

# Ellison View Summary Report

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Report produced by



**RLM Group Ltd**

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## Executive Summary

### Background

South Tyneside CCG carried out a patient and public engagement exercise in order to understand any thoughts or concerns people may have with Ellison View GP Practice relocating to another area. This engagement exercise also helps South Tyneside CCG understand a bit more about how patients have used their practice recently.

### Summary of findings

#### Access and relocation

* Respondents are most likely to drive their own car/with their spouse or partner or walk to the surgery in less than 15 minutes.
* It is important that the surgery is close to where respondents live, or within walking distance.
* It is important that the surgery has free or convenient parking.
* The majority of respondents have no concerns travelling to the new site.
* Concerns that the relocation will cause an increase in demand and impact on current waiting times and available appointments.

#### Surgery use

* Most respondents either hadn’t attended their GP surgery in the last six months or attended once or twice.
* The majority of respondents rated the current service as very good or good, with comments suggesting they should keep up the good work.
* Respondents have mostly been offered telephone appointments. To a lesser degree, respondents have been offered face-to-face appointments.
* Respondents would like to see current waiting times and access to available appointments improved.
* Reception staff need to improve, they are rude and obstructive – training is required.
* Access to a GP via the reception is difficult.

#### Methods of consultation

* Telephone appointments – viewed as very positive or fairly positive in comparison to video or online appointments
* Online or telephone appointments are efficient, convenient and useful
* Online or telephone appointments – some concerns are the potential to miss things, lack of available technology, unsuitable for those with disabilities such as deaf/hard of hearing, the elderly, seriously ill.
* E-consultation – long, repetitive, difficult to navigate.
* Face-to-face appointments – majority prefer this method, in some cases they are necessary, they are also personal, with respondents finding it is easier to communicate face-to-face.
* A good proportion of respondents would like to see face-to-face appointments resume.

## Introduction

Analysis of a patient and public engagement exercise was conducted by RLM Group Ltd - associates are Members of the Market Research Society and have over 20 years' combined research experience as well as post graduate Masters qualifications in Social Research.

### Background

South Tyneside CCG carried out a patient and public engagement exercise in order to understand any thoughts or concerns people may have with Ellison View GP Practice relocating to another area. This engagement exercise also helps South Tyneside CCG understand a bit more about how patients have used their practice recently.

#### Surveys

Surveys were designed and shared with members of the public and patients. In total, Ellison View has approximately 6500 patients, the survey was posted out to 3391 households with patients asked to share the contents of the letter with all registered patients in that household – a link to complete the survey online was provided. In total, 887 surveys were completed during a period of six weeks.

#### Other engagement

In addition to the survey, people could also call or email the Ellison View GP practice to ask any questions. The practice received three emails asking for clarification on who sold the land and who closed the car park. They also received 39 telephone queries and five reception queries regarding confusion about merging with The Glen Surgery, or pharmacy changes.

Furthermore, all email correspondence was positive from PRG Group and no negative comments were received from clinicians in consultations.

#### Analysis

The data received was analysed by our experienced specialist team. The survey has been analysed as a whole and graphs or tables have been included for each question showing the percentage rounded up to one decimal place.

## Survey Findings

Surveys were designed and shared with members of the public and patients. out to 3391 addresses. Patients were also provided with a link to complete the survey online with further paper surveys posted out on request. In total, 887 surveys were completed during a period of six weeks.

I am completing this survey as…(N=877)

Respondents were asked to describe who they were completing the survey on behalf of, with the vast majority indicating they were completing the survey on behalf of themselves, the patient (94.9%).

Respondents were also given the opportunity to specify an ‘other’ category with which they were completing the survey. In total, 19 respondents provided 19 comments.

|  |  |
| --- | --- |
| Theme | Comments |
| Family member | 12 |
| Family group | 6 |
| Carer | 1 |

How do you usually travel to your GP practice (N=880)

Respondents were asked how they usually travel to their GP practice, with over half indicating they drive in their own car or in the car with their spouse or partner (52.8%). Over two-fifths suggested that they walk to their GP practice (43.6%).

Respondents were also given the opportunity to specify an ‘other’ category for travelling to their GP practice. In total, 26 respondents provided 27 comments. These comments were grouped into the following themes and an ‘other’ category.

|  |  |
| --- | --- |
| Theme | Comments |
| Mobility Scooter | 7 |
| Housebound/home visit | 5 |
| Wheelchair/adapted chair | 4 |
| Car – including in family car or Motability vehicle | 5 |
| Metro | 2 |

The remainder of the comments could not be themed and were therefore categorised as other:

|  |
| --- |
| Other |
| *“supported by staff”* |
| *“Unable to walk - rarely visit the practice”* |
| *“… or phone”* |
| *“Parent goes on behalf (or walk)”* |

On average, how long does your journey take you from home to the current site of your GP service (door to door) (N=878)

Respondents were asked how long their journey takes from their home to the current site of their GP practice. Over three-quarters indicated that it takes less than 15 minutes to get to the current site of their GP practice, with one-fifth indicating it takes between 15-30 minutes (77.5%, 20.8% respectively).

Thinking about the location of your GP practice, we would like to know which of the following are important to you (N=878)

Respondents were asked to select what they felt was important with regards to the site of their GP practice – they were given the opportunity to select all that apply.

