10-12 minute consultation is not really long enough for the doctor to take a full history of 2 separate issues, perhaps make an examination and then discuss the treatment options with the patient. It puts the doctor under pressure and may result in a hurried consultation which is why we ask patients to only present with one problem if possible, particularly in our Acute Unit which really is for urgent problems only.

Q. PLEASE PLEASE PLEASE can the mindless canned music be switched off in the waiting rooms? It is grim to listen to, and after a 30 or 45 minute wait to be seen I am climbing the walls! If you feel we patients really need to be distracted please put up a silent TV screen or two - viz Gatwick Park, where there is a peaceful and quiet ambience as you wait.

A. It is intended that the piped music helps to create a relaxing atmosphere in the waiting room and also helps to mask conversations at the reception counter in an attempt to improve patient confidentiality. I am sorry that you do not like the music – some patients do find it helpful. Some people find the silent TV screens very annoying and without the sound you have to read the flickering messages at the bottom of the screen which can be very irritating to some patients.

Q.If I phone later in the day after the peak period (Say after 9.30)suggest you switch off the long message asking you to phone after 9.30 if not urgent etc etc.

A. I am sorry but the bulk of the message does apply throughout the day.

Q. The experience of asking for a home visit ... and the time allocated 10.30am to 12.30 pm. In my opinion this is unreasonable. Phone lines can be busy, If a patient is not feeling too good earlier on in the morning, one may wait to see if the symptoms ease off. If this should not be the case, one may not be able to have contact with surgery during the allotted time schedule, due to the surgery phones being constantly engaged.

Experience.....to be told by the surgery to bring the patient to the surgery. This is not always possible due several scenarios. age, mobility, and symptoms.

A. We do ask patients to advise us of any visit requests by around 10.30am so that these may be planned into the doctor's day at lunchtime. Visits phoned through later in the day when the doctor is already out on their rounds may have to wait until after the doctor's afternoon surgery and the patient may not be seen until after 6 pm or 6.30 pm which is not ideal. If the visit is urgent, however, we would always visit, or possibly send a paramedic practitioner to assess the patient. If the doctor needs to visit urgently we would cancel their afternoon appointments to allow them to do so; or advise the patients in surgery that the doctor has been delayed.

Q. Stating the obvious - car parking. But to the observer a difficult problem to resolve.

A. Very difficult and we did consider restricting the use of the car park to disabled and doctors only, but this would make things very difficult for patients who just needed to pop in for a prescription perhaps, or for those feeling really unwell and not able to walk from Swan Walk car park.

Q. Just a suggestion: An area where people could ask for or find information that they would like to keep off the 'record' from their GP. For example: Local sexual health clinics, Drug/alcohol misuse services, Counselling services, Domestic violence advice, Mental health services etc.

A. Such information is readily available on our website www.parksurgery.com If you don't have internet access ask to see the receptionist privately and she would advise you – nothing would be recorded on your records, although if you have need of such services your doctor may be the best person to see in the first instance.

Q. I still object to paying for phone calls to the surgery. It appears to me that the medical profession is highly rewarded as it is: extracting money from pensioners such as myself to boost the medics' pecuniary rewards is much resented, putting it at its mildest.

A. We have an alternative phone number for patients who do not wish to use the 0844 number ie 01403 330266.

8. CONCLUSION

Patients commented on the difficulty of getting through on the telephone at busy times and lack of appointments when doctors are on leave or otherwise unavailable.

The Partners understand that the practice still has issues with regards to access despite the various measures that have been taken over the years to improve this including the creation of three new partners within the practice.

The Practice continues to grow and whilst the Partners feel it would be appropriate to close the list for a while because of the issues with access, they are advised that this is not possible.

In 2012 the Partners applied to reduce the boundary of the practice from within 5 miles of the surgery to within 3 miles with the aim of limiting the list as much as possible to within reasonable bounds. Existing patients would not be affected by this boundary change and will be able to remain as patients at the surgery. The practice was not allowed to have a smooth 3 mile boundary and was forced to include an area to the north of Rusper where substantial building work is taking place. The practice does not have the capacity for a large influx of patients and this, together with the housing developments in Broadbridge Heath is causing much concern.

The practice has taken steps to secure funding to allow the development of 98m² growth space on their second floor which would provide an additional four consulting rooms, waiting area and WC but we are advised that the local area development plan must be completed before such a project would be given approval.

Future surveys may cover such topics as the development of Horsham Hospital and the type of services that should be provided there and the new I I I service. We would also welcome suggestions from patients regarding other issues that can be investigated via the medium of the PRG.

We hope to increase the membership of the PRG and Friends of Park Surgery which, whilst being at the moment separate and distinct, we hope we will be able to merge fully at some stage in the future.

Paula Salerno
Practice Manager
March 2013