More than half of respondents felt that the GP practice should be close to where they live, with just short of half indicating that it should be within walking distance (53.4%, 46.5% respectively). This was closely followed by a surgery that has free parking or convenient parking (37.2%, 35.7% respectively). Very few respondents felt that their GP practice should be close to where they work (2.1%).

Respondents were also given the opportunity to specify an ‘other’ category that is important to them when thinking about the location of their GP practice. In total, 20 respondents provided 21 comments. These comments were grouped into the following themes and an ‘other’ category.

|  |  |
| --- | --- |
| Theme | Comments |
| Disabled friendly – including disabled parking and access via mobility scooter | 5 |
| Access to public transport including close proximity to a metro | 3 |
| Close proximity to a pharmacy  | 3 |
| Not applicable | 2 |

The remainder of the comments could not be themed and were therefore categorised as other:

|  |
| --- |
| Other |
| *“Can driver…”* |
| *“opening times also”* |
| *“not in a crowded area”* |
| *“GP, Nurse access”* |
| *“expertise of medical staff”* |
| *“more chance of getting there”* |
| *“Own building not share Glen”* |
| *“family still live in area”* |

Do you have any concerns about travelling to the proposed new site for Ellison View GP surgery? (N=879)

Respondents were asked if they have any concerns about travelling to the proposed new site for Ellison View GP surgery. The vast majority of respondents indicated that they did not have any concerns (95.1%).

If you have any concerns, please use the space below to tell us about them (N=101)

Respondents were given the opportunity to tell us about any concerns they have with the proposed new site. In total, 101 respondents provided 113 comments. The themes that appeared more often are discussed below, followed by a table outlining all themes.

The majority, 47 respondents to this question, either thought the question wasn’t applicable or they had no concerns with the proposed new site:

“no concerns about travelling”

The location of the new site was addressed by 13 respondents suggesting it was either too far to travel or not close enough:

“Too far away”

Car parking was provided as another concern by 12 respondents:

“As long as there are available parking spaces, I am happy.”

The impact on waiting times or available appointments due to the added number of registered patients was a concern for seven respondents:

“Overcrowding”

A busy town centre was a concern for four respondents:

“I often find it quite busy around the Glen”

The distance to walk was specifically addressed as a concern by four respondents:

“My wife does not drive, and it is too far for her to walk.”

Public transport access or an unreliable bus service was provided as a concern by four respondents:

“…and bus service very unreliable”

|  |  |
| --- | --- |
| Theme | Comments |
| The question was not applicable, or they had no concerns | 47 |
| Location – either too far to travel or not close enough | 13 |
| Car parking, including limited disabled parking | 12 |
| Waiting times/available appointments – number of registered patients | 7 |
| Busy town centre | 4 |
| Walking distance – too far | 4 |
| Access to public transport including unreliable bus service and cost | 4 |
| Continuity of care – ability to see same doctor or nurse | 2 |
| Onsite pharmacy – will the pharmacy cope with additional patients/will my prescriptions transfer to this pharmacy? | 2 |
| Merging of practices  | 2 |

The remainder of the comments could not be themed and were therefore categorised as other:

|  |
| --- |
| Other |
| *“Would the change in location affect home visit area…”* |
| *“I was in that surgery before and i didn't like it”* |
| *“Is the current chemist staff also part of the relocation as they are brilliant i.e. very helpful and efficient etc”* |
| *“A very compact surgery”* |
| *“During winter months it can be very bad to travel…”* |
| *“Will the surgery be open from every day like Ellison View”* |
| *“…seems a shame to move practice when new houses could use in original location.”* |
| *“Can never get in touch with the Glen Centre. Friend goes there as a patient”* |
| *“I have tryed [sic] to come off the meds I have been on to over come [sic] my anzieties [sic] in me feelling [sic] i need a full examination heath [sic] check n so on.”* |
| *“Don't sell land for housing. Stay put as Phase 1 almost complete, so access and lighting improve. Can't make omelette without breaking eggs”* |
| *“As i am unable to walk - I'm confined to house anyway and rely on the doctor to visit me rather the other way round”* |
| *“I consider competing this form to be a waste of time as apart from receptionist [name of individual] no-one else is capable of being civil or helpful. I am 81 look after my husband who is 84 at home and dread phoning”* |
| *“If i am unfit to travel on the day I need to satisfy criteria of getting there, so i must need to change the practice i am at.”* |
| *“What will be the phone number for surgery at new location”* |
| *“Yes, I am 92 years old”* |
| *“Catherine is bedridden”* |

Do you have any other thoughts or concerns about the proposed re-location for Ellison View? (N=856)

Respondents were asked if they had any other thoughts or concerns about the proposed re-location for Ellison View, with most suggesting they had no other thoughts or concerns (88.1%).

###

If you have any other concerns, please use the space below to tell us about them (N=163)

Respondents were given the opportunity to tell us if they have any other concerns. In total, 163 respondents provided 182 comments. The themes that appeared more often are discussed below, followed by a table outlining all themes.

The majority, 55 respondents didn’t have any concerns or viewed the proposed relocation positively:

“I think it makes sense to move to the Glen.”

Appointments were a concern for 22 respondents. Concerns addressed the ability to get an appointment in a timely manner and/or issues over capacity at the new site and the current difficulty in getting appointments:

“Will being in larger premises not lead to more registered patients and larger waiting times for appointments and less time to talk to a doctor when necessary?”

The merger with The Glen Surgery was a concern provided by 12 respondents:

“As long as my doctors have there [sic] own space and not t [sic] amalgamate [sic] with the other doctors”

Concerns with the developer and council planning was a concern with 10 respondents:

“We think it has been a disgrace what has happened. The council has behaved in a very cavalier manner and the builders have made no allowances for people with mobility problems. The council did the same thing to Frederick Street, South Shields. Selling the land behind St.Claires [sic] Shop to Keep Moat - leaving just 2 metre behind shop which meant the van couldn’t get to back door.”

Concern over distance to or location of the new site and the lack of choice available was a concern for seven respondents:

“Location. Do not feel comfortable moving doctors [sic] location”

The level of care and continuity of care was addressed by seven respondents:

“I was barred a few years ago from Glen Medical. I don't mind be [sic] re located as long as its [sic] my current doctors and receptionist staff.”

Accessibility was addressed by seven respondents. Concern arose over access to a lift, access for the elderly and transport costs. Respondents also addressed concern over the site being smaller.

“our elderly being able to get their [sic]”

Concern over existing prescriptions and the use of the new site for prescriptions were addressed by seven respondents:

“My only thoughts are for prescription pick up from the chemist”

Available parking was addressed by six respondents:

“That there is sufficient parking on site if needed.”

Six respondents addressed the demand on the current pharmacy as well as the added pressure that the new pharmacy will face:

“…the present pharmacy is not capable of supplying medication within their current guidelines. Always late, not available when should be, patients having to return numerous times. A new practice would only make this worse.”

Five respondents questioned whether the move was temporary or permanent:

“Will it be permanent or do we move back at some stage?”

Five respondents suggested that they felt the building work was an excuse to relocate the surgery:

“The new housing development is just an excuse to move premises, yet again more expense and inconvenience for NHS users”

Five respondents addressed concern over staff attrition:

“What will happen to the people working in AshChem”

Concerns over the future of the adjoining pharmacy were also addressed by four respondents:

“I get my prescriptions from the chemist next door to Ellison View will that be getting relocated as well.”

|  |  |
| --- | --- |
| Theme | Comments |
| Question not applicable/no concerns or that it is a positive/great idea | 55 |
| Appointments: ability to get an appointment in a timely manner/capacity on site/current concerns over access to appointments. | 22 |
| Merger with The Glen Surgery | 12 |
| Concerns with the developer/ council planning | 10 |
| Distance to or location of new site – lack of choice | 7 |
| Level of care and continuity of care | 7 |
| Accessibility – available lift/ elderly/transport costs/smaller site | 7 |
| Existing prescriptions/picking up prescription at new site | 7 |
| Parking | 6 |
| Pharmacy – current pharmacy struggles to meet demand and or this relocation will increase demand | 6 |
| Is the relocation permanent or temporary? | 5 |
| Building work is an excuse to relocate | 5 |
| Concerns over staff attrition | 5 |
| The future of the adjoining pharmacy | 4 |
| Reputation of The Glen Surgery | 4 |
| Relocating from a new building – financial impact | 3 |
| Relocation should have happened sooner | 3 |
| Prefer current location | 2 |

The remainder of the comments could not be themed and were therefore categorised as other:

|  |
| --- |
| Other |
| *“Town centre isn't great location as busy”* |
| *“Considering the Ellison View Surgery, the catchment area limit is bounded by the A19 near to where I live. Will this still be the case when the surgery relocates?”* |
| *“It has always been convenient having a surgery close to the parts of Hebburn not in the town centre”* |
| *“Concerns over clarity of which parts of the building are for Ellison View patients.”* |
| *“Can't sleep at night because of the narsasists [sic] in my life right now.”* |
| *“Put patient before profit. Keep existing site, not pocket from land sale, then move to save costs”* |
| *“Only I'm a creature of habit and likely to attend the old address out of pure habit”* |
| *“S.T.C should bear all costs in re-locating. They granted planning permission in the 1st place, knowing this would cause disruption.”* |
| *“Would wade through any building site without complaint if this practice was working properly and you were treated as a normal human being who needed your assistance. Negativity breeds negativity.”* |
| *“I didn't get all my medicines which i need. I am very ill and i take plenty medications”* |
| *“I have gone there all my life”* |
| *“Having used the Glen before - the open, double height atrium can be quite overwhelming”* |

Please can you tell us how many times you have used your GP practice in the past 6 months: (N=852)

Respondents were asked to tell us how many times they have used their GP practice in the past six months, with just fewer than half indicating that they have not visited in the last six months (42.5%). This was closely followed by respondents attending once or twice in the last six months (37.3%).

In the last six months, have you been offered an appointment at your GP practice, what type of appointment were you offered? (N=598)

Respondents were asked if they have been offered an appointment in the last six months, what type of appointment were they offered. Respondents were given the opportunity to select all that applied.

The majority of respondents indicated that they were offered a telephone appointment, with two-fifths suggesting they were offered a face-to-face (65.9%, 40% respectively).

Respondents were also given the opportunity to specify an ‘other’ category of appointment that they were offered. In total, 114 respondents provided 118 comments. These comments were grouped into the following themes and an ‘other’ category.

|  |  |
| --- | --- |
| Theme | Comments |
| They either hadn’t had an appointment or the question was not applicable | 37 |
| Face-to-face appointment | 22 |
| E-consultation/online | 20 |
| Received email correspondence or advice by text message | 8 |
| COVID-19 vaccine appointment | 5 |
| Telephone appointment | 5 |
| Can’t get a face-to-face appointment | 4 |
| Attended to drop off or request a prescription | 4 |
| Attended to drop a sample off | 2 |
| Flu vaccine | 2 |
| Received a home visit | 2 |

The remainder of the comments could not be themed and were therefore categorised as other:

|  |
| --- |
| Other |
| *“Only when necessary”* |
| *“You can never get a phone call back”* |
| *“None just consultation which is stupid my sick note finished say on the 1st but you don't get back about it until115 days later what am i meant to tell my boss??”* |
| *“Receptionist answered query”* |
| *“Annual review”* |
| *“I used NHS 111 as recommended by Ellison View surgery”* |
| *“Apart from nurse [name of individual] (who seems to be the only 'professional working') The nearest i can get to a "healthcare professional" is [name of individual] who patronisingly purportes [sic] to assist but doesn't.”* |

How would you describe your overall views about these methods of consultation? (N=826)

Respondents were asked to describe their views on video consultation, telephone consultation and online consultation.

Just short of half didn’t know what their overall views of the video consultation were and almost one-quarter of respondents had fairly negative or very negative views on video consultation (43.5%, 24.8% respectively). Nearly one-fifth viewed video consultation as very positive or fairly positive (18%).

Over half of respondents had very positive or fairly positive views on telephone consultation (54.4%). One-fifth of respondents viewed telephone consultations fairly negative or very negatively (20.4%).

The majority of respondents viewed online consultation fairly negatively or very negatively, with just over one-fifth of respondents viewing them very positively or fairly positively (32.3%, 20.6% respectively).

Do you have any comments you would like to make around using these methods for a consultation? (N=360)

Respondents were asked if they had any comments they would like to make around using these methods of consultation. In total, 360 respondents provided 456 comments. The themes that appeared more often are discussed below, followed by a table outlining all themes.

The majority of respondents, 145 indicated that would prefer face-to-face appointments or that face-to-face appointments should be available:

“If I was to go to the GP i would like face to face appointment”

48 respondents indicated that they didn’t have any further comments or that the question was not applicable or that they had not used the methods of consultation:

“Never used any”

E-consults are long, repetitive and/or difficult and need to be shorter – according to 37 respondents:

“E consultation form too long when filled in. At the end it tells you to ring surgery or 111. Not easy to understand”

Comments also addressed the lack of technology, with 31 respondents indicating that they either did not have a computer, internet access or smart phone:

“I have [a] problem using a computer and do not have a computer I prefer face to face”

Good, okay or prompt experience or service or happy to use or try the online/new methods was addressed by 21 respondents:

“Find the services offered very good”

15 respondents suggested that there was an opportunity to miss things during an online or telephone appointment, with some suggesting it is difficult or uncomfortable explaining things online or over the phone:

“Because of failings, in my extended family, regarding online consultation in failing to diagnose serious illness I have no faith in this method”

13 respondents indicated that the e-consultation often resulted in them needing to ring 999, 111 or the GP practice.

“Trying to use online consultation it kept on saying I needed an ambulance which I did not. So had to lie to consultation”

Receptionists’ behaviour was discussed by 13 respondents, suggesting they are rude and abrupt. It was also suggested that they block patients from speaking to a Doctor:

 “It has been difficult to get a face to face [sic] discussion on the telephone via the admin team - (telephonist) has at times been frustrating. I should be taking medication for my heart and its become such a hassle I don’t bother anymore”

“Online consultation is a nightmare what do receptionists do they are rude and abrupt when i call the surgery”

Comments also addressed the personal aspect to a face-to-face appointment with 12 respondents indicating that other methods are impersonal, transactional or uncomfortable:

“I think a face to face [sic] consultation is much more relaxed than either a telephone or video consultation, neither of which I feel comfortable with…”

The efficiency, convenience and usefulness of online and telephone appointments was discussed by 11 respondents:

“I think the online consultation is really good as it cuts time down waiting on the phone and can be assessed as non-urgent or urgent”

11 respondents also indicated that online or telephone appointments were not suitable for all, such as the elderly and those with disabilities:

**“**This is a good option but not suitable in all cases.**”**

Preference or happy with telephone appointments - happy with a telephone appointment in comparison to online appointments was addressed by 11 respondents:

“Online consultation is too rigid and limited in the information you can give. Telephone consultation is better than online however neither can compare to face to face.”

Ten respondents indicated that they are deaf or have hearing problems:

“Telephone consultation ok if member of family are there as hearing over phone is sometimes tricky.”

Some respondents, 10, indicated that they don’t like, or have concerns with online or telephone appointments:

“Online consultations are a waste of time you never get to speak to who you want to”

|  |  |
| --- | --- |
| Theme | Comments |
| Would prefer face-to-face or face-to-face should be available | 145 |
| No further comments/question not applicable/never used any services | 48 |
| Find e-consults long, repetitive and/or difficult to complete | 37 |
| Lack of technology – computer/internet/smartphone | 31 |
| Good, okay or prompt experience/service or happy to use or try different methods | 21  |
| Potential to miss things during an online or telephone consultation – more difficult to explain things | 15  |
| E-consultations often end up advising the respondent to either ring 999/111 or the GP practice | 13  |
| Face-to-face is more personal – other methods are impersonal, transactional, or uncomfortable | 12  |
| Poor receptionists – abrupt or rude and block access to a Doctor | 13  |
| Online/telephone appointments are more efficient, convenient, and useful  | 11 |
| Preference/happy with telephone appointments or would be happy with telephone appointments over online appointments | 11 |
| Online appointments are not suitable for everyone due to ability or knowledge, such as older people, those with learning disabilities and the very ill | 11 |
| Deaf/hearing problems – family make calls to surgery | 10 |
| Don’t like online/telephone appointments, or have concerns with online/telephone appointments | 10 |
| Diagnosis is often by nurse – preference for a doctor but difficult to see one | 7  |
| Hope online/telephone appointments don’t become the norm or the default appointment – normal service should resume | 7 |
| Certain appointments need to be face-to-face such as blood pressure checks | 6 |
| It’s easier to communicate face-to-face – appointments are more effective | 5  |
| Difficult to get an appointment without completing an e-consultation form | 4 |
| Understanding over the introduction of the new methods of consultation | 2  |
| Required help with technology to access appointment | 2 |
| Telephone or online appointments are fine for initial consultations | 2 |
| Fit notes are always received late | 2 |
| 111 is more helpful than e-consultation | 2 |

The remainder of the comments could not be themed and were therefore categorised as other:

|  |
| --- |
| Other |
| *“I would rather use online consultation as a method of contact with my GP rather than actually visit face to face….”* |
| *“…However times change and patients will adapt as time goes.”* |
| *“Only observation would be following utilising online then telephone consultation within the family. Due to the personal nature of complaint my family member was unable to speak freely on triage call (he was at work) resulting in a further 2x online consultation. \*request before call back was successful”* |
| *“I have found econsults [sic] awful, they just don't work. I usually end up with being told receptionist won't allow me to even talk to [name of individual], I am told to play down my symptoms, which is not going to get me the help i need.”* |
| *“I find having to put a list of all my medication on an e consultation is very time consuming it would be much easier to be able to download it to the e consultation”* |
| *“The only issues I have had is website being too busy to complete online consult and having to attempt numerous time”* |
| *“E-consults being picked up by nurses you have been very unhelpful at the practise.”* |
| *“As long as the consultation is with a Health Care professional”* |
| *“Have not had healthy update for over a year I know its to do with covid but would like my bloods taken”* |
| *“It would be nice to have an automated system whereby I could log into the practice and, given my personal heath situation, after having ticked a few boxes and answered a few relevant questions I could be accurately diagnosed and automatically dealt with, fully autonomously.”* |
| *“Online consultation no good had problem with a swolen [sic] knee after a roundabout with online consultation told to visit my surgery who told me to do a online consultation”* |
| *“Only phoned just recently for a problem discussed with nurse all fine. But then have to wait 3 weeks for the phone consultation with physio (not impressed actually)”* |
| *“Follow up appointments and test results frustrating to arrange.”* |
| *“, I live by myself have a few problems they keep asking for photo which is hard especially if you have photo of your back.”* |
| *“A video consultation would be more beneficial to some patients, as it is easier when you can actually 'see' the doctor.”* |
| *“My online form responses were not read or not taken on board as I was prescribed the same medication I had stated was not helping.”* |
| *“Video appt difficult with kids”* |
| *“My sone [sic] has learning disabilities and telephone is a better for him”* |
| *“Would be better if [sic] me if the practice nurses answered the phone. Could possibly no [sic] the person on the other end and no [sic] some of the problems he or she has.”* |
| *“Makes no difference nothing will change now!”* |
| *“I'm suffering at the moment with a bad leg, nurses are changing dressings every 3 days, calling mon, wed and friday - attended hospital months ago to seek sure- knee problem ignored when they discovered heart murmurs”* |
| *“…Also it can be upsetting to have to type up what you are going through when you just want to speak to someone (e.g. I recently had to do this following a miscarriage).”* |
| *“Waited since 1st lockdown about my ankle keep giving way, eventually sent me to see physio who said i needed a scan and water removed from my leg first. Still not heard from my surgery in the 4 weeks since. p.s. rarely visit my doctor.”* |
| *“I rang and told I had to send a photo of my eye nurse advised moisturising cream as I was not happy I rang eye hospital was advised to put hot compress on and massage, as my eye test was due. Was given an eye mask and wipes. What i was advised by nurse was incorrect.”* |
| *“My daughter deals with my contact and is accepted very well”* |
| *“We the patient can't do anything with the corona and government…”* |
| *“Extremely poor”* |
| *“Online consultation is no good for me as i am a typist”* |
| *“Annoying having to complete on-line form when the Doctor has asked to see again, can the next telephone appointment not be logged?”* |
| *“Free telephone number:* |

Thinking about the service you receive from your GP practice, how would you rate it? (N=868)

Respondents were asked to rate the service they receive from their GP practice, nearly three-quarters rate the service as very good or good (73.2%).

Please use the space below to tell us about anything you would like to see improved in the future regarding your GP practice (N=314)

Respondents were asked to tell us anything else they would like to see improved in the future regarding their GP practice. In total, 314 respondents provided 365 comments. The themes that appeared more often are discussed below, followed by a table outlining all themes.

The reception staff were addressed by 82 respondents, with some suggesting that they require training as they are either rude or obstructive:

“The reception staff are shocking, rude and genuinely don’t want to help. When you ring they can’t wait to get you off the phone quick enough, they lack any customer service skills and I don’t think any of them could spell the word empathy. In my opinion it’s the reception staff that lets this surgery down."

Respondents, 52, also suggested that they would like to see the return of face-to-face appointments:

“Face to face appointments for health checks with nurse or doctor not phone or video calls”

Waiting times were also addressed by 33 respondents, suggesting that waiting times need to be reduced:

“Waiting for an appointment is too long.”

24 respondents addressed a need for more available appointments:

“Very hard to get an appointment”

22 respondents suggested that they either felt nothing needed to be improved or that the question was not applicable:

“Never had any problems. Been with the practice since infancy.”

17 respondents suggested that the surgery need to keep up the good work or that they were happy with the service:

“All’s good no problems when I’ve attended.”

14 respondents suggested that they would like normal service to resume:

“We would like to go back to phone your appointment and go to doctors. Back to normal’

Reception blocking access to a GP or nurse was addressed by 13 respondents:

“To [sic] many questions on a personal level by the receptionists they are not doctors. Getting your foot in the door is a problem”

Eight respondents suggested that they don’t like e-consultation or that it was difficult to navigate:

“I do not want the e-consultation, I want to be able to speak to a person.”

Seven respondents commented that they would like to see a return to regular or annual health checks and for them to be held on time:

“Annual check ups done on time.”

Six respondents suggested that they would like to be able to make an appointment by phone:

“Would like to ring for app. Not write on a computer felt very ill recently but did not want to go online so just suffered. It’s putting me off going to GP.”

Seeing a GP instead of a nurse was addressed by six respondents:

“To be given more option to see GPs instead of nurses”

Improving the telephone system was addressed by six respondents. Suggestions included reducing the hold time and reducing or removing the recorded message:

“Shorter or no pre-recorded message when ringing GP - Direct to reception would usually be much quicker.”

Six respondents indicated that the location should not be changed and/or changing the location is a waste of money. One of these respondents suggested that the patient should be put before profits:

“The reason for the proposed move is very weak the building work is very short term and will be complete within 1 year also a huge investment was made in the building under [name of individual]. Public funding should not be wasted in this manner.”

Five respondents suggested that being able to see a doctor would be an improvement:

“Better service never able to see a doctor”

Continuity of care was addressed by five respondents. Comments addressed either being able to see the same GP or the GP of choice:

“Never get to speak to GP of choice”

Improve communication was suggested by five respondents, such as explaining processes and procedures:

“Both clinical and reception staff assume that patients know 'the system' and do not explain procedures eg [sic]I was told I needed to give blood sample at Palmers but no one explained I needed a print out of the request to take with me - not a patient centred approach”

|  |  |
| --- | --- |
| Theme | Comments |
| Receptionists need training – they are rude/obstructive/lack understanding | 82 |
| The ability to have a face-to-face appointment | 52 |
| Shorter waiting times | 33 |
| More available appointments | 24 |
| Nothing needs to be improved or the question is not applicable | 22 |
| Keep up the good work or that they were happy with the service | 17 |
| They would like normal service to resume | 14 |
| Reception blocks – difficult to get past receptionist | 13 |
| Don’t like e-consultation and/or it is difficult to navigate | 8 |
| Would like to see a return to the annual or regular health checks  | 7 |
| Able to phone up to make appointments | 6 |
| Ability to see a doctor and not a nurse | 6 |
| Improved telephone system – length of hold times/remove recorded message | 6 |
| Keep the same location/moving is a waste of money – put the patients first | 6 |
| Ability to see a doctor | 5 |
| Continuity of care – seeing the same GP/ or GP of choice | 5 |
| Improved communication – explain processes | 5 |
| More available GPs | 4 |
| Later, earlier or weekend appointments for people that work | 3 |
| No access to technology/ not computer literate | 3 |
| Bloods to be taken at the surgery and not at hospital | 3 |
| To be able to discuss more than one concern at an appointment/or more time during an appointment | 3 |
| Don’t know | 2 |
| Improved online system | 2 |
| Test results – to be available online/no need to chase | 2 |
| Improve information available/signposting on website | 2 |
| Improve the follow-up system | 2 |
| To be informed when a prescription is ready | 2 |
| Wellbeing call to the elderly | 2 |

The remainder of the comments could not be themed and were therefore categorised as other:

|  |
| --- |
| Other |
| *“interested in finding out how I could access the practice if my family were unable to take me. As I would struggle to access alone, regular contact would be welcome.”* |
| *“Or provide for online phone calls to have more receptionists to answer. Which hopefully the planned move to the Glen will allow.”* |
| *“Getting a sick note took longer and my employer wasn't happy. Maybe something to think about. Thanks.”* |
| *“the ability to choose what type of consultation suits you would be good”* |
| *“Doctors need to take time to get to know those patients who are not regulars to the surgery.”* |
| *“…Various Receptionists have informed me, and family members, on many occasions over many years that certain processes involving both the surgery and the pharmacy next door operated in certain ways, and the surgery did 'this' and the pharmacy 'that' in the process, only to be informed by the pharmacy that that process and who did what was not the case. So, better continuity between the surgery and pharmacy would help, please…”* |
| *“…the ability to perform everything that I might need from the GP online and autonomously.”* |
| *“…consultations often rushed on phone.”* |
| *“Prescriptions - I have had issues on several occasions where items were missed from my prescription. This has caused me anxiety and upset around getting medication on time to maintain my doses. It would be useful if you had some sort of quality check on prescriptions ordered to ensure that all items requested are included.”* |
| *“Free phone / Net”* |
| *“When I had a telephone consultation I couldn’t take the call when they rang due to being at work, so being able to choose a time slot would be more convenient”* |
| *“It was better when you could book appointments on the app.”* |
| *“I don't mind not attending the surgery for an appointment if i can have a phone consultation or video consultation.”* |
| *“Booking appointments on line [sic]. Not sure if this is now available. Have not used yet if it is.”* |
| *“I suffer from recurring UTIs and its a hassle having to do a e-consultation every time i need to put a sample in.”* |
| *“I would also like to see more locally provided eg minor surgery, mental health and wellbeing. Etc”* |
| *“I would like to order prescriptions online but have had difficult using this method. Some help would be greatly appreciated.”* |
| *“Improved method for handling repeat prescription”* |
| *“I don't get sick that much, so i don't really use it now”* |
| *“Really varies and I have not been seen since COVID lockdown began in March 2020”* |
| *“They give me a diagnosis without even speaking to me. Received it through a text message.”* |
| *“Doctor signing of prescriptions”* |
| *“Better understanding of the data on their systems to understand your concerns.”* |
| *“Not everyone attending has come to see a GP. I attended to get travel information for Covid vaccine centre in Sunderland. I could not get that information from anywhere else. They refused and I need to cancel”* |

## Conclusion

To conclude, South Tyneside CCG carried out a patient and public engagement exercise in order to understand any thoughts or concerns people may have with Ellison View GP Practice relocating to another area. This conclusion will give a summary of how patients have currently used their practice recently, as well as focusing on the main themes that have emerged from the survey.

Thinking about accessing the surgery, the majority of respondents suggested they either drove their own car/were in a car with their spouse or partner or walked to the surgery (52.8%, 43.6% respectively). In the most part, respondents also indicated it took them less that 15 minutes to get to the surgery (77.5%). When respondents were asked to think about the location of the surgery, they were most likely to indicate that a surgery close to where they live or within walking distance was important to them (53.4%, 46.5% respectively). This was closely followed by a surgery that has free parking or convenient parking (37.2%, 35.7% respectively).

When respondents were asked if they had any concerns with travelling to the new site the vast majority had no concerns (95.1%). Of those that did have site concerns, the main concerns covered the distance to travel to the new site and car parking (13 comments, 12 comments respectively). The majority of comments that were received were positive, suggesting they had no concerns (42 comments).

Furthermore, when respondents were asked if they had any further concerns about the relocation of the surgery, the majority indicated that they didn’t have any concerns, with 55 comments either stating that they had no concerns or that they thought it was a great idea (88.1%). Of those respondents that did have concerns, the distance to, or location of the new site, was addressed in seven comments. An additional seven comments discussed accessibility for the elderly, the costs associated with travel, whether a lift would be available at the new site and the fact that it would be a smaller site. Six comments addressed parking.

Respondents were asked how many times they had used their GP practice in the last six months, nearly half suggested that they hadn’t attended in the last six months, closely followed by attending once or twice (42.5%, 37.3% respectively).

Another theme respondents discussed covered waiting times and appointments. Concerns arose over the extra demand that the relocation will cause at the new site and how this will impact on the current waiting times and available appointments (29 comments). Respondents also suggested that they would like to see the waiting time for appointments reduced or more appointments available (33 comments, 23 comments respectively).

When respondents were asked to think about their recent use of the surgery, the majority rated their service as good or very good (73.2%). Some additional comments suggested that nothing needs to be improved, that they should keep up the good work or that they are happy with the service (39 comments). A smaller proportion of respondents in additional comments, took the opportunity to address some concerns and one of these concerns discussed reception staff, suggesting their service was poor, they were abrupt, rude or block access to a doctor (13 comments). In support of this, when respondents were specifically asked what they would like to see improved, respondents felt that the reception staff needed training as they were rude, lacked understanding or were obstructive (82 comments). A further 13 comments suggested that it was too difficult to get past a receptionist.

When thinking about the type of appointment respondents were offered at the surgery, the majority suggested that they were offered a telephone appointment (65.9%). With over half of respondents viewing telephone appointments as either very positive or fairly positive (54.4%). In comparison, a smaller proportion of respondents viewed video consultation or online consultation as very positive or fairly positive (18%, 20.6%). Additional comments did suggest that respondents had recently received a good or prompt service and/or they were happy to try new methods. Some concerns addressed the potential to miss things via a telephone or online consultation (21 comments, 15 comments respectively).

Further positive comments received about the methods of consultation suggested that online/telephone appointments are more efficient, convenient, and useful, with some respondents showing a preference for telephone appointments and/or they would be happy with telephone appointments in comparison to online appointments (11 comments, 11 comments respectively).

Some negative comments were received about the methods of consultation, with respondents indicating that a lack of technology was a concern. Other respondents indicated they were deaf or hard of hearing and therefore needed support to access the surgery, whilst others suggested they don’t like online or telephone appointments or have concerns with this type of appointment (31 comments, 10 comments, 9 comments respectively). Another concern suggested that online or telephone appointments are not suitable for everyone, such as older people, those with learning disabilities and the very ill (11 comments).

The specific use of e-consultation was addressed by respondents throughout the survey, with respondents suggesting they don’t like e-consults and find them long, repetitive, difficult to navigate or that e-consultations often end up advising the respondent to either ring 999/111 or to contact the GP practice (45 comments, 13 comments respectively).

Face-to-face appointments were also addressed, with two-fifths (40%) of respondents as well as 22 comments indicating they had been offered a face-to-face appointment in the last six months. When respondents were asked if they had any comments about the methods of consultation that were available, many respondents said they would prefer face-to-face appointments or that they should be available (145 comments). Respondents also indicated that they felt face-to-face appointments were more personal, or that other methods were impersonal, transactional, or uncomfortable (12 comments). The ease of communication during a face-to-face appointment was discussed, suggesting that this made the appointment more effective (5 comments). Additional comments simply recommended that they would like to see ‘normal service’ resume and the return of face-to-face appointments (17 comments, 52 comments respectively). Other comments suggested that some appointments need to be face-to-face, such as blood pressure checks (6 comments).

## Demographics

Postcode (N=880)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Postcode | % of responses | Number of responses | Postcode | % of responses | Number of responses |
| NE10 | 3.0 | 26 | NE34 | 0.2 | 2 |
| NE31 | 83.0 | 730 | NE39 | 0.1 | 1 |
| NE32 | 1.4 | 121 |  |  |  |

Age (N=872)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age | % of responses | Number of responses | Age | % of responses | Number of responses |
| 1617 | 0.2% | 2 | 55-64 | 23.6% | 206 |
| 18-24 | 1.8% | 16 | 65-74 | 27.5% | 240 |
| 25-34 | 6.1% | 53 | 75+ | 23.7% | 207 |
| 35-44 | 6.4% | 56 | Prefer not to say | 0.6% | 5 |
| 45-54 | 10.0% | 87 |  |  |  |

Gender (N=872)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender | % of responses | Number of responses | Gender | % of responses | Number of responses |
| Male | 39.4% | 343 | Other | 0.1% | 1 |
| Female | 60.3% | 525 | Prefer not to say | 0.2% | 2 |

Additional gender question (N=868)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does your gender match your sex as registered at birth? | % of responses | Number of responses | Does your gender match your sex as registered at birth? | % of responses | Number of responses |
| Yes | 98.7% | 857 | Prefer not to say | 0.5% | 4 |
| No | 0.8% | 7 |  |  |  |

Pregnancy question (N=840)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you currently pregnant or have you been pregnant in the last year? | % of responses | Number of responses | Are you currently pregnant or have you been pregnant in the last year? | % of responses | Number of responses |
| Yes | 1.3% | 11 | Prefer not to say | 0.0% | 0 |
| No | 75.7% | 636 | Not applicable | 23.0% | 193 |

Civil status (N=864)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you currently pregnant or have you been pregnant in the last year? | % of responses | Number of responses | Are you currently pregnant or have you been pregnant in the last year? | % of responses | Number of responses |
| Single  | 16.3% | 141 | Separated  | 2.0% | 17 |
| Cohabiting | 7.5% | 65 | Divorced or civil partnership dissolved | 8.1% | 70 |
| Married | 46.1% | 398 | Widowed or a surviving partner from a civil partnership | 16.6% | 143 |
| In a civil partnership | 1.7% | 15 | Prefer not to say | 1.7% | 15 |

Disability (N=860)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Disability | % of responses | Number of responses | Disability | % of responses | Number of responses |
| Yes | 53.3% | 458 | Prefer not to say | 3.3% | 28 |
| No | 43.5% | 374 |  |  |  |

Caring responsibilities(N=801)

|  |  |  |
| --- | --- | --- |
| Caring responsibility | % of responses | Number of responses |
| None | 76.7% | 614 |
| Primary carer of a child or children (under 2 years) | 1.4% | 11 |
| Primary carer of a child or children (between 2 and 18 years) | 8.0% | 64 |
| Primary carer of a disabled child or children | 0.6% | 5 |
| Primary carer or assistant for a disabled adult (18 years and over) | 3.3% | 26 |
| Primary carer or assistant for an older person or people (65 years and over) | 6.5% | 52 |
| Secondary carer (another person carries out main caring role) | 3.6% | 29 |
| Prefer not to say | 2.9% | 23 |

Race or ethnicity (N=857)

|  |  |  |
| --- | --- | --- |
| Race or ethnicity | % of responses | Number of responses |
| Asian / British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other) | 0.7% | 6 |
| White (British, Irish, European, or other) | 98.1% | 841 |
| Black / British Black (African, Caribbean, or other) | 0.0% | 0 |
| Mixed race (Black & white, Asian & white, or other) | 0.0% | 0 |
| Gypsy or traveler | 0.0% | 0 |
| Rather not say | 0.7% | 6 |
| Other | 0.5% | 4 |

Sexual orientation (N=846)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sexual orientation | % of responses | Number of responses | Sexual orientation | % of responses | Number of responses |
| Heterosexual or straight | 96.0% | 812 | Asexual | 0.0% | 0 |
| Gay man | 0.6% | 5 | Prefer not to say | 3.0% | 25 |
| Gay woman or lesbian | 0.1% | 1 | Other | 0.1% | 1 |
| Bisexual | 0.2% | 2 |  |  |  |

Religion (N=862)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Religion | % of responses | Number of responses | Religion | % of responses | Number of responses |
| No religion | 20.7% | 178 | Muslim | 0.0% | 0 |
| Christianity | 74.4% | 641 | Sikh | 0.0% | 0 |
| Buddhist | 0.4% | 3 | Prefer not to say | 2.0% | 17 |
| Hindu | 0.0% | 0 | Other religion | 2.7% | 23 |
| Jewish | 0.0% | 0 |  |  |  |